

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                    |                     |             |            |                |          |              |
|----------------------------------|--------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name           | Classification      | Population  | Owner Type | Primary Source |          |              |
| CT0910502                        | NEW FAIRFIELD WPCA | NTNC                | 275         | L          | GW             |          |              |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 4 BRUSH HILL ROAD (ROUTE 39)     |                    |                     | 3           |            |                |          |              |
| Towns Served: NEW FAIRFIELD      |                    |                     |             |            |                |          |              |

### Monitoring Requirements

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

|   |                          |                                       |                          |  |  |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>                                    |                          | <b>1 routine (RT) per nine years</b>  |                          |  |  |
| <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           | 1/1/11 - 12/31/19        |                                       |                          |  |  |
| <b>Total Haloacetic Acids (2456)</b>                      |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                 | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| 96RT37 DRS REST RM (NFDR019)                              | 1/1/16 - 12/31/16        | 9/1-9/30                              | Complete                 |  |  |
|   | 1/1/17 - 12/31/17        | 9/1-9/30                              |                          |  |  |
|   | 1/1/18 - 12/31/18        | 9/1-9/30                              |                          |  |  |
| <b>Total Trihalomethanes (2950)</b>                       |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                 | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| SHAWS BREAK RM SINK (NFSH010)                             | 1/1/16 - 12/31/16        | 9/1-9/30                              | Complete                 |  |  |
|   | 1/1/17 - 12/31/17        | 9/1-9/30                              |                          |  |  |
|   | 1/1/18 - 12/31/18        | 9/1-9/30                              |                          |  |  |
| <b>Total Coliform (3100)</b>                              |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                             |                          | <b>10 routine (RT) per six months</b> |                          |  |  |
| <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 - 12/31/16        |                                       | Complete                 |  |  |
|   | 1/1/17 - 6/30/17         |                                       |                          |  |  |
|   | 7/1/17 - 12/31/17        |                                       |                          |  |  |
| <b>Physical Parameters (PPS)</b>                          |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Physical Parameters (PPX)</b>                          |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                 |  |  |
| <b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b> |                          |                                       |                          |  |  |
| <b>Inorganic Chemicals (IOCS)</b>                         |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <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 - 12/31/18        |                                       |                          |  |  |
|   | 1/1/19 - 12/31/21        |                                       |                          |  |  |

*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 |          |              |
| CT0910502                        | NEW FAIRFIELD WPCA | NTNC                | 275         | L          | GW             |          |              |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 4 BRUSH HILL ROAD (ROUTE 39)     |                    |                     | 3           |            |                |          |              |
| Towns Served: NEW FAIRFIELD      |                    |                     |             |            |                |          |              |

### Monitoring Requirements

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|---|--------------------------------|--------------------------|--------------------------|
| <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              |                          |                          |

| <b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b> | <b>1 routine (RT) per three years</b> |                          |                          |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>              | <i>Monitoring Period</i>              | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)  | 1/1/14 - 12/31/16                     |                          | Complete                 |
|  | 1/1/17 - 12/31/19                     |                          |                          |
|  | 1/1/20 - 12/31/22                     |                          |                          |

| <b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b> | <b>1 routine (RT) per three years</b> |                          |                          |
|---|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>             | <i>Monitoring Period</i>              | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                                       | 1/1/14 - 12/31/16                     |                          | Complete                 |
|   | 1/1/17 - 12/31/19                     |                          |                          |
|   | 1/1/20 - 12/31/22                     |                          |                          |

| <b>Organic Chemicals (VOCS)</b>           | <b>1 routine (RT) per year</b> |                          |                          |
|---|--------------------------------|--------------------------|--------------------------|
| <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 1 (WSF ID: 10430)**

| <b>E. Coli (3014)</b>                     | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|-----------------------------------|--------------------------|--------------------------|
| <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: **WELL 2 (WSF ID: 48685)**

| <b>E. Coli (3014)</b>                     | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 2 (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: **WELL 3 (WSF ID: 48687)**

| <b>E. Coli (3014)</b>                     | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 3 (2)                                | 7/1/16 - 9/30/16                  |                          | Complete                 |

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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 |          |              |
| <b>CT0910502</b>                 | <b>NEW FAIRFIELD WPCA</b> | NTNC                | 275         | L          | GW             |          |              |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 4 BRUSH HILL ROAD (ROUTE 39)     |                           |                     | 3           |            |                |          |              |
| Towns Served: NEW FAIRFIELD      |                           |                     |             |            |                |          |              |

### Monitoring Requirements

|  |                          |                                   |                          |
|--|--------------------------|-----------------------------------|--------------------------|
| Water System Facility: <b>WELL 3 (WSF ID: 48687)</b> |                          |                                   |                          |
| <b>E. Coli (3014)</b>                                |                          | <b>1 routine (RT) per quarter</b> |                          |
| <i>Sampling Point (Sampling Point ID)</i>            | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
|  | 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         |                                   |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i>     | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2010       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2011       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2011       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2012       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2012       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2013       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2013       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2014       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2014       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2015       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2015       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2016       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2016       |                      |
| CROSS CONNECTION SURVEY REPORT          | 3/1/2017        |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2017       |                      |

### 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             |                            |                                  |                 |                     |
|                                 |                              | NFDR019                  | 96RT37 DRS REST RM                | A             | Y                          | 1                                |                 | Y                   |
|                                 |                              | NFDR020                  | 96RT37 THERAP R RM                | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFLIB017                 | LIBRARY REST RM                   | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFPL021                  | STARBUCKS REST RM                 | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFPL022                  | NAIL SALON REST RM                | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFPL023                  | LIQUOR STORE REST R               | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFSH006                  | SHAWS FLORIST                     | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFSH007                  | SHAWS PROD H SINK                 | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFSH008                  | SHAWS MENS RM SINK                | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFSH009                  | SHAWS LADIES RM SINK              | A             | Y                          | 1                                |                 |                     |
|                                 |                              | NFSH010                  | SHAWS BREAK RM SINK               | A             | Y                          | 1                                |                 | Y                   |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                           |                     |             |            |                |          |              |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                  | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0910502</b>                 | <b>NEW FAIRFIELD WPCA</b> | NTNC                | 275         | L          | GW             |          |              |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 4 BRUSH HILL ROAD (ROUTE 39)     |                           |                     | 3           |            |                |          |              |
| 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 |
|--------------------------|-------------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
|                          |                                     | NFSH011           | SHAWS BAKERY H SINK        | A      | Y                   | 1                         |          |              |
|                          |                                     | NFSH012           | SHAWS GROCERY H SIN        | A      | Y                   | 1                         |          |              |
|                          |                                     | NFSH013           | SHAWS MEAT H SINK          | A      | Y                   | 1                         |          |              |
|                          |                                     | NFSH014           | SHAWS SEAFOOD H SIN        | A      | Y                   | 1                         |          |              |
|                          |                                     | NFSH015           | SHAWS DELI H SINK          | A      | Y                   | 1                         |          |              |
|                          |                                     | NFSH016           | SHAWS TRPL SINK            | A      | Y                   | 1                         |          |              |
|                          |                                     | NFTH001           | KITCHEN                    | A      | Y                   | 1                         | Y        |              |
|                          |                                     | NFTH002           | LWR LVL R RM               | A      | Y                   | 1                         |          |              |
|                          |                                     | NFTH003           | LADIES RM                  | A      | Y                   | 1                         |          |              |
|                          |                                     | NFTH004           | MENS RM                    | A      | Y                   | 1                         |          |              |
|                          |                                     | NFTH005           | FIN DEPT KITCHEN           | A      | Y                   | 1                         |          |              |
|                          |                                     | NFTH018           | TOWN HALL ANNEX            | A      | Y                   | 1                         |          |              |
|                          |                                     | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
| 00700                    | ENTRY POINT                         | 3                 | ENTRY POINT                | A      |                     |                           |          |              |
| 10430                    | WELL 1                              | 2                 | WELL                       | A      |                     |                           |          |              |
| 48685                    | WELL 2                              | 2                 | WELL 2                     | A      |                     |                           |          |              |
| 48687                    | WELL 3                              | 2                 | WELL 3                     | A      |                     |                           |          |              |
| 48693                    | NEW FAIRFIELD WATER TREATMENT PLANT |                   |                            |        |                     |                           |          |              |
| 55715                    | ATMOSPHERIC STORAGE                 |                   |                            |        |                     |                           |          |              |

### Certified Operator Information

|   |                      |   |                                 |
|---|----------------------|---|---------------------------------|
| Water System Facility: <b>NEW FAIRFIELD WATER TREATMENT PLANT (WSF ID: 48693)</b> |                      |   |                                 |
| Facility Classification: CLASS 1 TREATMENT PLANT                                  |                      |   |                                 |
| <b>Operator Name</b>  | <b>Operator Type</b> | <b>Certification(s)</b>                   | <b>Certification Expiration</b> |
| FOLEY, JAMES  | CHIEF OPERATOR       | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                       |

### 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): <b>Owner</b> |           |                          |              |                 |               |          |

*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            |                 |              |          |
| <b>CT0910502</b>  | <b>NEW FAIRFIELD WPCA</b> | NTNC                | 275                      | L               | GW                        |                 |              |          |
| Local Address (where applicable)                              |                           | Service Connections | Residential              | Commercial      | Industrial                | Combined        | Agricultural |          |
| 4 BRUSH HILL ROAD (ROUTE 39)                                  |                           |                     | 3                        |                 |                           |                 |              |          |
| Towns Served: NEW FAIRFIELD                                   |                           |                     |                          |                 |                           |                 |              |          |
| Name  |                           |                     | Organization             |                 |                           | Job Title       |              |          |
| <b>Ms. Susan Chapman</b>                                      |                           |                     | Town of New Fairfield    |                 |                           | First Selectman |              |          |
| 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             |                 |              |          |
| 203-312-5600  |                           |                     |                          |                 | schapman@newfairfield.org |                 |              |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |                           |                     |                          |                 |                           |                 |              |          |

**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 |          |              |
| CT0910532                        | NEW FAIRFIELD HIGH/MIDDLE SCHOOL | NTNC                | 1,791       | 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 HIGH & MIDDLE SCHOOL (WSF ID: 00600)

|   |                          |  |                          |  |  |
|---|--------------------------|--|--------------------------|--|--|
| <b>Asbestos (1094)</b>                          |                          | <b>1 routine (RT) per nine years</b>   |                          |  |  |
| <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 | 1/1/11 - 12/31/19        |  |                          |  |  |
| <b>Total Haloacetic Acids (2456)</b>            |                          | <b>1 routine (RT) per year</b>         |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>               | <i>Compliance Status</i> |  |  |
| K DBL SINK L (NFHS004)                          | 1/1/16 - 12/31/16        | 9/1-9/30                               | Complete                 |  |  |
|   | 1/1/17 - 12/31/17        | 9/1-9/30                               |                          |  |  |
|   | 1/1/18 - 12/31/18        | 9/1-9/30                               |                          |  |  |
| <b>Total Trihalomethanes (2950)</b>             |                          | <b>1 routine (RT) per year</b>         |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>               | <i>Compliance Status</i> |  |  |
| SCIENCE ROOM 202 (NFMS003)                      | 1/1/16 - 12/31/16        | 9/1-9/30                               | Complete                 |  |  |
|   | 1/1/17 - 12/31/17        | 9/1-9/30                               |                          |  |  |
|   | 1/1/18 - 12/31/18        | 9/1-9/30                               |                          |  |  |
| <b>Total Coliform (3100)</b>                    |                          | <b>2 routine (RT) per month</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>               | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 9/1/16 - 9/30/16         |  | Complete                 |  |  |
|   | 10/1/16 - 10/31/16       |  | Complete                 |  |  |
|   | 11/1/16 - 11/30/16       |  |                          |  |  |
|   | 12/1/16 - 12/31/16       |  | Complete                 |  |  |
|   | 1/1/17 - 1/31/17         |  | Complete                 |  |  |
|   | 2/1/17 - 2/28/17         |  |                          |  |  |
|   | 3/1/17 - 3/31/17         |  |                          |  |  |
|   | 4/1/17 - 4/30/17         |  |                          |  |  |
|   | 5/1/17 - 5/31/17         |  |                          |  |  |
|   | 6/1/17 - 6/30/17         |  |                          |  |  |
|   | 7/1/17 - 7/31/17         |  |                          |  |  |
|   | 8/1/17 - 8/31/17         |  |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                   |                          | <b>10 routine (RT) per three years</b> |                          |  |  |
| <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 | 1/1/15 - 12/31/17        | 6/1-9/30                               | Complete                 |  |  |
|   | 1/1/16 - 12/31/18        | 6/1-9/30                               | Complete                 |  |  |
|   | 1/1/17 - 12/31/19        | 6/1-9/30                               |                          |  |  |
|   | 1/1/20 - 12/31/22        | 6/1-9/30                               |                          |  |  |
| <b>Physical Parameters (PPS)</b>                |                          | <b>2 routine (RT) per month</b>        |                          |  |  |
| <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 - 1/31/17         |  | Complete                 |  |  |
|   | 2/1/17 - 2/28/17         |  |                          |  |  |
|   | 3/1/17 - 3/31/17         |  |                          |  |  |
|   | 4/1/17 - 4/30/17         |  |                          |  |  |
|   | 5/1/17 - 5/31/17         |  |                          |  |  |

*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 |          |              |
| <b>CT0910532</b>                 | <b>NEW FAIRFIELD HIGH/MIDDLE SCHOOL</b> | NTNC                | 1,791       | 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 HIGH & MIDDLE SCHOOL (WSF ID: 00600)**

**Physical Parameters (PPS) 2 routine (RT) per month**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
|   | 6/1/17 - 6/30/17         |                          |                          |
|   | 7/1/17 - 7/31/17         |                          |                          |
|   | 8/1/17 - 8/31/17         |                          |                          |

**Physical Parameters (PPX) 2 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 | 9/1/16 - 9/30/16         |                          | Complete                 |
|   | 10/1/16 - 10/31/16       |                          | Complete                 |
|   | 11/1/16 - 11/30/16       |                          | Complete                 |
|   | 12/1/16 - 12/31/16       |                          | Complete                 |

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

**Inorganic Chemicals (IOCS) 1 routine (RT) per three years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/14 - 12/31/16        |                          | Complete                 |
|   | 1/1/17 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/22        |                          |                          |

**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        |                          |                          |

**Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/14 - 12/31/16        |                          | Complete                 |
|   | 1/1/17 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/22        |                          |                          |

**Organic Chemicals (VOCS) 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         |                          |                          |
|   | 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         |                          |                          |

## Monthly Water System Facility (WSF) Level Monitoring Requirements

|  |
|--|
|  |
|--|

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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 |          |              |
| <b>CT0910532</b>                 | <b>NEW FAIRFIELD HIGH/MIDDLE SCHOOL</b> | NTNC                | 1,791       | L          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 54 GILLOTTI ROAD                 |   |                     | 1           |            |                |          |              |

Towns Served: NEW FAIRFIELD

### Water System Facility: TREATMENT PLANT (WSFID: TP001)

| Analyte                      | Monitoring Requirement (Summary Type) | Operating Limit           | Samples Req/Month         |
|------------------------------|---------------------------------------|---------------------------|---------------------------|
| Chlorine                     | Entry Point RDC (EPRD)                | Minimum: 0.6 MG/L         | Continuous                |
| <b>Start Date:</b> 10/1/2011 | <b>Compliance History:</b>            | <b>Operating Limit</b>    | <b>Monitoring</b>         |
|                              | <b>Monitoring Period</b>              | <b>Compliance Status:</b> | <b>Compliance Status:</b> |
|                              | 9/1/2016 - 9/30/2016                  |                           | N                         |
|                              | 10/1/2016 - 10/31/2016                |                           | N                         |
|                              | 11/1/2016 - 11/30/2016                |                           | N                         |
|                              | 12/1/2016 - 12/31/2016                |                           | N                         |
|                              | 1/1/2017 - 1/31/2017                  |                           |                           |
|                              | 2/1/2017 - 2/28/2017                  |                           |                           |

### Other Compliance Schedules

| Compliance Schedule Activity            | Due Date   | Achieved Date |
|---|------------|---------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2014 |               |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2015 |               |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2016 |               |
| CROSS CONNECTION SURVEY REPORT          | 3/1/2017   |               |

### Public Notification Requirements

| Violation/Situation             | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|---------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                                 |                   |             | Required            | Performed | Due to DPH       | Received |
| Organic Chemicals M&R Violation | 7/1/16 - 9/30/16  | 3           | 2/8/2018            |           | 2/18/2018        |          |

### 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 | Asbestos | Copper Tier | Stage 2 DBPR |
|--------------------------|--|-------------------|----------------------------|-----------------------|----------------------|----------|-------------|--------------|
| 00600                    | DISTRIBUTION SYSTEM HIGH & MIDDLE SCHOOL | 4                 | NFHS004 - KITCHEN DI       | A                     | Y                    |          |             |              |
|                          |  | 4 - NFHS          | HIGH SCHOOL DISTRIBU       | A                     |                      |          |             |              |
|                          |  | 4 - NFMS          | MIDDLE SCHOOL DISTRI       | A                     |                      |          |             |              |
|                          |  | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                      |          |             |              |
|                          |  | NFHS001           | NURSES SINK                | A                     | Y                    |          | 1           |              |
|                          |  | NFHS002           | WF NURSES SINK             | A                     | Y                    |          | 1           | Y            |
|                          |  | NFHS003           | K HAND SINK                | A                     | Y                    |          | 1           |              |
|                          |  | NFHS004           | K DBL SINK L               | A                     | Y                    |          | 1           | Y            |
|                          |  | NFHS005           | K DBL SINK R               | A                     | Y                    |          | 1           |              |
|                          |  | NFHS006           | WF NEAR GYM                | A                     | Y                    |          | 1           |              |
|                          |  | NFHS007           | L RM BY RM 209             | A                     | Y                    |          | 1           |              |
|                          |  | NFHS008           | L RM OFFICE                | A                     | Y                    |          | 1           |              |
|                          |  | NFHS009           | ART RM R SINK              | A                     | Y                    |          | 1           |              |
|                          |  | NFHS010           | ART RM L SINK              | A                     | Y                    |          | 1           |              |
|                          |  | NFHS011           | WF RM 109                  | A                     | Y                    |          | 1           |              |
|                          |  | NFHS012           | WF RM 223                  | A                     | Y                    |          | 1           |              |

**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 |          |              |
| <b>CT0910532</b>                 | <b>NEW FAIRFIELD HIGH/MIDDLE SCHOOL</b> | NTNC                | 1,791       | L          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 54 GILLOTTI 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
|                          |                       | NFHS013           | MAIN OFF R RM              | A      | Y                   | 1                         |          |              |
|                          |                       | NFHS014           | WM RM STAFF                | A      | Y                   | 1                         |          |              |
|                          |                       | NFHS015           | WM RM NEAR RM 210          | A      | Y                   | 1                         |          |              |
|                          |                       | NFHS016           | L RM STAFF ENT             | A      | Y                   | 1                         |          |              |
|                          |                       | NFHS017           | KITCHEN DI                 | A      | Y                   |                           |          |              |
|                          |                       | NFMS001           | NURSES SINK                | A      | Y                   | 1                         |          |              |
|                          |                       | NFMS002           | STAFF LOUNGE               | A      | Y                   | 1                         |          |              |
|                          |                       | NFMS003           | SCIENCE ROOM 202           | A      |                     |                           |          | Y            |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |              |
| 10434                    | WELL #3               | 2                 | WELL #3                    | A      |                     |                           |          |              |
| 10435                    | WELL #2               | 2                 | WELL #2                    | A      |                     |                           |          |              |
| 47804                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |              |
| 52293                    | WELL #4               | 2                 | WELL 4                     | A      |                     |                           |          |              |
| 57825                    | PUMP FACILITY         |                   |                            |        |                     |                           |          |              |
| TP001                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |              |

### Certified Operator Information

| <b>Water System Facility: DISTRIBUTION SYSTEM HIGH &amp; MIDDLE SCHOOL (WSF ID: 00600)</b> |                   |  |                          |
|--|-------------------|--|--------------------------|
| <b>Facility Classification:</b> CLASS 1 DISTRIBUTION SYSTEM                                |                   |  |                          |
| Operator Name  | Operator Type     | Certification(s)   | Certification Expiration |
| GRANT, SHANE   | CHIEF OPERATOR    | WATER TREATMENT PLANT OPERATOR - CLASS II<br>DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2017<br>9/30/2017   |
| CASSEDY, MATT  | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS II<br>WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2018<br>12/31/2018  |

| <b>Water System Facility: TREATMENT PLANT (WSF ID: TP001)</b> |                |   |                          |
|---|----------------|---|--------------------------|
| <b>Facility Classification:</b> CLASS 1 TREATMENT PLANT       |                |   |                          |
| Operator Name   | Operator Type  | Certification(s)                          | Certification Expiration |
| FOLEY, JAMES  | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                |

### Contact Information

|  |           |                              |                          |                 |                               |       |          |
|--|-----------|------------------------------|--------------------------|-----------------|-------------------------------|-------|----------|
| Name   |           | Organization                 |                          |                 | Job Title                     |       |          |
| <b>Mr. Philip A. Ross</b>                      |           | New Fairfield Public Schools |                          |                 | Director B&Grounds            |       |          |
| Mailing Address Line One                       |           |                              | Mailing Address Line Two |                 | City                          | State | Zip Code |
| 56 Gillotti Road                               |           |                              |                          |                 | New Fairfield                 | CT    | 06812    |
| Business Phone                                 | Extension | Fax                          | Mobile Phone             | Emergency Phone | Email Address                 |       |          |
| 203-312-5779                                   |           | 203-312-5780                 |                          | 203-994-0091    | pross@new-fairfield.k12.ct.us |       |          |
| Contact Role(s): <b>Administrative Contact</b> |           |                              |                          |                 |                               |       |          |

*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            |                 |              |          |
| <b>CT0910532</b>                      | <b>NEW FAIRFIELD HIGH/MIDDLE SCHOOL</b> | NTNC                | 1,791                     | L               | GW                        |                 |              |          |
| Local Address (where applicable)      |   | Service Connections | Residential               | Commercial      | Industrial                | Combined        | Agricultural |          |
| 54 GILLOTTI ROAD                      |   |                     | 1                         |                 |                           |                 |              |          |
| Towns Served: NEW FAIRFIELD           |   |                     |                           |                 |                           |                 |              |          |
| Name                                  |   |                     | Organization              |                 |                           | Job Title       |              |          |
| <b>New Fairfield</b>                  |   |                     |                           |                 |                           |                 |              |          |
| 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): <b>Owner</b>         |   |                     |                           |                 |                           |                 |              |          |
| Name                                  |   |                     | Organization              |                 |                           | Job Title       |              |          |
| <b>Ms. Susan L. Chapman</b>           |   |                     | 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): <b>Legal Contact</b> |   |                     |                           |                 |                           |                 |              |          |

**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 |          |              |
| <b>CT0915043</b>                 | <b>FAIRWOOD PROFESSIONAL BUILDING</b> | NTNC                | 70          | P          | GW             |          |              |
| Local Address (where applicable) |                                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 100 ROUTE 37                     |                                       |                     | 1           |            |                |          |              |

Towns Served: NEW FAIRFIELD

### Monitoring Requirements

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

|   |                          |                                       |                          |  |  |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>                                    |                          | <b>1 routine (RT) per nine years</b>  |                          |  |  |
| <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           | 1/1/11 - 12/31/19        |                                       |                          |  |  |
| <b>Total Coliform (3100)</b>                              |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                             |                          | <b>5 routine (RT) per three years</b> |                          |  |  |
| <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           | 1/1/16 - 12/31/18        | 6/1-9/30                              |                          |  |  |
|   | 1/1/19 - 12/31/21        | 6/1-9/30                              |                          |  |  |
| <b>Physical Parameters (PPS)</b>                          |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Physical Parameters (PPX)</b>                          |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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: <b>ENTRY POINT (WSF ID: 00700)</b> |                          |                                       |                          |  |  |
| <b>Inorganic Chemicals (IOCS)</b>                         |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                 | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)   | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|   | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|   | 1/1/20 - 12/31/22        |                                       |                          |  |  |
| <b>Nitrate And Nitrite (NOX)</b>                          |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <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        |                                       |                          |  |  |
| <b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>    |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                 | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)   | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|   | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|   | 1/1/20 - 12/31/22        |                                       |                          |  |  |

*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 |          |              |
| <b>CT0915043</b>                 | <b>FAIRWOOD PROFESSIONAL BUILDING</b> | NTNC                | 70          | P          | GW             |          |              |
| Local Address (where applicable) |                                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 100 ROUTE 37                     |                                       |                     | 1           |            |                |          |              |
| Towns Served: NEW FAIRFIELD      |                                       |                     |             |            |                |          |              |

## Monitoring Requirements

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

**Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3)                    | 1/1/14 - 12/31/16 |                   | Complete          |
|                                    | 1/1/17 - 12/31/19 |                   |                   |
|                                    | 1/1/20 - 12/31/22 |                   |                   |

**Organic Chemicals (VOCS) 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 |                   |                   |

## Other Compliance Schedules

| Compliance Schedule Activity            | Due Date   | Achieved Date |
|---|------------|---------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2012 |               |
| CROSS CONNECTION SURVEY REPORT          | 3/1/2015   |               |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2015 |               |

## 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      |                     |                           |          |              |
| 10439                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |              |

## Certified Operator Information

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

**Facility Classification:** SMALL WATER SYSTEM

| Operator Name | Operator Type  | Certification(s)                          | Certification Expiration |
|---------------|----------------|---|--------------------------|
| FOLEY, JAMES  | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                |

## Contact Information

|                            |           |                               |                          |                 |                                |             |       |          |
|----------------------------|-----------|-------------------------------|--------------------------|-----------------|--------------------------------|-------------|-------|----------|
| Name                       |           | Organization                  |                          |                 | Job Title                      |             |       |          |
| <b>Ms. Diane M. Ferris</b> |           | Brookfield Village LLC        |                          |                 | Exec Admin                     |             |       |          |
| Mailing Address Line One   |           |                               | Mailing Address Line Two |                 |                                | City        | State | Zip Code |
| 3102 Route 9               |           |                               |                          |                 |                                | Cold Spring | NY    | 10516    |
| Business Phone             | Extension | Fax                           | Mobile Phone             | Emergency Phone | Email Address                  |             |       |          |
| 845-809-5969               |           | 845-809-5970                  |                          | 914-403-2622    | dferris@unicorncontracting.com |             |       |          |
| Contact Role(s):           |           | <b>Administrative Contact</b> |                          |                 |                                |             |       |          |

*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 |          |              |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| <b>CT0915043</b>                 | <b>FAIRWOOD PROFESSIONAL BUILDING</b> | NTNC                | 70          | P          | GW             |          |              |
| Local Address (where applicable) |                                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 100 ROUTE 37                     |                                       |                     | 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 |          |              |
| CT0915053                        | CONSOLIDATED & MEETING HOUSE HILL SCHOOL | NTNC                | 1,425       | L          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 12 & 24 GILLOTTI ROAD            |  |                     | 3           |            |                |          |              |
| Towns Served: NEW FAIRFIELD      |  |                     |             |            |                |          |              |

### Monitoring Requirements

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

|   |                          |                                      |                          |  |  |
|---|--------------------------|--------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>                          |                          | <b>2 routine (RT) per nine years</b> |                          |  |  |
| <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 | 1/1/11 - 12/31/19        |                                      |                          |  |  |
| <b>Total Coliform (3100)</b>                    |                          | <b>2 routine (RT) per month</b>      |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>             | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 9/1/16 - 9/30/16         |                                      | Complete                 |  |  |
|   | 10/1/16 - 10/31/16       |                                      | Complete                 |  |  |
|   | 11/1/16 - 11/30/16       |                                      |                          |  |  |
|   | 12/1/16 - 12/31/16       |                                      | Complete                 |  |  |
|   | 1/1/17 - 1/31/17         |                                      | Complete                 |  |  |
|   | 2/1/17 - 2/28/17         |                                      |                          |  |  |
|   | 3/1/17 - 3/31/17         |                                      |                          |  |  |
|   | 4/1/17 - 4/30/17         |                                      |                          |  |  |
|   | 5/1/17 - 5/31/17         |                                      |                          |  |  |
|   | 6/1/17 - 6/30/17         |                                      |                          |  |  |
|   | 7/1/17 - 7/31/17         |                                      |                          |  |  |
|   | 8/1/17 - 8/31/17         |                                      |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                   |                          | <b>10 routine (RT) per year</b>      |                          |  |  |
| <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 | 1/1/16 - 12/31/16        | 6/1-9/30                             | Complete                 |  |  |
|   | 1/1/17 - 12/31/17        | 6/1-9/30                             |                          |  |  |
|   | 1/1/18 - 12/31/18        | 6/1-9/30                             |                          |  |  |
| <b>Physical Parameters (PPS)</b>                |                          | <b>2 routine (RT) per month</b>      |                          |  |  |
| <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 - 1/31/17         |                                      | Complete                 |  |  |
|   | 2/1/17 - 2/28/17         |                                      |                          |  |  |
|   | 3/1/17 - 3/31/17         |                                      |                          |  |  |
|   | 4/1/17 - 4/30/17         |                                      |                          |  |  |
|   | 5/1/17 - 5/31/17         |                                      |                          |  |  |
|   | 6/1/17 - 6/30/17         |                                      |                          |  |  |
|   | 7/1/17 - 7/31/17         |                                      |                          |  |  |
|   | 8/1/17 - 8/31/17         |                                      |                          |  |  |
| <b>Physical Parameters (PPX)</b>                |                          | <b>2 routine (RT) per month</b>      |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>             | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 9/1/16 - 9/30/16         |                                      | Complete                 |  |  |
|   | 10/1/16 - 10/31/16       |                                      | Complete                 |  |  |
|   | 11/1/16 - 11/30/16       |                                      | Complete                 |  |  |
|   | 12/1/16 - 12/31/16       |                                      | Complete                 |  |  |

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

*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 |          |              |
| CT0915053                        | CONSOLIDATED & MEETING HOUSE HILL SCHOOL | NTNC                | 1,425       | L          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 12 & 24 GILLOTTI ROAD            |  |                     | 3           |            |                |          |              |
| Towns Served: NEW FAIRFIELD      |  |                     |             |            |                |          |              |

### Monitoring Requirements

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

| <b>Inorganic Chemicals (IOCS)</b>                                |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
|--|--------------------------|---------------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| CONSOLIDATED SCHOOL ENTRY POINT (3)                              | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|  | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|  | 1/1/20 - 12/31/22        |                                       |                          |  |  |
| <b>Nitrate And Nitrite (NOX)</b>                                 |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| CONSOLIDATED SCHOOL ENTRY POINT (3)                              | 1/1/16 - 12/31/16        |                                       | Complete                 |  |  |
|  | 1/1/17 - 12/31/17        |                                       |                          |  |  |
|  | 1/1/18 - 12/31/18        |                                       |                          |  |  |
| <b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b> |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| CONSOLIDATED SCHOOL ENTRY POINT (3)                              | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|  | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|  | 1/1/20 - 12/31/22        |                                       |                          |  |  |
| <b>Organic Chemicals (VOCS)</b>                                  |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| CONSOLIDATED SCHOOL ENTRY POINT (3)                              | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|  | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|  | 1/1/20 - 12/31/22        |                                       |                          |  |  |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i>     | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2012      |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2013      |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2014      |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2015      |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2016      |                      |
| CROSS CONNECTION SURVEY REPORT          | 3/1/2017        |                      |

### 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                          |                                  |                 |                     |
|                                 |                              | CS001                    | CAF HAND SINK                     | A             | Y                          | 1                                | Y               |                     |
|                                 |                              | CS002                    | NURSES SINK                       | A             | Y                          | 1                                |                 |                     |
|                                 |                              | CS003                    | WF MAIN OFFICE                    | A             | Y                          | 1                                |                 |                     |
|                                 |                              | CS004                    | CAF SINK                          | A             | Y                          | 1                                |                 |                     |
|                                 |                              | CS005                    | RM 210                            | A             | Y                          | 1                                |                 |                     |
|                                 |                              | CS006                    | RM 223                            | A             | Y                          | 1                                |                 |                     |
|                                 |                              | CS007                    | RM 237                            | A             | Y                          | 1                                |                 |                     |

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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 |          |              |
| <b>CT0915053</b>                 | <b>CONSOLIDATED &amp; MEETING HOUSE HILL SCHOOL</b> | NTNC                | 1,425       | L          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 12 & 24 GILLOTTI ROAD            |   |                     | 3           |            |                |          |              |

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 |
|--------------------------|---------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
|                          |                                 | CS008             | RM 210                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS009             | RM 31                      | A      | Y                   | 1                         |          |              |
|                          |                                 | CS010             | RM 108                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS011             | RM 216                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS012             | RM 202 L SINK              | A      | Y                   | 1                         |          |              |
|                          |                                 | CS013             | RM 202 R SINK              | A      | Y                   | 1                         |          |              |
|                          |                                 | CS014             | RM 201 L SINK              | A      | Y                   | 1                         |          |              |
|                          |                                 | CS015             | RM 201 R SINK              | A      | Y                   | 1                         |          |              |
|                          |                                 | CS016             | RM 107                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS017             | RM 40                      | A      | Y                   | 1                         |          |              |
|                          |                                 | CS019             | RM 104                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS020             | RM 106                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS021             | RM 107                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS022             | RM 210                     | A      | Y                   | 1                         |          |              |
|                          |                                 | CS023             | STAFF LOUNGE               | A      | Y                   | 1                         |          |              |
|                          |                                 | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
|                          |                                 | MHS001            | NURSES R RM                | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS002            | NURSES RM SINK             | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS003            | COPY RM SINK               | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS004            | WF RM 405                  | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS005            | CRS R RM 107               | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS006            | RM 501                     | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS007            | WF CAF #1                  | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS008            | CAF DBL SINK               | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS009            | G LAV RM 108               | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS010            | CRS L RM 107               | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS011            | WF GYM                     | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS012            | WF RM 407                  | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS013            | CRS RM 501                 | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS014            | WF RM 502                  | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS015            | CRS RM 502                 | A      | Y                   | 1                         |          |              |
|                          |                                 | MHS016            | WF CAF #2                  | A      | Y                   | 1                         |          |              |
|                          |                                 | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
| 00700                    | CONSOLIDATED SCHOOL ENTRY POINT | 3                 | CONSOLIDATED SCHOOL        | A      |                     |                           |          |              |
| 10440                    | CONSOLIDATED SCHOOL WELL 1      | 2                 | CONSOLIDATED SCHOOL        | A      |                     |                           |          |              |
| 52295                    | CONSOLIDATED SCHOOL WELL 2      | 2                 | CONSOLIDATED SCHOOL        | A      |                     |                           |          |              |
| 58607                    | BLADDER TANKS                   |                   |                            |        |                     |                           |          |              |
| 58609                    | MHHS TANK                       |                   |                            |        |                     |                           |          |              |

*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 |          |              |
| CT0915053                        | CONSOLIDATED & MEETING HOUSE HILL SCHOOL | NTNC                | 1,425       | L          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 12 & 24 GILLOTTI ROAD            |  |                     | 3           |            |                |          |              |
| 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 | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|---------------------------|----------|--------------|
| 58611                    | CS TANK               |                   |                            |                       |                           |          |              |

## Certified Operator Information

|   |                |   |                          |
|---|----------------|---|--------------------------|
| Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b> |                |   |                          |
| Facility Classification: SMALL WATER SYSTEM                       |                |   |                          |
| Operator Name   | Operator Type  | Certification(s)                          | Certification Expiration |
| FOLEY, JAMES  | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                |

## Contact Information

|  |           |                              |                          |                    |                               |       |          |
|--|-----------|------------------------------|--------------------------|--------------------|-------------------------------|-------|----------|
| Name   |           | Organization                 |                          | Job Title          |                               |       |          |
| Mr. Philip A. Ross                             |           | New Fairfield Public Schools |                          | Director B&Grounds |                               |       |          |
| Mailing Address Line One                       |           |                              | Mailing Address Line Two |                    | City                          | State | Zip Code |
| 56 Gillotti Road                               |           |                              |                          |                    | New Fairfield                 | CT    | 06812    |
| Business Phone                                 | Extension | Fax                          | Mobile Phone             | Emergency Phone    | Email Address                 |       |          |
| 203-312-5779                                   |           | 203-312-5780                 |                          | 203-994-0091       | pross@new-fairfield.k12.ct.us |       |          |
| Contact Role(s): <b>Administrative Contact</b> |           |                              |                          |                    |                               |       |          |

**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 |          |              |
| CT0915103                        | HERITAGE PLAZA | NTNC                | 54          | P          | GW             |          |              |
| Local Address (where applicable) |                | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 28 ROUTE 39                      |                |                     | 21          |            |                |          |              |

Towns Served: NEW FAIRFIELD

### Monitoring Requirements

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

|   |                          |                                       |                          |  |  |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>                                    |                          | <b>1 routine (RT) per nine years</b>  |                          |  |  |
| <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           | 1/1/11 - 12/31/19        |                                       |                          |  |  |
| <b>Total Coliform (3100)</b>                              |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                             |                          | <b>5 routine (RT) per six months</b>  |                          |  |  |
| <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 - 12/31/16        |                                       |                          |  |  |
|   | 1/1/17 - 6/30/17         |                                       |                          |  |  |
|   | 7/1/17 - 12/31/17        |                                       |                          |  |  |
| <b>Physical Parameters (PPS)</b>                          |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Physical Parameters (PPX)</b>                          |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                 |  |  |
| <b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b> |                          |                                       |                          |  |  |
| <b>Inorganic Chemicals (IOCS)</b>                         |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                 | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)   | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|   | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|   | 1/1/20 - 12/31/22        |                                       |                          |  |  |
| <b>Nitrate And Nitrite (NOX)</b>                          |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <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        |                                       |                          |  |  |
| <b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>    |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                 | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)   | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|   | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|   | 1/1/20 - 12/31/22        |                                       |                          |  |  |

*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 |          |              |
| <b>CT0915103</b>                 | <b>HERITAGE PLAZA</b> | NTNC                | 54          | P          | GW             |          |              |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 28 ROUTE 39                      |                       |                     | 21          |            |                |          |              |

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

**Pesticides, Herbicides and PCBs-Phase V (SOC5)** **1 routine (RT) per three years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/14 - 12/31/16        |                          | Complete                 |
|   | 1/1/17 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/22        |                          |                          |

**Organic Chemicals (VOCS)** **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         |                          | Complete                 |
|   | 4/1/17 - 6/30/17         |                          |                          |
|   | 7/1/17 - 9/30/17         |                          |                          |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i>     | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| SWTS 1: SOURCE WATER MONITORING         | 6/30/2012       |                      |
| CCTS 1: PWS TO PROPOSE OCCT             | 6/30/2012       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2012       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2013       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2013       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2014       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2014       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2015       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2015       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2016       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 9/28/2016       |                      |
| CROSS CONNECTION SURVEY REPORT          | 3/1/2017        |                      |

## 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                           | BETWEEN GAC FILTERS          |                          |                                   |               |                            |                                  |                 |                     |
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | GENERIC DISTRIBUTION              | A             | Y                          |                                  |                 |                     |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                     |
|                                 |                              | HP1                      | OFFICE SINK                       | A             | Y                          | 1                                | Y               |                     |
|                                 |                              | HP2                      | KITCHEN DOUBLE SINK               | A             | Y                          | 1                                |                 |                     |
|                                 |                              | HP3                      | KITCHEN SINGLE SINK               | A             | Y                          | 1                                |                 |                     |
|                                 |                              | HP4                      | LADIES ROOM SINK                  | A             | Y                          | 1                                |                 |                     |
|                                 |                              | HP5                      | NURSERY REST ROOM                 | A             | Y                          | 1                                |                 |                     |
|                                 |                              | HP6                      | NURSERY KITCHEN                   | A             | Y                          | 1                                |                 |                     |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | 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 |          |              |
| <b>CT0915103</b>                 | <b>HERITAGE PLAZA</b> | NTNC                | 54          | P          | GW             |          |              |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 28 ROUTE 39                      |                       |                     | 21          |            |                |          |              |
| 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      |                     |                           |          |              |
| 11012                    | WELL 2                           | 2                 | WELL 2                     | A      |                     |                           |          |              |
| 11013                    | WELL 3                           | 2                 | WELL 3                     | A      |                     |                           |          |              |
| 45134                    | HERITAGE PLAZA TREATMENT STATION |                   |                            |        |                     |                           |          |              |

## Certified Operator Information

| Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>              |                |   |                          |
|--|----------------|---|--------------------------|
| <i>Facility Classification:</i>  |                |   |                          |
| Operator Name  | Operator Type  | Certification(s)                          | Certification Expiration |
| FOLEY, JAMES   | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                |
| Water System Facility: <b>HERITAGE PLAZA TREATMENT STATION (WSF ID: 45134)</b> |                |   |                          |
| <i>Facility Classification:</i>  |                |   |                          |
| Operator Name  | Operator Type  | Certification(s)                          | Certification Expiration |
| FOLEY, JAMES   | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                |

## Contact Information

|                              |           |                            |              |                 |                   |       |          |
|------------------------------|-----------|----------------------------|--------------|-----------------|-------------------|-------|----------|
| Name                         |           | Organization               |              |                 | Job Title         |       |          |
| <b>Mr. Camillo Santomero</b> |           | Lordae Property Management |              |                 | Manager           |       |          |
| Mailing Address Line One     |           | Mailing Address Line Two   |              |                 | City              | State | Zip Code |
| 1 New King St                |           | Suite 201                  |              |                 | West Harrison     | NY    | 10604    |
| Business Phone               | Extension | Fax                        | Mobile Phone | Emergency Phone | Email Address     |       |          |
| 914-762-8300                 |           | 914-762-1730               |              |                 | office@lordae.com |       |          |

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                  |                     |             |            |                |          |              |
|----------------------------------|------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name         | Classification      | Population  | Owner Type | Primary Source |          |              |
| CT0915203                        | 74 ROUTE 37, LLC | NTNC                | 130         | 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)**

|  |                          |                                       |                          |  |  |
|--|--------------------------|---------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>   |                          | <b>1 routine (RT) per nine years</b>  |                          |  |  |
| <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                  | 1/1/11 - 12/31/19        |                                       |                          |  |  |
| <b>Total Coliform (3100)</b>                                     |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                                    |                          | <b>5 routine (RT) per year</b>        |                          |  |  |
| <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                  | 1/1/16 - 12/31/16        | 6/1-9/30                              | Complete                 |  |  |
|  | 1/1/17 - 12/31/17        | 6/1-9/30                              |                          |  |  |
|  | 1/1/18 - 12/31/18        | 6/1-9/30                              |                          |  |  |
| <b>Physical Parameters (PPS)</b>                                 |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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         |                                       |                          |  |  |
| <b>Physical Parameters (PPX)</b>                                 |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                 |  |  |
| <b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>        |                          |                                       |                          |  |  |
| <b>Inorganic Chemicals (IOCS)</b>                                |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)  | 1/1/15 - 12/31/17        |                                       |                          |  |  |
|  | 1/1/18 - 12/31/20        |                                       |                          |  |  |
| <b>Nitrate And Nitrite (NOX)</b>                                 |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <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        |                                       |                          |  |  |
| <b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b> |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)  | 1/1/14 - 12/31/16        |                                       | Complete                 |  |  |
|  | 1/1/17 - 12/31/19        |                                       |                          |  |  |
|  | 1/1/20 - 12/31/22        |                                       |                          |  |  |

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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 |          |              |
| <b>CT0915203</b>                 | <b>74 ROUTE 37, LLC</b> | NTNC                | 130         | P          | GW             |          |              |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                         |                     |             | 1          |                |          |              |

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

| Organic Chemicals (VOCS)                  | 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        |                          | Complete                 |
|   | 1/1/18 - 12/31/18        |                          |                          |

Water System Facility: **WELL #1 (WSF ID: 10769)**

| 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 #1 (2)                               | 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           |                          |                          |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i>     | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2016      |                      |
| CROSS CONNECTION SURVEY REPORT          | 3/1/2017        |                      |

## 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             |                            |                                  |                 |                     |
| 10769                           | WELL #1                      | 2                        | WELL #1                           | A             |                            |                                  |                 |                     |
| 1393                            | WATER TREATMENT              |                          |                                   |               |                            |                                  |                 |                     |

## Certified Operator Information

Water System Facility: **WATER TREATMENT (WSF ID: 1393)**

Facility Classification: CLASS 2 TREATMENT PLANT

| <i>Operator Name</i> | <i>Operator Type</i> | <i>Certification(s)</i>                   | <i>Certification Expiration</i> |
|----------------------|----------------------|---|---------------------------------|
| FOLEY, JAMES         | CHIEF OPERATOR       | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017                       |

## Contact Information

|                           |           |              |                            |                 |               |               |       |          |
|---------------------------|-----------|--------------|----------------------------|-----------------|---------------|---------------|-------|----------|
| Name                      |           |              | Organization               |                 |               | Job Title     |       |          |
| Mr. Christopher Santomero |           |              | Lordae Property Management |                 |               | Manager       |       |          |
| Mailing Address Line One  |           |              | Mailing Address Line Two   |                 |               | City          | State | Zip Code |
| 1 New King St             |           |              | Suite 201                  |                 |               | West Harrison | NY    | 10604    |
| Business Phone            | Extension | Fax          | Mobile Phone               | Emergency Phone | Email Address |               |       |          |
| 914-448-8300              |           | 860-354-8700 | 203-770-4373               |                 | p6448@aol.com |               |       |          |

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

|                                  |                         |                     |             |            |                |          |              |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0915203</b>                 | <b>74 ROUTE 37, LLC</b> | NTNC                | 130         | P          | GW             |          |              |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                         |                     |             | 1          |                |          |              |

Towns Served: NEW FAIRFIELD

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**