

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350014	CHIMNEY CORNERS SHOPPING CENTER	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1051 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Water System Facility: **WELL (WSF ID: 22243)**

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2015	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2016 - 8/31/2016		N
	9/1/2016 - 9/30/2016		N
	10/1/2016 - 10/31/2016		N

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
CT1350014	CHIMNEY CORNERS SHOPPING CENTER	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1051 LONG RIDGE ROAD			1			

Towns Served: STAMFORD

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2015	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		
	1/1/2017 - 1/31/2017		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Chlorine M&R Violation	1/1/15 - 1/31/15	3	3/5/2016		3/15/2016	
Chlorine M&R Violation	2/1/15 - 2/28/15	3	4/15/2016		4/25/2016	
Chlorine M&R Violation	3/1/15 - 3/31/15	3	4/27/2016		5/7/2016	
Chlorine M&R Violation	7/1/15 - 7/31/15	3	9/16/2016		9/26/2016	
Chlorine M&R Violation	9/1/15 - 9/30/15	3	12/17/2016		12/27/2016	

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	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			
22243	WELL	2	WELL	A			
59186	TREATMENT PLANT						
59188	BLADDER TANKS						

Contact Information

Name	Organization	Job Title				
Mr. Paul Jordanopoulos	379 Ponus Ridge LLC	President				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
379 Ponus Ridge Road				New Canaan	CT	06840
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-219-3846					wagonwheelfinewines@yahoo.com	
Contact Role(s): Administrative Contact, Legal Contact, Owner						

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			
CT1350014	CHIMNEY CORNERS SHOPPING CENTER	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1051 LONG RIDGE ROAD				1				
Towns Served: STAMFORD								
Name			Organization			Job Title		
Ms. Helen Jordanopoulos			379 Ponus Ridge LLC					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
379 Ponus Ridge Rd						New Canaan	CT	06840
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-966-5321								
Contact Role(s): Legal Contact, Owner								

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350024	DOROTHY HEROY RECREATION COMPLEX	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
84 RIDING STABLE TRAIL				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete

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

Nitrate And Nitrite (NOX)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Other Compliance Schedules

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/13 - 12/31/13	2	6/26/2014		7/6/2014	

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	15	BATHROOM	A	Y		Y	
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22244	WELL	2	WELL	A				
55183	PRESSURE TANK							
PF01	BOOSTER PUMP							
ST01	ATMOSPHERIC STORAGE TANKS							

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		
CT1350024	DOROTHY HEROY RECREATION COMPLEX	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
84 RIDING STABLE TRAIL				1			
Towns Served: STAMFORD							

Contact Information

Name			Organization			Job Title		
Mr. David Martin			City of Stamford			Mayor		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Stamford Government Center			888 Washington Boulevard			Stamford	CT	06901
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-977-4140		203-977-5845						

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

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350034	MADONIA RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1297 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
GROUNDWATER RULE TT Violation	8/28/10 -	2	10/30/2010		11/9/2010	
Total Coliform M&R Violation	7/1/12 - 9/30/12	2	1/30/2013		2/9/2013	
Total Coliform M&R Violation	10/1/12 - 12/31/12	2	11/10/2013		11/20/2013	
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/31/2013		1/10/2014	
Physical Parameters M&R Violation	10/1/12 - 12/31/12	3	10/11/2014		10/21/2014	

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				
22245	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350034	MADONIA RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1297 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Stage 2 Asbestos DBPR
TP01	TREATMENT PLANT					

Contact Information

Name		Organization			Job Title		
Ms. Gabriele Giovanni		Tony-Vinny Realty Inc.					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1297 Long Ridge Road					Stamford	CT	06903-4431
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-322-8870		203-322-7213					

Contact Role(s): **Owner**

Name		Organization			Job Title		
Mr. Enzo Bruno					President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1297 Long Ridge Road					Stamford	CT	06903
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-322-8870			267-257-7170		madoniarestaurant@gmail.com		

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

Name		Organization			Job Title		
Ms. Gabrele Govanni		Tony-Vinny Realty Inc.			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
56 Burwood Ave					Stamford	CT	06902-7738
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350054	LAKESIDE DINER & MALL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1050 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Water System Facility: WELL (WSF ID: 22246)

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: TREATMENT PLANT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 5/1/2009	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2016 - 8/31/2016		N
	9/1/2016 - 9/30/2016		N
	10/1/2016 - 10/31/2016		N

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		
CT1350054	LAKESIDE DINER & MALL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1050 LONG RIDGE ROAD				1			

Towns Served: STAMFORD

Water System Facility: TREATMENT PLANT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 5/1/2009	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		
	1/1/2017 - 1/31/2017		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2015	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	9/3/2005		9/13/2005	
Distribution Turbidity MCL Violation	7/1/05 - 9/30/05	2	11/3/2005		11/13/2005	
Distribution Color MCL Violation	7/1/05 - 9/30/05	2	11/3/2005		11/13/2005	
Distribution Color MCL Violation	10/1/05 - 12/31/05	2	2/4/2006		2/14/2006	
Distribution Color MCL Violation	1/1/06 - 3/31/06	2	6/15/2006		6/25/2006	
Distribution Turbidity MCL Violation	1/1/06 - 3/31/06	2	6/15/2006		6/25/2006	
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	8/4/2006		8/14/2006	
Distribution Color MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006	
Distribution Turbidity MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006	
Distribution Color MCL Violation	7/1/06 - 9/30/06	2	11/15/2006		11/25/2006	
Distribution Turbidity MCL Violation	7/1/06 - 9/30/06	2	11/15/2006		11/25/2006	
Distribution Turbidity MCL Violation	4/1/07 - 6/30/07	2	8/24/2007		9/3/2007	
Distribution Turbidity MCL Violation	1/1/07 - 3/31/07	2	8/24/2007		9/3/2007	
Distribution Color MCL Violation	1/1/07 - 3/31/07	2	8/24/2007		9/3/2007	
Distribution Color MCL Violation	10/1/06 - 12/31/06	2	2/15/2009		2/25/2009	
Distribution Turbidity MCL Violation	10/1/06 - 12/31/06	2	2/15/2009		2/25/2009	
Chlorine M&R Violation	8/1/11 - 8/31/11	3	9/6/2013		9/16/2013	
Chlorine M&R Violation	10/1/11 - 10/31/11	3	9/6/2013		9/16/2013	
Chlorine M&R Violation	9/1/12 - 9/30/12	3	11/9/2013		11/19/2013	

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	TREATMENT PLANT	3	ENTRY POINT	A				
22246	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350054	LAKESIDE DINER & MALL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1050 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Stage 2 Asbestos DBPR
55225	CONTACT TANKS					
55227	PRESSURE TANKS					

Contact Information

Name			Organization			Job Title		
Mr. Albert Alexander								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
205 Dogwood Ln						Stamford	CT	06903
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-661-6981				914-400-5555				

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

Name			Organization			Job Title		
Babylon Family LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
75 Valley View Drive						Stamford	CT	06903
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350064	LONG RIDGE SWIM & TENNIS CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2517 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16	4/1-9/30	Complete		
	1/1/17 - 12/31/17	4/1-9/30			
	1/1/18 - 12/31/18	4/1-9/30			

Water System Facility: WELL 1 (WSF ID: 22247)

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	7/1/16 - 9/30/16				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Water System Facility: WELL 2 (WSF ID: 59083)

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL 2 (2)	7/1/16 - 9/30/16				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily	
Start Date: 1/1/2015	Compliance History:	Operating Limit	Monitoring Compliance Status:	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2016 - 8/31/2016		N	
	9/1/2016 - 9/30/2016		N	
	10/1/2016 - 10/31/2016		N	

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		
CT1350064	LONG RIDGE SWIM & TENNIS CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2517 LONG RIDGE ROAD				1			

Towns Served: STAMFORD

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2015	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		
	1/1/2017 - 1/31/2017		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2016	
RESPOND TO SANITARY SURVEY	9/25/2016	12/19/2016

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	3/16/2005		3/26/2005	
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	2/14/2006		2/24/2006	
Total Coliform MCL Violation	7/1/14 - 9/30/14	2	10/25/2014		11/4/2014	
Total Coliform M&R Violation	9/1/14 - 9/30/14	2	12/25/2014		1/4/2015	
E. Coli M&R Violation	8/28/14 - 9/2/14	3	11/25/2015		12/5/2015	

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	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			
22247	WELL 1	2	WELL	A			
59083	WELL 2	2	WELL 2	A			
59085	BLADDER TANK						
59087	ATMOSPHERIC TANK						
59089	TREATMENT PLANT						
59184	HYDROPNEUMATIC TANK						

Contact Information

Name		Organization			Job Title		
Mr. Jeff Gocke		Long Ridge Racquet Club			General Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
815 Post Road		2Nd Floor			Darien	CT	06820
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-655-2852	11	203-656-1091		203-858-3289	jeff@tennisct.com		

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		
CT1350064	LONG RIDGE SWIM & TENNIS CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2517 LONG RIDGE ROAD				1			
Towns Served: STAMFORD							
Contact Role(s): Administrative Contact							

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350084	HIGH RIDGE UNITED METHODIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2975 HIGH RIDGE ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16				
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16				

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Color M&R Violation	7/1/08 - 9/30/08	3	12/11/2009	4/21/2016	12/21/2009	

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				
22249	WELL	2	WELL	A				
ST01	PRESSURE TANK							

Contact Information

Name	Organization	Job Title
Pastor Kwangil Kim	High Ridge United Methodist	Administrative
Mailing Address Line One	Mailing Address Line Two	City, State, Zip Code

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350084	HIGH RIDGE UNITED METHODIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2975 HIGH RIDGE ROAD				1			
Towns Served: STAMFORD							
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code	
2975 High Ridge Road				Stamford	CT	06903	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
718-996-5008		203-353-0488	718-996-5008		Rev.Kwangil.123Kim@gmail.com		

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

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

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		
CT1350094	ROXBURY SWIM & TENNIS CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
240 ROXBURY ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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

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

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

Nitrate (1040) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16	4/1-9/30	Complete
	1/1/17 - 12/31/17	4/1-9/30	
	1/1/18 - 12/31/18	4/1-9/30	

Water System Facility: **WELL (WSF ID: 22250)**

E. Coli (3014) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		
	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>
RESPOND TO SANITARY SURVEY	9/28/2016	10/5/2016

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/04 - 6/30/04	2	11/11/2004		11/21/2004	
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/16/2005		3/26/2005	

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		
CT1350094	ROXBURY SWIM & TENNIS CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
240 ROXBURY ROAD				1			

Towns Served: STAMFORD

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/14/2006		2/24/2006	

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				
		KITCHEN	SNACK BAR	A	Y	3	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22250	WELL	2	WELL	A				
59224	TREATMENT PLANT							
59226	ATMOSPHERIC STORAGE TANKS							
59228	BLADDER TANKS							
59230	PUMP STATION							

Contact Information

Name			Organization			Job Title		
Mr. Scott Bounty			Roxbury Swin & Tennis Club			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
240 Roxbury Road						Stamford	CT	06902
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-329-8484					roxburymail@yahoo.com			

Contact Role(s): Owner								
Name			Organization			Job Title		
Mr. Jack Stobbie			Roxbury Swim & Tennis Club			Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
PO Box 3293			Ridgeway Station			Stamford	CT	06905
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-329-8484					roxburymail@yahoo.com			

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

Please note the following:

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

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

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

End of schedule

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		
CT1350134	BARTLETT ARBORETUM ASSOC.	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
151 BROOKDALE ROAD				1			
Towns Served: STAMFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

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				
22254	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1350134	BARTLETT ARBORETUM ASSOC.	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
151 BROOKDALE ROAD				1			
Towns Served: STAMFORD							

Contact Information

Name			Organization			Job Title			
Mr. Paul Travaglino			Bartlett Arboretum Assoc			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
151 Brookdale Road						Stamford		CT	06903
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-322-6971					paultravaglino@gmail.com				

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

Please note the following:

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

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

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

End of schedule