

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0279033	36 KILLINGWORTH TNPK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
36 KILLINGWORTH TURNPIKE	5				

Towns Served: CLINTON

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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/10 - 12/31/10	2	4/7/2011		4/17/2011	
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	4/7/2011		4/17/2011	
Total Coliform M&R Violation	1/1/11 - 3/31/11	2	7/13/2011		7/23/2011	
Physical Parameters M&R Violation	1/1/11 - 3/31/11	3	6/12/2012		6/22/2012	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage
				Rule	Rule Tier	
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			
22836 WELL	2	WELL	A			

Contact Information

Name	Organization	Job Title
Mr. Michael Knudsen	Hamilton Group, LLC	Owner
Mailing Address Line One	Mailing Address Line Two	City
36 Killingworth Turnpike-Lantern Square		State Zip Code
		Clinton CT 06413

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
CT0279033	36 KILLINGWORTH TNPK				NC	25	P	GW
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 KILLINGWORTH TURNPIKE				5				
Towns Served: CLINTON								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-433-8052		203-643-2285	860-575-4341		mike@hamilton-grp.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								
Please note the following: <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 								
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> 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
CT0279044	INDIAN RIVER RECREATIONAL COMPLEX	NC	28	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
201 KILLINGWORTH TPKE			3		

Towns Served: CLINTON

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		Complete
	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		Complete
	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		

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
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	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
CT0279044	INDIAN RIVER RECREATIONAL COMPLEX	NC	28	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
201 KILLINGWORTH TPKE			3		

Towns Served: CLINTON

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	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53240	WELL 1	2	WELL 1	A				

Contact Information

Name	Organization	Job Title						
Clinton								
Mailing Address Line One	Mailing Address Line Two	City State Zip Code						
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Name	Organization	Job Title						
Mr. Robert Potter	Clinton Parks And Rec Dept	Director						
Mailing Address Line One	Mailing Address Line Two	City State Zip Code						
201 Killingworth Turnpike		Clinton CT 06413						
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-669-6901		860-644-4073		860-853-8399	rpotter@clintonct.org			

Name	Organization	Job Title						
Mrs. Kelley A. Nichols	Clinton Parks And Recreation	Executive Assistant						
Mailing Address Line One	Mailing Address Line Two	City State Zip Code						
201 Killingworth Turnpike		Clinton CT 06413						
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-669-6901					knichols@clintonct.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.								

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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
CT0279054	CHAMARD VINEYARDS	NC	40	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
115 COW HILL ROAD			1		

Towns Served: CLINTON

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 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	WQP 2 DBPR Stage
				Status	Rule			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		C1001	PUBLIC RESTROOM A	A	Y			
		C1002	PUBLIC RESTROOM B	A				
		C1003	KITCHEN RESTROOM	A	Y			
		C1004	KITCHEN SINK A	A	Y			
		C1005	KITCHEN HANDWASH A	A	Y			
		C1006	BUTLER SINK A	A	Y			
		C1007	ICEMAKER A	A	Y			
		C1008	TANK ROOM SINK A	A	Y			
		C1009	TANK FAUCET A	A	Y			
		C1010	LAB SINK A	A	Y			
		C1011	SERVICE SINK A	A	Y			
		C1012	BARN RESTROOM A	A	Y			
		C1013	BARN RESTROOM B	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
60219	WELL 1	2	WELL 1	A				
62325	SOFTENER & UV TREATMENT							

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CT0279054	CHAMARD VINEYARDS	NC	40	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
115 COW HILL ROAD			1		

Towns Served: CLINTON

Contact Information

Name		Organization			Job Title		
Mr. Jonathan Rothberg		Chamard Vineyard, Inc.					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
530 Whitfield St					Guilford	CT	06437
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-535-8770							

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

Name		Organization			Job Title		
Ms. Charles Beckius		Charmed Vineyards			Property Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
115 Cow Hill					Clinton	CT	06413
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-535-8770							

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

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End of schedule