

# 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>CT0960042</b>	<b>NORTHVILLE MARKET, INC.</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD			1				
Towns Served: NEW MILFORD							

## Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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

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

<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)	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	5/30/2010	
RESPOND TO SANITARY SURVEY	2/2/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	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
<b>CT0960042</b>	<b>NORTHVILLE MARKET, INC.</b>	NC	30	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD		1				

Towns Served: NEW MILFORD

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20043	WELL	2	WELL	A				
54614	TREATMENT PLANT							

## Contact Information

Name	Organization	Job Title
<b>Mr. Joel Brenner</b>		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
301 Litchfield Road		New Milford	CT	06776

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-2667					

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

Name	Organization	Job Title
<b>Mr. David Brenner</b>	Northville Market Inc	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
301 Litchfield Road		New Milford	CT	06776

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-2667		860-350-3232	203-417-8408	860-868-2842	david@themarketct.com

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

**Please note the following:**

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

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

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

**End of schedule**

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

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

Towns Served: NEW MILFORD

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 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	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

<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	10/1/24 - 11/30/24	10/1-11/30	Complete

<b>Physical Parameters (PPS)</b>		<b>1 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	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>

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

## Other Compliance Schedules

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

## Public Notification Requirements

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21625	WELL	2	WELL	A				
57361	TREATMENT PLANT							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Kititakone Panasy</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
20 Nunnawauk Road						Newtown		CT	06470
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-428-6477					kpanasy@gmail.com				
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</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**

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

## Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

<b>Nitrate (1040)</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>
ENTRY POINT (3)	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate M&R Violation	7/1/24 - 9/30/24	3	11/18/2025		11/28/2025	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

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

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
21626	WELL	2	WELL	A				
61509	TREATMENT PLANT							

## Contact Information

Name			Organization			Job Title			
<b>Ms. Lourdes Salinas</b>			Salinas Restaurant + Pizzeria			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
651 Kent Rd						Gaylordsville		CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-355-2448				203-942-0401	lourdessalinas1@icloud.com				

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

**Please note the following:**

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

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

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

**End of schedule**

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

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

## Monitoring Requirements

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

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

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

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

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

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

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

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.30 MG/L	Daily
<b>Start Date:</b> 7/1/2016		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		12/1/2024 - 12/31/2024	
		1/1/2025 - 1/31/2025	
		2/1/2025 - 2/28/2025	
		3/1/2025 - 3/31/2025	
		4/1/2025 - 4/30/2025	

## Other Compliance Schedules

<b>Compliance Schedule Activity</b>	<b>Due Date</b>	<b>Achieved Date</b>
SEASONAL START UP COMPLETION	6/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BOYS HOUSE	OUTDOOR TAP@CHIMNEY	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 6 & 7	3	ENTRY POINT	A				

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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>CT0960064</b>	<b>BUCKS ROCK CAMP</b>	NC	450	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD				1			
Towns Served: NEW MILFORD							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
48032	WELL 6	2	WELL 6	A				
53937	WELL 7	2	WELL 7	A				
57759	TREATMENT PLANT							
57763	ATMOSPHERIC STORAGE TANK							

## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 57759)</b>			
<b>Facility Classification:</b>			
Operator Name	Operator Type	Certification(s)	Certification Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2024
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2025

## Contact Information

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

Contact Role(s): <b>Legal Contact, Owner</b>								
Name		Organization			Job Title			
<b>Miss Beverly Canepari</b>		Buck's Rock Camp			Admin Director			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
59 Bucks Rock Rd						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-5030					bev@bucksrockcamp.org			

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

**Please note the following:**

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

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

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

**End of schedule**

# 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>CT0960104</b>	<b>CANDLEWOOD VALLEY COUNTRY CLUB</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
401 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

### Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21634	WELL	2	WELL	A				
62060	UV DISINFECTION TREATMENT SYSTEM							

### Contact Information

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

*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>CT0960104</b>	<b>CANDLEWOOD VALLEY COUNTRY CLUB</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
401 DANBURY ROAD				1				
Towns Served: NEW MILFORD								
Name			Organization			Job Title		
<b>Mr. Bob Kick</b>			New Milford Golf LLC			Executive Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
401 Danbury Road						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-9359	3				bob@candlewoodvalleygolf.com			
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		
CT0960234	HARRYBROOKE PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD				1			

Towns Served: NEW MILFORD

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 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	12/1/24 - 12/31/24		Complete	
	1/1/25 - 1/31/25		Complete	
	2/1/25 - 2/28/25		Complete	
	3/1/25 - 3/31/25		Complete	
	4/1/25 - 4/30/25		Complete	
	5/1/25 - 5/31/25			
	6/1/25 - 6/30/25			
	7/1/25 - 7/31/25			
	8/1/25 - 8/31/25			
	9/1/25 - 9/30/25			
	10/1/25 - 10/31/25			
	11/1/25 - 11/30/25			

<b>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</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	10/29/24 - 11/3/24		Complete	

<b>Physical Parameters (PPS)</b>		<b>1 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	12/1/24 - 12/31/24		Complete	
	1/1/25 - 1/31/25		Complete	
	2/1/25 - 2/28/25		Complete	
	3/1/25 - 3/31/25		Complete	
	4/1/25 - 4/30/25		Complete	
	5/1/25 - 5/31/25			
	6/1/25 - 6/30/25			
	7/1/25 - 7/31/25			
	8/1/25 - 8/31/25			
	9/1/25 - 9/30/25			
	10/1/25 - 10/31/25			
	11/1/25 - 11/30/25			

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

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

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

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

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

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

## Monitoring Requirements

Water System Facility: <b>NORTH WELL (WSF ID: 21642)</b>							
<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>					
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
NORTH WELL (2-MUSEUM)	10/28/24 - 11/3/24		Complete				

Water System Facility: <b>SOUTH WELL (WSF ID: 21643)</b>							
<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>					
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
SOUTH WELL (2-POLHOUSE)	10/28/24 - 11/3/24		Complete				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SANITARY DEFECT CORRECTIVE ACTION	5/15/2025	
SANITARY DEFECT CORRECTIVE ACTION	5/15/2025	3/6/2025
SANITARY DEFECT CORRECTIVE ACTION	5/15/2025	3/6/2025
SANITARY DEFECT CORRECTIVE ACTION	5/15/2025	

## Water System Facility and Sampling Point Inventory

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

## Contact Information

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

*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>CT0960234</b>	<b>HARRYBROOKE PARK</b>	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD			1			
Towns Served: NEW MILFORD						
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</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>CT0960244</b>	<b>JEHOVAHS WITNESSES</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 OLD PARK LANE				1			
Towns Served: NEW MILFORD							

### Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21643	WELL	2	WELL	A				
57368	TREATMENT PLANT							

### Contact Information

Name			Organization			Job Title		
<b>Mr. Kevin Moran</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
110 Kent Rd						New Milford	CT	06776-3400
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-4118		860-355-4788		860-770-3852				
Contact Role(s): <b>Administrative Contact, Legal 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>CT0960244</b>	<b>JEHOVAHS WITNESSES</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
22 OLD PARK LANE				1				
Towns Served: NEW MILFORD								
Name			Organization			Job Title		
<b>Mr. David R Baker</b>			Jehovahs Witnesses			Chairman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
22 Old Park Lane						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-1555								
Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>Jehovahs Witnesses</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
22 Old Park Lane						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): <b>Owner</b>								
<b>Please note the following:</b>								
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>CT0960274</b>	<b>LYNN DEMING PARK</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CANDLEWOOD LAKE ROAD				1			
Towns Served: NEW MILFORD							

## Monitoring Requirements

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

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

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

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		NMPR-01	LADIES ROOM SINK	A	Y	N		
		NMPR-02	MENS ROOM SINK	A	Y	N		
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21646	WELL	2	WELL	A				

## Contact Information

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

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

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

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

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

**End of schedule**

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

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

<b>Physical Parameters (PPS)</b>	<b>1 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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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

### Other Compliance Schedules

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

*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>CT0960284</b>	<b>RED CARPET MOTEL</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD				1			

Towns Served: NEW MILFORD

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BARBER RR	BARBER SHOP RR	A	Y		Y	
		BS	BAR SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RESTKITLHS	REST KIT HAND SNK L	A	Y		Y	
		RESTKITRHS	REST KIT HAND SNK R	A	Y		Y	
		RESTKSSS	REST KIT SNK SINGLE	A	Y		Y	
		RESTRPLSNKL	REST KIT TRPL SNK L	A	Y		Y	
		RESTRPLSNKR	REST KIT TRPL SNK R	A	Y		Y	
		RRLR	RR LADY ROOM	A	Y		Y	
		RRMR	RR MENS RR	A	Y		Y	
		TATTOO RR	TATTOO PARLOR RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21647	WELL	2	WELL	A				
568645	UV DISINFECTION SYSTEM							

## Contact Information

Name		Organization			Job Title	
<b>Mr. Alex Patel</b>		Red Carpet Inn			Owner	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
296 Ethan Allen Highway				Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-438-3781					Amrat3349@gmail.com	

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

**Please note the following:**

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

***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>CT0960294</b>	<b>TANDOORI FLAMES</b>	NC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

## Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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

## Other Compliance Schedules

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

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		TF001	REST KIT HAND SNK L	A	Y			
		TF002	REST KIT HAND SNK R	A	Y			
		TF003	REST KIT SNK SINGLE	A	Y			
		TF004	REST KIT TRPL SNK L	A				
		TF005	REST KIT TRPL SNK R	A	Y			
		TF006	BAR SINK	A	Y			
		TF007	RR LADY ROOM	A	Y			
		TF008	RR MENS RR	A	Y			
		TF009	BARBER SHOP RR	A	Y			
		TF010	TATTOO PARLOR RR	A	Y			

*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>CT0960294</b>	<b>TANDOORI FLAMES</b>	NC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21648	WELL	2	WELL	A				

## Contact Information

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

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

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

Towns Served: NEW MILFORD

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

<b>Physical Parameters (PPS)</b>		<b>1 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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	11/1/22 - 11/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	11/1/22 - 11/30/22	3	7/4/2024		7/14/2024	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0960424</b>	<b>ROCKY RIVER MOTEL</b>	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
236 KENT ROAD				1			

Towns Served: NEW MILFORD

## Public Notification Requirements

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier		Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
			DOWNSTREAM WITHIN 5 SERVICE CON	A					
			UPSTREAM WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
21657	WELL	2	WELL	A					
62063	ATMOSPHERIC STORAGE								
62064	HYDROPNEUMATIC STORAGE								

## Contact Information

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

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

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

Contact Role(s): **Owner**

**Please note the following:**

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

### Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

### Other Compliance Schedules

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

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/12 - 3/31/12	2	10/17/2012		10/27/2012	
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/2013		6/22/2013	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018	
Nitrate And Nitrite M&R Violation	1/1/20 - 12/31/20	3	3/22/2022		4/1/2022	
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024	

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

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21660	WELL	2	WELL	A				

## Contact Information

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

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

**Please note the following:**

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

*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>CT0960604</b>	<b>TRINITY LUTHERAN CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD				1			
Towns Served: NEW MILFORD							

## Monitoring Requirements

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

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21668	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. Randy Weimar</b>			Trinity Lutheran			Tlc Trustee			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
107 Kent Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-354-3450				203-300-9492	randy.weimar@gmail.com				
Contact Role(s): <b>Administrative Contact, Legal 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		
CT0960604	TRINITY LUTHERAN CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD				1			
Towns Served: NEW MILFORD							

**Please note the following:**

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

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

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

<b>Physical Parameters (PPS)</b>		<b>1 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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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

### Other Compliance Schedules

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

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

## Other Compliance Schedules

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A				
		BBGC001	BAR 3 BAY SINK	A	Y	3		
		BBGC002	BAR 1 BAY SINK	A	Y	3	Y	
		BBGC003	KITCHEN 3 BAY SINK	A	Y	3		
		BBGC004	KITCH HANDWASH SINK	A	Y	3		
		BBGC005	KITCHEN 1 BAY SINK	A	Y	3		
		BBGC006	PRO BATHROOM SINK	A	Y	3		
		BBGC007	LADIES ROOM SINK	A	Y	3		
		BBGC008	MENS ROOM SINK	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60720	TREATMENT PLANT							
62924	CLUBHOUSE WELL	2	CLUBHOUSE WELL	A				

## Contact Information

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

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

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

*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>CT0969373</b>	<b>BULLS BRIDGE GOLF CLUB</b>	NC	45	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
OLD STONE ROAD				1				
Towns Served: NEW MILFORD								
Name			Organization			Job Title		
<b>Mr. Brian Freeswick</b>			Bulls Bridge Golf Club			General Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
71 Bulls Bridge Road						South Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
845-216-1273					b.freeswick@bullsbridgegolfclub.com			
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		
CT0969374	GEORGE WASHINGTON PLAZA	NC	39	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1&3 GEORGE WASHINGTON PLAZA				2			
Towns Served: NEW MILFORD							

## Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per 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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

**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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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

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

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/20/2024	2/20/2025
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	2/20/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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

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

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

## Public Notification Requirements

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55299	WELL 1	2	WELL 1	A				
61510	ATMOSPHERIC STORAGE							

## Contact Information

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

Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>Mr. Luis E Panora</b>			3 George Washington Plaza			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
631 Kent Rd						Gaylordsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-210-1622					gaylordsvillediner@outlook.com			

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

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

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

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

**End of schedule**

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

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

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

Nitrate (1040)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

Nitrite (1041)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59983	WELL 1	2	WELL 1	A				

*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>CT0969404</b>	<b>358 DANBURY ROAD</b>	NC	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD				2			
Towns Served: NEW MILFORD							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Mike Jacquemin</b>			Bravo Ny Pizza			Business Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
358 Danbury Rd						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-799-6752				860-355-2649	bravopizza@yahoo.com				

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

**Please note the following:**

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

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

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

**End of schedule**