

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0370014	KRAUSZERS	NC	48	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
435 NEW HAVEN AVENUE	Connections		1		

Towns Served: DERBY

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 quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/19/2026	

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	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		K001	DR OR DENT 1ST FLOOR	A	Y		Y			
		K002	DR OR DENT 3RD FLOOR	A	Y		Y			
		K003	CHIROPRACTOR 1ST FLR	A	Y		Y			
		K004	RR 1ST FLOOR	A	Y		Y			
		K005	KRAUSZERS 2ND FLOOR	I	Y		Y			
		K006	VALLEY VAPORS	A	Y		Y			
		K007	ALL STATE	A	Y		Y			
		K008	LIQUOR STORE	A	Y		Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	I						
20671	WELL	2	WELL	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.

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Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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Towns Served: DERBY

Contact Information

Name	Organization	Job Title		
Ms. Jo-Ann Cecarelli	Lac Property Management LLC	Man.Partner/Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
445 New Haven Avenue	PO Box 1034	Derby	CT	06418
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-734-0417		203-734-4949		203-537-8519 lacprop@aol.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

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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