

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

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

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		2/2/2017

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

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

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

Towns Served: NEW FAIRFIELD

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					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				
21570	WELL #2	2	WELL	A				

## Contact Information

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

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

Name	Organization	Job Title			
80 Route 39 LLC					
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
80 Route 39		New Fairfield CT 06812			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

**Please note the following:**

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

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

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

**End of schedule**

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

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

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/22/2019	
RESPOND TO SANITARY SURVEY	3/6/2025	

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

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

Towns Served: NEW FAIRFIELD

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Y	Rule Tier	WQD	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	Rule Tier	WQD	DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21571	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Jeffrey Berman	The Candlewood Isle Assn, Inc.	President
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 380, Candlewood Isle		State
Business Phone	Extension	Zip Code
203-746-0220	203-746-0220	

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

Name	Organization	Job Title
Ms. Michelle O'connor	Tax Dist of Candlewood Isle	Office Administrator
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 380		State
Business Phone	Extension	Zip Code
203-746-0220	203-746-0220	

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

Name	Organization	Job Title
Ms. Joan Archer	Candlewood Isle Association	Admin
Mailing Address Line One	Mailing Address Line Two	City
PO Box 380		State
Business Phone	Extension	Zip Code
203-746-3880		

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0910054	4 COTTON TAIL ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

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

  

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

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21573)

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

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
Total Coliform MCL Violation	7/1/12 - 9/30/12	2	10/18/2012	10/28/2012	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
				Status	Rule			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BIS001	KIT SNK TRPL SNK	A	Y			Y
		BIS002	KIT HAND SNK	A	Y			Y
		BIS003	RR MENS RR	A	Y			Y
		BIS004	RR LADY ROOM	A	Y			Y
		BIS005	BAR SINK	A	Y			Y

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0910054	4 COTTON TAIL ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
		1			

Towns Served: NEW FAIRFIELD

<b>Water System Facility and Sampling Point Inventory</b>							
Water System Facility ID	Water System Facility	Sampling Point		Status	Total Coliform	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR
		ID	Description		Y	Y	Y
	BIS006	RR BAR		A			
	DOWNSTREAM	WITHIN 5 SERVICE CON		A			
	UPSTREAM	WITHIN 5 SERVICE CON		A			
00700	ENTRY POINT	3	ENTRY POINT	A			
21573	WELL	2	WELL	A			

## Contact Information

Name	Organization	Job Title
Mr. Yoon Sup Song		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
134-22 58Th Road		Flushing NY 11355
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
718-463-3252		718-309-3248
Contact Role(s):	<b>Legal Contact, Owner</b>	
Name	Organization	Job Title
Mr. Scott A. Biscotti	Biscottis Ristorante	Owner of Bus
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
4 Cotton Tail Road		New Fairfield CT 06812
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
203-746-9900		203-746-5403 203-994-3755 scottybiscotti1@yahoo.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

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

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**End of schedule**

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

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

Towns Served: NEW FAIRFIELD

## 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	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		
<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	12/18/25 - 12/23/25		Complete
<b>Total Coliform (3100)</b>	<b>3 temporary routine (TR) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/26 - 1/31/26		
<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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
<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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21576)

<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>
WELL (2)	12/17/25 - 12/23/25		Complete

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Stage Copper Rule Tier Asbestos WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		

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

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

Towns Served: NEW FAIRFIELD

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00700	ENTRY POINT	3	ENTRY POINT	A					
21576	WELL	2	WELL	A					

## Contact Information

Name	Organization	Job Title
Ms. Laurie Chamoures	Fieldstone Plaza Condo Assoc.	Bookkeeper
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
88 State Route 37		New Fairfield CT 06812
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
203-746-2875		203-746-8863 203-788-9515 maclacl@aol.com

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

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

Contact Role(s): **Owner**

Name	Organization	Job Title
Ms. Claire Luks	88 Route 37 # 1	Trustee
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
18 Bay Drive		New Fairfield CT 06812
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): **Owner**

**Please note the following:**

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

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**End of schedule**

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

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

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

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

  

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

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21591)

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		NFM001	TRIPLE SINK LEFT	A	Y		Y	
		NFM002	TRIPLE SINK RIGHT	A	Y		Y	
		NFM003	RR GENERIC RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21591	WELL	2	WELL	A				
50460	TREATMENT PLANT							

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

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

Towns Served: NEW FAIRFIELD

## Contact Information

Name	Organization	Job Title		
Ms. Sherry Hallabeck	New Fairfield Mobil	Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
94 State Route 37		New Fairfield	CT	06812
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-746-4100		203-746-1843		203-470-8712 mobil0@aol.com

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

**Please note the following:**

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

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

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**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0910314	NEW FAIRFIELD TOWN PARK	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 39			1		

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

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

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		NTP001	FIRST AID ROOM	A	Y		Y	
		NTP002	RR 1ST FLOOR	A	Y		Y	
		NTP003	RR 2ND FLOOR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21592	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
New Fairfield		
Mailing Address Line One	Mailing Address Line Two	City
4 Brush Hill Rd		State
Business Phone	Extension	Zip Code
		New Fairfield CT 06812
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
CT0910314	NEW FAIRFIELD TOWN PARK	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 39			1		

Towns Served: NEW FAIRFIELD

Name		Organization			Job Title		
<b>Ms. Susan L. Chapman</b>		Town of New Fairfield			First Selectman		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
Town Hall		Rt. 39, 4 Brush Hill Road			New Fairfield		06812
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-312-5600		203-312-5610			schapman@newfairfield.org		

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

Name		Organization			Job Title		
<b>Mr. Bucky Riehl</b>		Town of New Fairfield			Buildings Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
180 Rt 39					New Fairfield		06812
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-312-5634		203-312-5678	203-617-5960		briehl@newfairfield.org		

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

**Please note the following:**

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

**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
CT0910324	25 OLD ROUTE 37	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
25 OLD ROUTE 37			1		

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

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

  

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

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/29/2024		7/9/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/29/2024		7/9/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/29/2024		7/9/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/29/2024		7/9/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	6/3/2025		6/13/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage WQP 2 DBPR
				Status	Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21593	WELL	2	WELL	A				
59318	TREATMENT PLANT							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0910324	25 OLD ROUTE 37	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
25 OLD ROUTE 37			1		

Towns Served: NEW FAIRFIELD

## Contact Information

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

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

Name	Organization	Job Title		
Mr. Carl W. Huben	Olde 37 Patio & Grill	Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
25 Route 37		New Fairfield	CT	06812
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-746-3700				Email Address cwh@olde37pandg.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

*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
CT0910394	SQUANTZ POND S.P./MAIN WELL	NC	200	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 39	5				

Towns Served: NEW FAIRFIELD

### Monitoring Requirements

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

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

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2028	

Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
Facility ID						
00600 DISTRIBUTION SYSTEM	101	SHOP SINK	A	Y		
	102	BATHROOM SINK	A	Y		
	103	EXTERIOR FAUCET	A	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			
21598 WELL	2	WELL	A			

### Contact Information

Name	Organization	Job Title
Mr. David Cooley	Deep-Engineering Unit	Supv Civil Engineer
Mailing Address Line One	Mailing Address Line Two	City
163 Great Hill Road		State
Business Phone	Extension	Zip Code
860-342-2215	860-344-2560	Portland
860-205-7552	860-424-3333	CT
		06480
Email Address		
david.cooley@ct.gov		
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
CT0910394	SQUANTZ POND S.P./MAIN WELL				NC	200	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
ROUTE 39			5					
Towns Served: NEW FAIRFIELD								
Name			Organization			Job Title		
Ms. Andrea M. Lane			State of CT Deep					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road					Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-977-9739				860-424-3333	andrea.lane@ct.gov			

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

***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
CT0910414	ST. EDWARD RC CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
21 BRUSH HILL ROAD			1		

Towns Served: NEW FAIRFIELD

### Monitoring Requirements

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

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

  

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

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21599)

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

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	4/26/2020	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier
					Asbestos	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		
21599	WELL	2	WELL	A		
54001	TREATMENT PLANT					

*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
CT0910414	ST. EDWARD RC CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
21 BRUSH HILL ROAD			1		

Towns Served: NEW FAIRFIELD

## Contact Information

Name	Organization	Job Title		
Mr. Frank Caggiano	Roman Cath Diocese Bridgeport	Bishop		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
238 Jewett Avenue		Bridgepor	CT	06606
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-372-4301				

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

Name	Organization	Job Title		
Father Robert Wolfe	St Edward Church	Pastor		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
21 Brush Hill Road		New Fairfield	CT	06812
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-746-2200	16			wolferobert723@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

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

Towns Served: NEW FAIRFIELD

**Monitoring Requirements**

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

<b>Total Coliform (3100)</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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

  

<b>Total Coliform (3100)</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	8/20/25 - 8/25/25		Complete
	9/11/25 - 9/16/25		Complete

  

<b>Physical Parameters (PPS)</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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

<b>Nitrate And Nitrite (NOX)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL** (WSF ID: 22721)

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

Towns Served: NEW FAIRFIELD

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 22721)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	WELL (2)	8/19/25 - 8/25/25		Complete
		9/10/25 - 9/16/25		Complete

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		4/26/2020

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Rule Tier	Asbestos	
00500	GAC FILTER	5	ENTRY POINT	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		FC001	ORTHO CONSULT RM	A	Y		Y	
		FC002	ORTHO KITCHEN SINK	A	Y		Y	
		FC003	ORTHO LAB SINK	A	Y		Y	
		FC004	RR ORTHODONTIST	A	Y		Y	
		FC005	ORTHO TOOTH BRUSH L	A	Y		Y	
		FC006	ORTHO TOOTH BRUSH R	A	Y		Y	
		FC007	ORTHO SETRILIZATION	A	Y		Y	
		FC008	ORTHO HAND SNK L	A	Y		Y	
		FC009	ORTHO HAND SNK R	A	Y		Y	
		FC010	ORTHO BACK HAND SINK	A	Y		Y	
		FC011	ORTHO DARK RM SINK	A	Y		Y	
		FC012	RR NAIL SALON	A	Y		Y	
		FC013	HAND SINK NAIL SALON	A	Y		Y	
		FC014	RR YOGA	A	Y		Y	
		FC015	CHIRO RR	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22721	WELL	2	WELL	A				
50462	TREATMENT PLANT							

### Contact Information

Name	Organization	Job Title		
Mr. Greg Kauffman	Fieldstone Commons Condo Assoc	President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
3 Route 39 Unit 2		New Fairfield	CT	06812
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address

*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
CT0910554	FIELDSTONE COMMONS			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
3 ROUTE 39				1			
Towns Served: NEW FAIRFIELD							
908-892-2813				kauffmanpropertiesct@gmail.com			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>							
<b>Please note the following:</b> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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</li> </ol>							
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> <a href="http://www.ct.gov/dph/publicdrinkingwater">http://www.ct.gov/dph/publicdrinkingwater</a>							
<b>End of schedule</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
CT0915234	NEW FAIRFIELD SCHOOLS CONCESSION STAND	NC	100	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
54 GILLOTTI ROAD			1		

Towns Served: NEW FAIRFIELD

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## 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 Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
56993	WELL 1	2	WELL 1	A			

## Contact Information

Name	Organization	Job Title
Mr. Lloyd W. Decker	New Fairfield Pub Works Dept	Building Manager
Mailing Address Line One	Mailing Address Line Two	City
4 Brook Hill Rd		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
CT0915234	NEW FAIRFIELD SCHOOLS CONCESSION STAND	NC	100	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
54 GILLOTTI ROAD			1		

Towns Served: NEW FAIRFIELD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-312-5634					ldecker@newfairfieldct.gov

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

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

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

**End of schedule**