	Connecticut	Department of	f Public	Health I	Drink	ing Wa	ater Se	ction	
	Wate	r Quality Monit	oring a	nd Comp	olian	ce Sche	edule		
PWS ID	PWS Name			C	lassifica	tion Popu	lation Own	ner Type P	rimary Source
CT041917	2 WOLFS DEN CAMPO	GROUND-SYSTEM #3:BAC	CKUP		NC	2	.5	Р	GW
Local Addı	ress (where applicable)		Service	Residentia	al Comr	mercial In	dustrial	Combined	Agricultural
259 TOWN	N STREET		Connection	ns 1					
Towns Ser	rved: EAST HADDAM				·		·		·
		Monite	oring Re	quirement	ts				
	stem Facility: DISTRIBL			•					
	liform (3100)								per quarter
	oling Point (Sampling Point			Monitoring		Collecti	ion Period		iance Status
Selec	ct from Inventory of Active S	Sampling Points		4/1/25 - 6/					omplete
				7/1/25 - 9/				Co	omplete
				4/1/26 - 6/	/30/26				
-	Parameters (PPS)								per quarter
_	pling Point (Sampling Point			Monitoring	<u> </u>	Collecti	ion Period		iance Status
Selec	t from Inventory of Active S	Sampling Points		4/1/25 - 6/					omplete
				7/1/25 - 9/				Co	mplete
				4/1/26 - 6/	/30/26				
	stem Facility: ENTRY PO	DINT (WSF ID: 00700)							
	And Nitrite (NOX)					- "		-	RT) per year
_	pling Point (Sampling Point	t ID)		Monitoring		Collecti	ion Period		iance Status
ENTR	RY POINT (3)			1/1/24 - 12					omplete
				1/1/25 - 12	-			Co	omplete
		Othor C	amplian	1/1/26 - 12					
.		Other C	ompiian	ce Schedu					
	ce Schedule Activity	-			e Date		Achieved I	Date	
CROSS CO	NNECTION SURVEY REPOR			·	1/2027				
	W	ater System Facil	ity and S	ampling P	oint I	nventoi	ry		
Water			- "			Total	Lead and		
System	Water System Facility	Sampling Point ID	Sampling F Description			Coliform	Copper	Ashastas	Stage WQP 2 DBPR
Facility ID			-		Status		Kule Her	Aspestos	WQP 2 DBPK
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM		ON SYSTEM	A	Y			
		REC			A	V			
		UPSTREAM	REC HALL F	SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POI		Α				
20056				INI	Α				
	WELL SYSTEM 2 ATMOSPHERIC	2	WELL		Α				
60527	SYSTEM 3 ATMOSPHERIC STORAGE								
		Con	tact Info	rmation					
Name		Oı	rganization					Job Title	
Mr. Isaiah	Terry		olf's Den Cg	Spe LLC		Mai	nager		
Mailing Ad	ddress Line One	Mailing Address	s Line Two			Ci	ty	State	Zip Code
256 Town	Street				Ea	st Haddam	ı	СТ	06423
	s Phone Extension	Fax Mobi	le Phone	Emergency P					
860-97				860-942-65	576 isa	aiah@wolfs	sdenfamily	campgroui	nd.com
Contact Ro	ole(s): Administrative Con	tact							

(Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule													
	Wat	ter Qua	lity Monito	oring ai	nd Con	npl	liance S	chedul	.e					
PWS ID P	WS Name					Cla	ssification	Population	Owner Type	Primary Source				
CT0419172 V	OLFS DEN CAN	/IPGROUND-	SYSTEM #3:BACI	KUP		NC		25	Р	GW				
Local Address (wh	ere applicable)			Service	Resider	itial	Commercia	al Industri	al Combin	ed Agricultural				
259 TOWN STREE	7			Connections 1										
Towns Served: EA	ST HADDAM			1			1	<u> </u>						
Name			Org	ganization					Job Tit	е				
Mr. Evan Bernstei	n		Cas	stle Park Inv	estments			Founder						
Mailing Address Li	ne One		Mailing Address	Line Two				City	State	Zip Code				
413 W. 14Th St			Suite 244				New Yo	rk	NY	10014				
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	/ Pho	one Email A	ddress		1				
860-267-5300														
Contact Role(s):	Owner		1											

- 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

Page 2

PWS Name		Co	nnecticu Wate	t Depai er Qual										ection		
Service Residential Commercial Industrial Combined Agricultura Sara Town STREET (ROUTE 82) Connections Residential 1	PWS ID	PW	'S Name						Cla	ssificatio	n Po	pulatio	on Ow	ner Type	Prir	nary Source
Connections 1	CT0410094	I SAI	NIBEL FARMS S	TORE						NC		25		Р		GW
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 A/1/26 - 3/31/25 A/1/26 - 3/31/25 A/1/26 - 3/31/26 A/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) A/1/26 - 1/3/31/26 Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Sampling P	Local Addr	ess (wher	e applicable)				Service	Residen	tial	Comme	rcial	Indus	trial	Combine	ed	Agricultural
Monitoring Requirements	328 TOWN	STREET (ROUTE 82)				Connection	ıs		1						
Total Coliform (3100) Total Coliform (3100) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Select from Inventory of Active Sampling Points A/1/25 - 3/31/26 10/1/25 - 12/31/25 Complete 10/1/25 - 13/31/26 A/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period A/1/25 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period A/1/25 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period A/1/25 - 6/30/25 Complete Collection Period Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 3/31/26 A/1/25 - 6/30/25 Complete 10/1/25 - 13/31/25 Complete 10/1/26 - 3/31/26 1/1/26 - 3/31/26 A/1/26 - 6/30/26 Water System Facility ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Total Lead and Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBP DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPST	Towns Serv	ved: EAST	HADDAM													
Total Coliform (3100) Sompling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Select from Inventory of Active Sampling Points A/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 13/31/25 A/1/26 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period A/1/25 - 6/30/25 Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period A/1/25 - 6/30/25 Complete Collection Period Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 13/31/25 Complete 10/1/25 - 13/31/25 Complete 10/1/25 - 13/31/25 Complete 10/1/25 - 13/31/25 Complete 11/1/26 - 3/31/26 A/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Period Complete 1/1/26 - 12/31/25 Complete					Mo	nito	ring Rec	quireme	nts	5						
Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 7/1/25 - 9/30/25 Complete 7/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/26 - 3/31/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Complete 7/1/25 - 9/30/25 Complete 7/1/25 - 9/30/25 Complete 7/1/25 - 9/30/25 Complete 7/1/25 - 9/30/25 Complete 7/1/25 - 12/31/25 Complete 7/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/26 - 3/31/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period 4/1/26 - 6/30/26 Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Inventory Water System Vater System Facility Sampling Point Inventory Water System Facility Sampling Point Inventory Water System Vater System Facility Sampling Point Inventory Water System Vater System Facility Sampling Point Inventory Total Lead and Collection Period Complete 1/1/26 - 12/31/26 Complete 1/1/	Water Sys	stem Fac	ility: DISTRIE	BUTION SY	STEM (W	SF ID	: 00600)									
Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 7/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 3/31/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per quarter Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/25 - 12/31/25 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Sampling Point Sampli		-	•	int ID)				Monitori	ing F	Period	Coll	ection		-		•
7/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/26 - 3/31/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 7/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 3/31/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 Complete 1/1/25 - 12/31/25 Complete 1/1/25 - 12/31/25 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/27 - 12/31/25 Co					Points											
10/1/25 - 12/31/25 Complete 1/1/26 - 3/31/26 1/1/26 - 3/31/26 1/1/26 - 6/30/26 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/26 - 3/31/26 A/1/26 - 6/30/26 A/1/26 - 1/31/26 A/1/26 - 1/31/2				1- 0												
1/1/26 - 3/31/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 19/30/25 Complete 10/1/25 - 3/31/25 Complete 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete 1/1/26 - 1/231/25 Complete 1/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Inventory Water System Facility Sampling Point Inventory Water System Facility Sampling Point Inventory Total Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBP Status Rule Rule Tier Asbestos WQP 2 DBP OOROO DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPST																-
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Select from Inventory of Active Sampling Points A/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 1/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 Sampling Point (Sampling Point ID) Water System Facility and Sampling Point Inventory Water System Facility Water System Facility Sampling Point Sampling Point Inventory Water System Facility None Status Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Bookstrate And Withila Standard Coliform Copper Stage Status None South Withila Standard Withila Standard Withila Standard Coliform Copper Stage Stage None Status Complete OO700 ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN S SERVICE CON A OO700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN S SERVICE CON A OO700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN S SERVICE CON A OO700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN S SERVICE CON A OO700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN S SERVICE CON A OO700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN S SERVICE CON A OO700 ENTRY POINT 5 East Haddam Coliform Copper Stage																•
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Complete 10/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 3/31/26 A/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period A/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) ENTRY POINT (3) 1/1/24 - 12/31/24 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility Monitoring Period Collection Period Complete																
Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 7/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 3/31/26 4/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period ENTRY POINT (3) 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point ID Description Status Rule 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 00700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Name Organization Name Organization Name Organization Samibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line One Mailing Address Line One Business Phone Extension Extension Extension Extension Fax Mobile Phone Emergency Phone Email Address Sanibelmarket@gmail.com	Physical I	Paramet	ers (PPS)										1 ro	utine (R1	Г) p	er quarter
T/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/24 - 12/31/25 Complete 1/1/25 - 12/31/25 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility ID Description Status Rule 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 UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Joseph Janecek Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address sanibelmarket@gmail.com	Samp	ling Poin	t (Sampling Poi	int ID)				Monitori	ing F	Period	Coll	ection	Period	Com	plia	nce Status
10/1/25 - 12/31/25 Complete	Select	t from Inv	entory of Activ	e Sampling I	Points			4/1/25 -	6/3	0/25				(Com	plete
1/1/26 - 3/31/26 4/1/26 - 6/30/26								7/1/25 -	9/3	0/25				(Com	plete
Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/24 - 12/31/24 Complete 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Facility ID Sampling Point Sampling Point Colform Copper Status Rule 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 00700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Name Mr. Joseph Janecek Mailing Address Line One Mailing Address Line One Mailing Address Line One Mailing Address Line Two East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address sanibelmarket@gmail.com								10/1/25 -	12/	31/25				(Com	plete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Notate And Nitrite (NOX) Sampling Point (Sampling Point ID) Nonitoring Period Collection Period Compliance Status 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 Sampling Point Sampling Point Collection Period Compliance Status 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility Description System Collection System Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBP Of Status Rule Rule Tier Asbestos Rule Rule Tier Asbes								1/1/26 -	3/3	1/26						
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 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 Sampling Point Sampling Point Inventory Water System Water System Facility ID Description Status 1/1/26 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility Sampling Point Sampling Point Colliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBP DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Organization Samibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address sanibelmarket@gmail.com								4/1/26 -	6/3	0/26						
Sampling Point (Sampling Point ID) 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 Water System Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBP O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT 4 COntact Information Name Organization Organization Status Contact Information Name Mailing Address Line One Mailing Address Line One Business Phone Extension Fax Mobile Phone Emergency Phone Email Address Sanibel Farms Store, LLC Email Address Sanibelmarket@gmail.com	Water Sys	stem Fac	ility: ENTRY	POINT (W	SF ID: 007	'00)										
ENTRY POINT (3) 1/1/24 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Facility Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBP O600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A O770 ENTRY POINT 5 ENTRY POINT 7 Organization Name Organization Organization Name Organization Name Organization Sampling Point A Coherent Coherent Coherent Coherent Sampling Point Coherent Sampling Point Coherent Status Rule Rule Tier Asbestos WQP 2 DBP OF A Status Rule Rule Tier Asbestos WQP 2 DBP OF A Status Sampling Point Coherent Status Rule Rule Tier Asbestos WQP 2 DBP OF A Status Rule Rule Tier Asbestos WQP 2 DBP OF A Status Sampling Point Coherent Status Sampling Point Status Status Sampling Point Status Sampling Point Status Status Status Status Status Sampling Point Status			• •										1		-	
1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/26	_			int ID)				_			Coll	ection	Period			_
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point ID Description O0600 DISTRIBUTION SYSTEM A DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20737 WELL Contact Information Name Organization Organization Value Mailing Address Line One Mailing Address Line One Mailing Address Line Two Emergency Phone Email Address sanibelmarket@gmail.com	ENTR	Y POINT (3)													
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBP O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Joseph Janecek Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083														(Com	plete
Water System Water System Facility Facility ID Description A DOWNSTREAM WITHIN 5 SERVICE CON A DO700 ENTRY POINT 20737 WELL Contact Information Name Organization Name Mailing Address Line One Mailing Address Line One 328 Town St Business Phone Extension Fax Mobile Phone Sampling Point Sampling Point Coliform Copper Stage Rule Tier Asbestos WQP 2 DBP Status Rule Tier Asbestos WQP 2 DBP Stage Rule Tier Asbestos WQP 2 DBP Oorgan Stage Oorgan Stage Rule Tier Asbestos WQP 2 DBP Oorgan Stage Oorga							_		_			_	_			
System Water System Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBP Status Rule Tier Asbestos WQP 2 DBP O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Organization Sanibel Farms Store, LLC Mailing Address Line One Mailing Address Line One Mailing Address Line One Status Rule Tier Asbestos WQP 2 DBP Status Rule Tier Asbestos WQP 2 DBP Operation A Y DOWNSTREAM WITHIN 5 SERVICE CON A OO700 ENTRY POINT A Contact Information Name Organization Sanibel Farms Store, LLC Owner Mailing Address Line One Status Mailing Address Line Two East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address Sanibelmarket@gmail.com			V	Nater Sy	stem Fa	acilit	ty and Sa	ampling	Po	oint Inv	ven	tory				
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBP O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Organization Value Mr. Joseph Janecek Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Emergency Phone Email Address Sanibelmarket@gmail.com										_				1		
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 20737 WELL 2 WELL A Contact Information Name Organization Organization Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St Business Phone Extension Fax Mobile Phone Emergency Phone Email Address sanibelmarket@gmail.com			stem Facility	3							-			r Achasta	sc 1/	
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Joseph Janecek Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083 Sanibelmarket@gmail.com			TION SYSTEM									e nu	ile i iei	Aspesio	/5 V	IQP Z DBPN
UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20737 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Joseph Janecek Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083 sanibelmarket@gmail.com	00000	טפואונוט	TION STSTEIN	г							ī					
00700 ENTRY POINT3 ENTRY POINTAContact InformationNameOrganizationJob TitleMr. Joseph JanecekSanibel Farms Store, LLCOwnerMailing Address Line OneMailing Address Line TwoCityStateZip Code328 Town StEast HaddamCT06423Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-873-9083sanibelmarket@gmail.com				_												
Contact Information Name Organization Job Title Mr. Joseph Janecek Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083 sanibelmarket@gmail.com	00700	FNTRV DO	TINIT						•							
Contact InformationNameOrganizationJob TitleMr. Joseph JanecekSanibel Farms Store, LLCOwnerMailing Address Line OneMailing Address Line TwoCityStateZip Code328 Town StEast HaddamCT06423Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-873-9083sanibelmarket@gmail.com			21111					* 1								
Name Organization Job Title Mr. Joseph Janecek Sanibel Farms Store, LLC Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 328 Town St East Haddam CT 06423 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083 sanibelmarket@gmail.com	20737	**						rmation								
Mr. Joseph JanecekSanibel Farms Store, LLCOwnerMailing Address Line OneMailing Address Line TwoCityStateZip Code328 Town StEast HaddamCT06423Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-873-9083sanibelmarket@gmail.com	New							imation						1.1		
Mailing Address Line OneMailing Address Line TwoCityStateZip Code328 Town StEast HaddamCT06423Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-873-9083sanibelmarket@gmail.com		. longes!				_		Store IIC				Owner		JOD Litle	2	
328 Town St Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083 East Haddam CT 06423 sanibelmarket@gmail.com	_				Mailing Add			store, LLC						Ctata		7in Codo
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-873-9083 Sanibelmarket@gmail.com			OHE		viaiiiig AUC	ui 622	LITE TWO			Fac+	Hada					•
860-873-9083 sanibelmarket@gmail.com			Fytension	Fav	N.	/obile	Phone	Emergency	, Dh					CI		00423
			EXCENSION	Ιαλ	IV	, IODIIC	. I HOHE	Linergency	1 110				gmail	com		
			Iministrative Co	ontact. Lega	l Contact					Janin	ocn11	٠. ١٠٠١س	o'''ull.			
	20000000															

	Connection	ut Depa	rtment	of Public	Health	Dr	inking	g Water	Section	n	
	Wa	ter Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedu	le		
PWS ID	PWS Name					Class	ification	Population	Owner Typ	e Pi	rimary Source
T0410094	SANIBEL FARMS	STORE					NC	25	Р		GW
ocal Address (w	here applicable)			Service	Residen	tial (Commerci	al Industri	al Combi	ned	Agricultural
328 TOWN STREI	ET (ROUTE 82)			Connection	ns		1				
owns Served: E	AST HADDAM			,	,	'		1	1		
Name				Organization					Job Ti	tle	
Maximilian Jane	cek, LLC										
Mailing Address	Line One		Mailing Addr	ress Line Two				City	Stat	е	Zip Code
15 Bridge Street							Deep R	liver	СТ		06417
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phor	ne Email A	Address	·		

- 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

Page 4

	Connecticut Dep	artment of	f Public H	lealth	Drin	king	g Wa	ater	Se	ctior	1		
	•	ality Monit				_	_						
PWS ID	PWS Name	arrey 14101111	or mg am		Classific					er Tyne	Prin	mary S	ource
CT041012		'HURCH			NC		2		OVVI	P		GW	ource
	ress (where applicable)	OKCII	Service	Resident		nmerc		dustria	1	Combin	ed	Agricu	ltural
	US LEESVILLE ROAD		Connections	resident		1					cu	7 181100	- Carar
	ved: EAST HADDAM												
		Monite	oring Requ	iremer	nts								
Water Sy	stem Facility: DISTRIBUTION												
•	liform (3100)		•					1	rou	tine (R	T) p	er qua	rter
	oling Point (Sampling Point ID)			Monitorir	ng Perio	d C	Collecti	ion Per		_		nce Sto	
Selec	t from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25	;					Com	plete	
				7/1/25 -	9/30/25	·					Com	plete	
				10/1/25 -							Com	plete	
				1/1/26 -									
				4/1/26 -	6/30/26	5							
Physical	Parameters (PPS)							1	rou	tine (R	T) p	er qua	rter
Samp	oling Point (Sampling Point ID)			Monitorir	ng Perio	d C	Collecti	ion Per		_		nce Sto	
Selec	t from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25	5					Com	plete	
				7/1/25 -	9/30/25	;					Com	plete	
				10/1/25 -					Com	plete			
				1/1/26 -	3/31/26	5							
				4/1/26 -	6/30/26	5							
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)											
Nitrate A	And Nitrite (NOX)								1	routine	e (RT) per v	year
	oling Point (Sampling Point ID)			Monitorir	ng Perio	d C	Collecti	ion Per			_	nce Sto	-
ENTR	RY POINT (3)			1/1/24 - 1	2/31/24	4			•		Com	plete	
				1/1/25 - 1	2/31/25	5					Com	plete	
				1/1/26 - 1	2/31/26	6							
		Other C	ompliance	Sched	ules								
Compliand	ce Schedule Activity		•		ue Date	 e		Achiev	red L	Date			
	TO SANITARY SURVEY			10	0/6/201	9							
	Water	System Facili	ity and Sar	npling	Point	Inve	entor	ſy					
Water		•				T	otal	Lead o	and				
System	Water System Facility	Sampling Point	Sampling Poi	nt		Col	liform	Сорр	er			5	tage
Facility ID)	ID	Description		Stat	us F	Rule	Rule 1	Tier	Asbest	os V	VQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α		Υ						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α								
		GDS1	DIST. LODGE	LAUNDRY	Α		Υ	N					
		GDS2	DIST. BATH M	ENS SINK	Α		Υ	N					
		GDS3	DIST. CABIN 2	7 SINK	Α		Υ	N					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT		Α								
20738	WELL	2	WELL		Α								
61554	GALVANIZED HYDROPNEUMATIC												

TANK

Schedule Generation Date: 12/12/2025 Page 5

	Water Quality Mor	nitoring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0410124	ST. BRIDGET OF KILDARE CHURCH				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
75 MOODUS I	LEESVILLE ROAD			1				
Towns Served	l: EAST HADDAM							
			- •					

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Reverend Darius D	udzik			St. Patrick Ch	nurch Corp.		Pastor		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
47 West High St			C/O St. Patri	ck Church		East Har	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
860-267-6644						fatherdk	d@gmail.co	m	
Contact Role(s): Le	gal Contact		,						
Name				Organization				Job Title	
Ms. Marlene Hale				St. Patrick's (Church		Church Sec	retary	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
47 West High St						East Har	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-267-6644						sjp2pari	shoffice@gn	nail.com	
Contact Pole(s): A	dministrative Co	ntact	'			1			

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 De	partment o					_			ction	
PWS ID	PWS Name	201109 1 10111	0011118 011			fication				er Type I	Primary Source
CT0410144	ST STEPHENS EPISCOPAL	CHURCH				NC		25		Р	GW
Local Address (v	where applicable)		Service	Residen	tial C	ommer	cial	Industri	al (Combine	d Agricultural
31 MAIN STREE			Connection	S		1					
Towns Served:	EAST HADDAM								1		
		Monit	toring Req	Juireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)								
Total Coliforn	n (3100)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod	Colle	ction Pe	riod	Comp	liance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 -	6/30/	25				С	omplete
				7/1/25 -	9/30/	25				С	omplete
				10/1/25 -	12/31	./25				С	omplete
				1/1/26 -	3/31/	26					
				4/1/26 -	6/30/	26					
Physical Para	meters (PPS)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod	Colle	ction Pe	riod	Comp	liance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 -	6/30/	25				С	omplete
				7/1/25 -	9/30/	25				С	omplete
				10/1/25 -	12/31	./25				С	omplete
				1/1/26 -	3/31/	26					
				4/1/26 -	6/30/	26					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And N	litrite (NOX)								1 r	outine (RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod	Colle	ction Pe	riod	Comp	liance Status
ENTRY POI	NT (3)			1/1/24 -	12/31,	/24				С	omplete
				1/1/25 -	12/31/	/25				С	omplete
				1/1/26 -	12/31,	/26					
	Water	System Faci	lity and Sa	ampling	Poir	nt Inv	ent	ory			
Water	an Contain Fuellity	Communition on Design	t. C	- 1			Total				
System Water Facility ID	er System Facility	Sampling Poin ID	t Sampling Po Description	oint			olifori Rule			Achasta	Stage WQP 2 DBPR
_	RIBUTION SYSTEM	4	DISTRIBUTION	ONI CVCTENA		atus A	Y	Kule	Hei	ASDESIUS	VVQP 2 DBPK
00000 DIST	KIBUTION STSTEIVI	DOWNSTREAM					ī				
		UPSTREAM	WITHIN 5 SE			A A					
00700 ENT	RY POINT	3	ENTRY POIN			A					
				11							
	L ATMENT PLANT	2	WELL			Α					
01372 TREA	ATIVILINI PLAINI	Cou		4:							
			ntact Info	rmation							
Name			Organization							Job Title	
Mr. Adam Yate			t.Stephen's Ep	oiscopal Ch	urch			ector		1_	
Mailing Address	s Line One	Mailing Addre	ss Line Two					City		State	Zip Code
PO Box 464						East I				СТ	06423
Business Pho		ax Mok	oile Phone	Emergency							
860-873-954				773-680-	3785	adam	@sts	teves.or	g		
Contact Role(s)	Legal Contact										

C	onnectic	ut Depa	irtment of	Public	Health	l Di	rinking	g Water	[.] Secti	on	
	Wat	ter Qua	lity Monite	oring a	nd Con	npl	iance S	Schedul	le		
PWS ID P\	NS Name					Cla	ssification	Population	Owner T	ype P	rimary Source
CT0410144 ST	STEPHENS EPI	SCOPAL CH	URCH				NC	25	Р		GW
Local Address (whe	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Con	nbined	Agricultural
31 MAIN STREET				Connection	ns		1				
Towns Served: EAS	T HADDAM										
Name			Org	ganization					Job	Title	
Reverend Erin L. Fl	linn		St.	Stephen's E	piscopal Cl	nurcl	ı	Priest-In-0	Charge		
Mailing Address Lir	ne One		Mailing Address	Line Two				City	St	tate	Zip Code
31 Main St							East Ha	nddam	(СТ	06423
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	ne Email <i>A</i>	Address	,		
860-873-9547					860-966	-374	2 reverin	@ststeves.c	org		
Contact Role(s): A	dministrative (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

Schedule Generation Date: 12/12/2025 Page 8

	Connecticu	•								ection	
214615		er Qual	ity Monit	toring a	na con						.
	PWS Name	4D D=05==							ion Ow		Primary Sourc
	GRANDVIEW CAN	MP RESORT	& COTTAGES			N		29		Р	GW
Local Address (w				Service	Resident	tial Co	mmercial	Indu	strial	Combine	d Agricultura
89 NORTH MOOI		DDAM RD		Connectio	ns		1				
Towns Served: EA	AST HADDAM										
Mator System F	acilitus DISTRI	DI ITIONI CV		oring Re	quireme	nts					
Water System F	,	BUTION ST	STEINI (NOSFI	יטוט: טטפטטן					4		\
Total Coliform	•	int (D)			8.4 - w it - wi	na Davi	ad Cal	II = =4:=) per quarter
	oint (Sampling Po		Daiata		Monitorii	_		lection	Period		oliance Status
Select from	Inventory of Activ	ve Sampling	Points		4/1/25 -						Complete
					7/1/25 -						Complete
					10/1/25 -					(Complete
					4/1/26 -	6/30/2	ь				
Physical Param		=1					,) per quarter
	pint (Sampling Po				Monitori			lection	Period		oliance Status
Select from	Inventory of Activ	ve Sampling	Points		4/1/25 -						Complete
					7/1/25 -						Complete
					10/1/25 -					(Complete
					4/1/26 -	6/30/2	6				
Water System F	acility: ENTRY	POINT (W	SF ID: 00700)								
Nitrate And Ni	trite (NOX)								1	routine	(RT) per year
	oint (Sampling Po	oint ID)			Monitori	ng Perio	od Col	lection	Period	Comp	oliance Status
ENTRY POIN	T (3)				1/1/24 - :						Complete
					1/1/25 - :	12/31/2	25			(Complete
					1/1/26 - :	12/31/2	26				
	,	Water Sy	stem Facil	ity and S	ampling	Point	Inven	tory			
Water							Tot	al Le	ad and	1	
System Water	System Facility	9	Sampling Point				Colife	orm (Copper		Stage
Facility ID			ID	Description	า	Sta	tus Ru	le R	ule Tie	r Asbesto	s WQP 2 DBP
00600 DISTRI	BUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	P	Y				
			DOWNSTREAM	I WITHIN 5 S	SERVICE CON	I A	١				
			UPSTREAM	WITHIN 5 S	SERVICE CON	l A	١				
00700 ENTRY	POINT		3	ENTRY POI	NT	P	١				
20741 WELL			2	WELL		P	١				
			Cor	ntact Info	rmation						
Name			0	rganization						Job Title	!
Mr. Paul Nedovi	:h		G	randview Ca	mp Resort			Manag	ger/Ow	ner	
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
89 North Moodu	Road						Moodus			СТ	06469
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress			
413-478-3275							PDougla	s10@sl	ocgloba	l.net	
Contact Role(s):	Owner										

ment of	Public l	Health	Drir	ıking	Water	Sect	ion	
y Monito	oring an	nd Com	ıplia	nce S	chedul	e		
			Classifi	cation	Population	Owner	Type P	rimary Source
OTTAGES			N	С	29	Р		GW
	Service	Resident	tial Co	mmercia	al Industria	al Co	mbined	Agricultural
	Connections	5		1				
Org	anization					Jo	b Title	
iling Address I	Line Two				City	9	State	Zip Code
				Moodu	S		CT	06469
Mobile	Phone E	Emergency	Phone	Email A	ddress			
Org	anization					Jo	b Title	
Gra	ndview Cam	np Resort			Owner			
iling Address I	Line Two				City	9	State	Zip Code
				East Ha	ddam		CT	06469
Mobile	Phone E	Emergency	Phone	Email A	ddress			
				valarie@	@grandview	campin	gresort	.com
·	OTTAGES Organiling Address Organiling Address Organiling Address	OTTAGES Service Connections Organization Mobile Phone Organization Grandview Cam Gling Address Line Two	OTTAGES Service Connections Organization Mobile Phone Emergency Organization Grandview Camp Resort Illing Address Line Two	Organization Organization Organization Organization Organization Grandview Camp Resort Classifi Residential Co Residential Co Emergency Phone	OTTAGES Service Connections Organization Moodu Mobile Phone Organization Grandview Camp Resort Classification Residential Commercia 1 Moodu Moodu Morganization Grandview Camp Resort Commercia Commercia Moodu Moodu Moodu Moodu Email A Cassification Moodu A Commercia A Moodu Moodu Moodu Moodu Email A Cassification A Commercia A Moodu Moodu Moodu Moodu Email A Cassification A Commercia A Moodu Moodu Moodu Moodu Email A Cassification A Commercia A Moodu	Classification Population Classification Population Classification Population Commercial Industrial Connections 1 Organization Illing Address Line Two City Moodus Mobile Phone Emergency Phone Email Address Organization Grandview Camp Resort Owner Illing Address Line Two City East Haddam Mobile Phone Emergency Phone Email Address Classification Population Commercial Industrial Moodus Moodus	Classification Population Owner	Classification Population Owner Type P OTTAGES NC 29 P Service Connections 1 Organization Organization Organization Moodus CT Mobile Phone Emergency Phone Grandview Camp Resort Iling Address Line Two Organization Organization

- 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

	Co	onnectic Wa	ut Depa ter Qual										ection	
PWS ID	DIV	/S Name	ter Quai	irty Mo	1111	ornig a	iiu Coi	_	<u> </u>				mer Type B	rimary Source
CT041021		THAN HALE P	IAZA IIC						NC	IOII PO	25	JII OW	P	GW
		re applicable)	LAZA, LLC			Service	Reside	ntis		nercial	Indus	trial	Combined	
	ROAD (RO					Connection		IILIC		l	muus	tiiai	Combined	Agricultural
		HADDAM								-				
TOWIIS SCI	IVCu. LAST	TIADDAIVI		N/1-	:L	ovina Da			4.0					
Water Sy	/stem Fac	ility: DISTR	IBUTION SY			oring Red D: 00600)	quireme	en	ts					
Total Co	oliform (3	3100)										1 ro	utine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monito	ring	g Period	Coll	ection l	Perioa	l Compl	iance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points			4/1/25	- 6	/30/25				Co	mplete
							7/1/25	- 9	/30/25				Co	mplete
							10/1/25	- 1	2/31/25				Co	mplete
							1/1/26	- 3,	/31/26					
							4/1/26	- 6	/30/26					
Physical	Paramet	ers (PPS)										1 ro	utine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monito	ring	g Period	Coll	ection l	Perioa	l Compl	iance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points			4/1/25	- 6,	/30/25				Co	mplete
							7/1/25	- 9	/30/25				Co	mplete
							10/1/25	- 1	2/31/25				Co	mplete
							1/1/26	- 3	/31/26					
							4/1/26	- 6	/30/26					
Water Sy	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 007	700)									
Nitrate A	And Nitri	te (NOX)										1	l routine (RT) per year
Sam	pling Poin	t (Sampling P	oint ID)				Monito			Coll	ection I	Perioa	l Compl	iance Status
ENTF	RY POINT (3)					1/1/24	- 12	2/31/24				Co	mplete
							1/1/25 -	- 12	2/31/25				Co	mplete
							1/1/26	- 12	2/31/26					
- "				Othe	er Co	omplian	ce Sche						1.5	
	ce Schedu							_	ie Date		Acl	nieved	Date	
		ARY SURVEY							16/2025					
CROSS CO	NNECTIO	N SURVEY REP							1/2026					
144.4			Water Sy	/stem Fa	acili	ty and S	ampling	g P	Point Ir				,	
Water System	Water St	stem Facility		Samplina P	Point	Sampling F	Point			Tota Colifo		ad and opper	1	Stage
Facility IL	-	occini i domey		ID	0	Description			Status	Dest			r Asbestos	WQP 2 DBPR
00600		ITION SYSTEM		4		DISTRIBUTI	ON SYSTEN	Л	A	Υ				
				DOWNSTR	EAM	WITHIN 5 S			Α					
				UPSTREA		WITHIN 5 S			Α					
00700	ENTRY PO	TNIC		3		ENTRY POII	NT		Α					
20745	WELL			2		WELL			Α					
					Con	tact Info	rmatio	n						
Name						ganization							Job Title	
Mr. Savva	as Aspris					than Hale P	laza LLC				Owner		11221100	
	ddress Line	e One		Mailing Ad							City		State	Zip Code
140 Wass		<u> </u>		8:10					So	uth Gla	stonbu	ry	СТ	06073
	s Phone	Extension	Fax		Mobi	le Phone	Emergeno	у Р						· · · · · · · · · · · · · · · · · · ·

C	onnectici	ut Depa	artment	of Publi	c Heali	th L	Jrinking	g Water	Section	
	Wat	er Qua	lity Mo	nitoring	and Co	mp	oliance S	Schedul	le	
PWS ID P\	WS Name					С	lassification	Population	Owner Type	Primary Sour
CT0410214 N	ATHAN HALE P	LAZA, LLC					NC	25	Р	GW
Local Address (whe	ere applicable)			Service	Resid	entia	al Commerci	al Industri	al Combin	ed Agricultur
26 FALLS ROAD (RO	OUTE 149)			Connect	ions		1			
Towns Served: EAS	T HADDAM								,	
860-873-1416							bobasp	ris@gmail.c	om	
Contact Role(s): A	dministrative (Contact, Leg	gal Contact, (Owner						
Name				Organizatio	n				Job Titl	e
Ms. Maria Aspris				Nathan Hal	e Plaza LLC			Owner		
Mailing Address Lir	ne One		Mailing Add	lress Line Two)			City	State	Zip Code
Village Pizza Box 43	31						Sosuth	Glastonbur	у СТ	06073
Business Phone	Extension	Fax	N	1obile Phone	Emerger	ncy P	hone Email A	Address	·	
860-873-1416										
Contact Role(s): L	egal Contact. O	wner								

nt of Dublic Hoolth Dubling Motor Coot

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

	Co	onnectic	ut Depa	rtment of	Public	Health	Dı	rinki	ing '	Wa	ter S	ecti	ion	
		Wa	ter Qua	lity Monit	oring a	ind Con	npl	ianc	e Sc	che	dule			
PWS ID	PW	/S Name					_					wner 7	Гуре Рі	imary Source
CT0410224	ı wo	DLFS DEN CAN	/IPGROUND-	SYSTEM #2:MA	IN			NC		25	i	Р		GW
Local Addr	ess (wher	e applicable)			Service	Residen	tial	Comm	nercial	Ind	lustrial	Con	nbined	Agricultural
259 TOWN	STREET				Connectio	ns		1	L					
Towns Serv	ved: EAST	HADDAM												
				Monite	oring Re	quireme	nts							
Water Sys	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)									
Total Col	iform (3	3100)									1 rc	outine	e (RT)	per quarter
Samp	ling Poin	t (Sampling P	oint ID)			Monitori	ing P	eriod	Coll	lectio	n Perio	d	Compli	ance Status
Select	t from Inv	entory of Act	ive Sampling	Points		4/1/25 -	6/30	0/25					Co	mplete
						7/1/25 -	9/30	0/25					Со	mplete
						4/1/26 -	6/30	0/26						
-		ers (PPS)											• •	per quarter
		t (Sampling P		Deinte		Monitori			Coll	lectio	n Period	d		ance Status
Select	t from inv	entory of Act	ive Sampling	Points		4/1/25 -								mplete mplete
						7/1/25 - 4/1/26 -							CO	mpiete
Mater Sys	stem Fac	ility: FNTR	/ DOINT (M	/SF ID: 00700)		4/1/20-	0/30	0/20						
Nitrate A		•	i POINT (W	731 10.00700)								1 rou	tino (B	T) per year
		te (NOX) t (Sampling P	oint ID)			Monitori	ina P	eriod	Coll	lectio	n Period		-	ance Status
	Y POINT (··············			1/1/24 -				4/1-				mplete
	•	,				1/1/25 -		-		4/1-				mplete
						1/1/26 -				4/1-	-			
				Other C	omplian	ce Sched	lule	es						
Complianc	e Schedu	le Activity				ı	Due	Date		-	Achieved	d Date	е	
CROSS CO	NNECTIO	N SURVEY REP	ORT			3	3/1/2	2027						
			Water Sy	ystem Facili	ity and S	Sampling	Po	int Ir	nven	tory	y			
Water									Tota		Lead and	d		
	-	stem Facility		Sampling Point					Colifo		Copper		l -	Stage
Facility ID		ITIONI CVCTEN	1	1D	Description SITE 147	11		<u>Status</u>	Rul		Kuie Tie	er Asi	oestos	WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM		147 4		ION SYSTEM	ı	A A	Y Y					
				DOWNSTREAM				A	'					
				UPSTREAM		SERVICE CON		Α						
00700	ENTRY PO	TNIC		3	ENTRY POI			Α						
20746	WELL			2	WELL			Α						
	6,800 GA STORAGE	LLON ATMOS	PHERIC											
		NEUMATIC TA	.NK											
				Con	tact Info	ormation	1							
Name				Oı	rganization							Jok	Title	
Mr. Isaiah	Terry				olf's Den Cg	Spe LLC				Mana	ager			
Mailing Ad	dress Line	e One		Mailing Address	s Line Two					City	/	S	tate	Zip Code
256 Town :	Street							Eas	st Had	dam			СТ	06423
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	ne Em	nail Ado	dress	<u> </u>			
860-973	3-9781					860-942-	6576	5 isa	iah@w	volfsc	denfamil	lycam	pgroun	d.com

(Connecticu	ıt Depa	rtment	of Public	Health	Dr	inking	Water	Section	n	
	Wat	er Qua	lity Mon	itoring a	nd Con	npl	iance S	Schedul	le		
PWS ID F	WS Name					Clas	sification	Population	Owner Typ	e Pr	imary Source
CT0410224	VOLFS DEN CAM	PGROUND-	SYSTEM #2:N	1AIN			NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commercia	al Industri	al Combi	ned	Agricultural
259 TOWN STREE	Т			Connection	ns		1				
Towns Served: EA	ST HADDAM			,							
Contact Role(s):	Administrative (Contact, Leg	al Contact								
Name				Organization					Job Ti	tle	
Mr. Evan Bernste	in			Castle Park Inv	estments			Founder			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	ة	Zip Code
413 W. 14Th St			Suite 244				New Yo	ork	NY		10014
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	/ Pho	ne Email A	ddress			
860-267-5300											
Contact Role(s):	Owner										

- 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

	Commontiant Day		CDlalia I	الماما	Duinkle	: ~ \ \ \ / \	atau C	a aki a sa	
	Connecticut Dep							ection	
	Water Qu	iality Monit	coring an	d Com	pliand	e Sch	edule		
PWS ID	PWS Name				Classificat	ion Popu	lation Ov	ner Type Pi	rimary Source
CT0410254	EAST HADDAM PUBLIC LIE	BRARY			NC		25	L	GW
Local Addres	ss (where applicable)		Service	Resident	ial Comm	nercial Ir	ndustrial	Combined	Agricultural
18 PLAINS R			Connections		1				
Towns Serve	ed: EAST HADDAM								
		Monito	oring Requ	ıiremer	nts				
Water Syst	em Facility: DISTRIBUTION			in Cirici	163				
Total Colif	orm (3100)						1 ro	utine (RT)	per quarter
	ng Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Period	= =	ance Status
	rom Inventory of Active Sampli	ing Points		4/1/25 - 6					mplete
	·			7/1/25 - 9	9/30/25				mplete
				10/1/25 - :	-				•
				1/1/26 - 3					
				4/1/26 - 6					
Physical Pa	arameters (PPS)						1 ro	utine (RT)	per quarter
-	ng Point (Sampling Point ID)			Monitorin	a Period	Collect	ion Period	= =	ance Status
-	rom Inventory of Active Sampli	ing Points		4/1/25 - 6					mplete
				7/1/25 - 9					mplete
				10/1/25 - :					
				1/1/26 - 3					
				4/1/26 - 6					
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)		., _, _	2, 33, 23				
•	d Nitrite (NOX)	(1101 121 007 007						L routing (F	RT) per year
	ng Point (Sampling Point ID)			Monitorin	a Period	Collect	ion Period	-	ance Status
	POINT (3)		_	1/1/24 - 1					mplete
2111111				1/1/25 - 1					mplete
				1/1/26 - 1					p.ete
Mater Syst	em Facility: WELL (WSF ID	· 20748)		1,1,20 1	2/31/20				
E. Coli (30		. 20740)					1 20	utino (DT)	per quarter
-	ng Point (Sampling Point ID)			Monitorin	a Period	Collect	ion Period		ance Status
WELL (2				4/1/25 - 6		Conect	ion Ferioc		mplete
VVLLL (A	<u> </u>			7/1/25 - 9					mplete
				10/1/25 - :	• •			CO	IIIpiete
				1/1/26 - 3					
				4/1/26 - 6					
	Water	System Facili	ity and Sar	. ,	· ·	wonto	r\/		
14/art = ::	vvaler	System Facili	ity allu sal	nhinig	- Onit II			4	
Water System V	Vater System Facility	Sampling Point	Samplina Poi	nt		Total Coliform	Lead and Copper	•	Stage
Facility ID	oyotom i domey	ID	Description 1		Status	Rule		r Asbestos	WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	<u>Status</u> A	Y	2.20		,
33000 D		DOWNSTREAM			A	•			
		UPSTREAM	WITHIN 5 SER		A				
00700 E	NTRY POINT	3	ENTRY POINT		A				
00700 L	TTIME I OIIT	J	LIVINI I OINI						

Α

WELL

2

20748 WELL

Schedule Generation Date: 12/12/2025 Page 15

	Connectio	cut Depa	rtment of	Public	Health	Drin	nking	<mark>Water Water Water</mark>	Sec	tion	
	Wa	iter Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					_				r Type	Primary Source
CT0410254	EAST HADDAM	PUBLIC LIBRA	ARY			N		25	L		GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Co	ombine	d Agricultural
18 PLAINS ROAD				Connection	ns		1				
Towns Served: EA	ST HADDAM				'	,		'	,		·
			Con	tact Info	rmation	1					
Name			Or	ganization					J	ob Title	
East Haddam											
Mailing Address L	ine One		Mailing Address	Line Two				City		State	Zip Code
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	Phone	Email A	Address			
Contact Role(s):	Owner										
Name			Or	ganization					J	ob Title	!
Mr. Donald J Ang			То	wn of East I	Haddam			Director o	f Ops		
Mailing Address L	ine One		Mailing Address	Line Two				City		State	Zip Code
1 Plains Road		1	PO Box 385				Moodu	IS		CT	06469
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	Phone					
860-682-7107					860-682-	7107	donald	.angersola@	eastha	addam.	org
Contact Role(s):	Administrative	Contact									
Name			Or	ganization						ob Title	!
Mr. Robert Smith	1		То	wn of East I	Haddam			First Selec	tman		
Mailing Address L	ine One		Mailing Address	Line Two				City		State	Zip Code
1 Plains Road	1		PO Box 385				Moodu			CT	06469
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	Phone					
860-873-5021							admin	@easthadda	m.org		
Contact Role(s):	_										
Please note the f	•										
 The residual dis 	sinfectant concer	tration must b	e measured at the	same location	on and time a	s each to	otal colif	orm sample.			

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

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 a Collection Period is specified, all water quality samples must be collected during the specified period.

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

End of schedule

		•	partment of								ction	
	\	Water Qu	ality Monit	oring an	d Con	npl	iance	e Sch	nedu.	le		
PWS ID	PWS Name					Clas	ssificatio	on Pop	oulation	Owr	ner Type F	rimary Source
CT0410284	FIRST CHUR	RCH OF CHRIST	CONGREGATIONA	.L			NC		89		Р	GW
Local Address (* *	-		Service	Residen	itial	Comme	ercial	Industri	ial	Combined	Agricultural
499 TOWN STR	EET (ROUTE 1	151)		Connections			1					
Towns Served:	EAST HADDA	M										
			Monito	oring Requ	ireme	nts						
Water System	Facility: D	ISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Coliforn	m (3100)								:	1 rou	tine (RT)	per quarter
Sampling	Point (Sampl	ing Point ID)			Monitor	ing P	eriod	Colle	ction Pe	riod	Compl	iance Status
Select fror	m Inventory o	of Active Sampli	ng Points		4/1/25 -	- 6/30	0/25				Co	omplete
					7/1/25 -	- 9/30	0/25				Co	omplete
				:	10/1/25 -	- 12/3	31/25					
					1/1/26 -	- 3/32	1/26					
					4/1/26 -	- 6/30	0/26					
Physical Para	•	-										per quarter
	Point (Sampl				Monitor			Colle	ction Pe	riod		iance Status
Select fror	m Inventory o	of Active Sampli	ng Points		4/1/25 -							omplete
					7/1/25 -						Co	omplete
					10/1/25 -							
					1/1/26 -							
					4/1/26 -	- 6/30	0/26					
Water System	Facility: E	NTRY POINT	(WSF ID: 00700)									
Nitrate And I	•	•								1	-	RT) per year
	Point (Sampl	ing Point ID)			Monitor			Colle	ction Pe	riod		iance Status
ENTRY PO	INT (3)				1/1/24 -							omplete
					1/1/25 -						Co	omplete
					1/1/26 -	12/3	1/26					
	Mon	thly Water	System Facil	ity (WSF) I	evel N	Иor	nitorir	ng Re	quire	mei	nts	
Water System	Facility: E	NTRY POINT (WSFID: 00700)									
Analyte	1	Monitoring Red	uirement (Summa	ary Type)	Ope	ratin	g Limit			:	Samples R	eq/Month
рН	1	Entry Point pH	Monitoring (PHRD)	Min	imun	n: 7.0 P	Н			•	4
Start Date:	11/1/2008			Complia	nce Histo	ory:		Opera	ting Lim	it	Monito	ring
				Monitor				Compl	iance St	atus:	Compli	ance Status:
				7/1/202								
				8/1/202								
				9/1/202								
				10/1/20								
				11/1/20								
			Other C	ompliance	Sched	lule	es					
Compliance Sci							Date		Achie	eved I	Date	
CROSS CONNEC	CTION SURVE	Y REPORT				3/1/2	2025					
		Water	System Facili	ity and Sar	npling	Po	int In	vent	ory			
Facility ID	rer System Fa		Sampling Point ID 4	Sampling Poil Description DISTRIBUTION			Status A	Total Colifori Rule Y	т Сор	per	Asbestos	Stage WQP 2 DBPR
וכום טטטט	MIDOLION 31	J I LIVI	4	וטווטטוווכוע	JIJIEIV	•		ſ				

	_	_							_	
(Connectic	ut Depar	tment o	of Public	Health	ı Drir	iking '	Water S	Section	
	Wat	ter Qualit	tv Moni	toring a	nd Con	nplia	nce So	chedule		
PWS ID	PWS Name			0						Primary Source
CT0410284	IRST CHURCH O	F CHRIST CON	GREGATION	AL		N		89	P	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combine	d Agricultural
499 TOWN STREE	T (ROUTE 151)			Connection	ns		1			
Towns Served: EA	ST HADDAM			1						
		Water Sys	tem Faci	lity and S	ampling	Point	t Inven	tory		
Water							Tota	al Lead ar	nd	
	System Facility	Sa		t Sampling P			Colifo			Stage
Facility ID			ID	Description	1	Sta	tus Rul	e Rule Ti	er Asbesto	s WQP 2 DBPF
		DO		MWITHIN 5 S			١.			
			FC-1	DISTRIBUTION	ON SYSTEM	1 4	١			
			UPSTREAM	WITHIN 5 S	ERVICE CO	N A	١			
00700 ENTRY	POINT		3	ENTRY POIN	NT	A	١			
10989 WELL#	#1		2	WELL		P	١			
55372 TREAT	MENT PLANT									
			Co	ntact Info	rmation	1				
Name			C	Organization					Job Title	
Mr. David Nelson	1		F	irst Church of	f Christ Con	ıg.		Chair, Bd of	Trustee	
Mailing Address L	ine One	M	ailing Addre	ss Line Two				City	State	Zip Code
499 Town St		P.	O. Box 445				East Had	dam	СТ	06423-0445
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	y Phone	Email Ad	dress		
860-873-9084		860-873-20	10							
Contact Role(s):	Legal Contact		,							
Name			C	Organization					Job Title	
Ms. Susan Kinsm	an		1	St Church of	Christ Cong	; .		Board of Tru	ıstees	
Mailing Address L	ine One	M	ailing Addre	ss Line Two				City	State	Zip Code
P.O. Box 445		49	9 Town Stre	et			East Had	dam	СТ	06423
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	y Phone	Email Ad	dress		
860-575-9205							contact@	firstchurche	eh.org	
Contact Role(s):	Administrative	Contact	'	<u> </u>			•			
Name			C	Organization					Job Title	
Mr. Alan Ponansl	ki		1	St Church of	Christ Cong	ζ.		Moderator		
Mailing Address L	ine One	M	ailing Addre	ss Line Two				City	State	Zip Code

Contact Role(s): Legal Contact

Extension

P.O. Box 445

Business Phone

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

499 Town Street

Mobile Phone

860-575-0971

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

06423

CT

East Haddam

contact@firstchurcheh.org

Emergency Phone Email Address

860-873-1918

С	onnectic	•							_			ection	
	Wa	ter Qua	lity N	Ionit	oring a	nd Con	npli	ance	e Sch	nedu.	le		
PWS ID PV	VS Name						Class	ificatio	n Pop	ulation	Owi	ner Type I	Primary Source
	LLETTE CASTLI	E STATE PAR	K / CAST	LE WEL	1			NC		25		S	GW
Local Address (whe	re applicable)				Service	Residen	ntial C	Comme	rcial	Industri	ial	Combined	d Agricultural
RIVER ROAD					Connectio	ns		1					
Towns Served: EAS	T HADDAM												
			N	/lonit	oring Re	quireme	nts						
Water System Fa	cility: DISTR	IBUTION SY	STEM	(WSF I	D: 00600)								
Total Coliform (3100)									1	1 rou	ıtine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)				Monitor	ing Pe	riod	Colle	ction Pe	riod	Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points			4/1/25 -	- 6/30/	/25				С	omplete
						7/1/25 -	- 9/30/	/25				С	omplete
						10/1/25 -	- 12/32	1/25				С	omplete
						4/1/26	6/30/	/26					
Physical Parame	ters (PPS)										1 roı	ıtine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)				Monitor	ing Pe	riod	Colle	ction Pe	riod	Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points			4/1/25 -	- 6/30/	/25				С	omplete
						7/1/25 -	- 9/30/	/25				С	omplete
						10/1/25 -	- 12/32	1/25				С	omplete
						4/1/26	- 6/30/	/26					
Water System Fa	cility: ENTR	Y POINT (W	/SF ID:	00700)									
Nitrate And Nitr	ite (NOX)										1	routine (RT) per year
Sampling Poir	nt (Sampling P	oint ID)				Monitor	ing Pe	riod	Colle	ction Pe	riod	Comp	liance Status
ENTRY POINT	(3)					1/1/24 -	12/31	/24	4/	/1-12/31	1	C	omplete
						1/1/25 -	12/31	/25	4/	/1-12/31	L	С	omplete
						1/1/26 -	12/31	/26	4/	/1-12/31	l		
			Ot	her C	omplian	ce Sched	dules	5					
Compliance Schedu	ule Activity				•		Due D			Achie	eved	Date	
CROSS CONNECTIO		PORT					3/1/20						
		Water S	ustem	Facili	ity and S				<i>i</i> ent <i>i</i>)rv			
Water		water 5	ystein	i aciii	ity ana s	ampinig	, 1 011		Total	Lead	and		
	ystem Facility		Samplin	a Point	Sampling I	Point		(Coliforn				Stage
Facility ID	,,		II.		Description		Si	tatus	Rule	-	-	Asbestos	WQP 2 DBPR
	UTION SYSTEM	1	10)1	KITCHEN S	INK		A	Υ				
			10		BATHROOF			Α	Υ				
				1		ION SYSTEM	1	Α	Υ				
					WITHIN 5			Α					
			UPSTI			SERVICE COI		Α					
00700 ENTRY F	OINT			3	ENTRY POI			Α					
20752 WELL				<u> </u>	WELL			A					
					tact Info	rmation							
Name						matiol	•					Job Title	
Name Mr. David Cooley					rganization eep-Enginee	ring Unit			c.	ıpv Civil	Engi		
Mailing Address Lir	ne One		Mailing		s Line Two	ing Unit					LIIBI	State	Zip Code
163 Great Hill Road			ividiiiiig	Address	S LINE I WO			Port		City		CT	06480
Business Phone	Extension	Fax		N/ah:	le Phone	Emergency	, Dhan			.000		CI	00400
860-342-2215	EXTENSION	860-344-2	2560		205-7552	860-424-				ess ey@ct.g	ον,		
000-342-2213	1	000-344-	2300	000-2	200-7002	000-424	-3333	udVI	u.cooi6	ywci.g	υv		

	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity Mon	itoring a	nd Con	npl	liance S	Schedul	e			
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source		
CT0410304	GILLETTE CASTLI	E STATE PAR	K / CASTLE W	ELL			NC	25	S	GW		
Local Address (w	here applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
RIVER ROAD Connections 1												
Towns Served: E	wns Served: EAST HADDAM											
Contact Role(s):	Legal Contact, (Owner										
Name				Organization					Job Title	e		
Ms. Andrea M. L	ane			State of CT De	еер							
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code		
163 Great Hill Ro	ad						Portlar	nd	СТ	06480		
Business Phon	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address											
860-977-9739					860-424	-333	3 andrea	.lane@ct.go	V			
Contact Role(s):	ontact Role(s): Administrative Contact											

- 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

Name Mr. David Coole Mailing Address	<u> </u>	Oı	rganization eep-Engineerin	ıg Unit		Sı	upv Civil Er	Job Title ngineer	Zip C	
			rganization					Job Title		
20754 WELI										
20754 WELI		Con	tact Inform	mation						
I	L	2	WELL		Α					
00700 ENTR	RY POINT	3	ENTRY POINT		Α					
		UPSTREAM	WITHIN 5 SER	RVICE CON	Α					
		DOWNSTREAM			Α					
		4	DISTRIBUTION		Α	Y				
		102	VISITOR CENT		Α	Υ				
	RIBUTION SYSTEM	101	CONCESSION	SINK	Status A	Y				
Facility ID	o. System I demity	ID	Description		Chahir	Dula		r er Asbesto:	s WOP	_
Water System Wate	er System Facility	Sampling Point	Samplina Poi	nt		Total Coliforn				Stage
	water	System Facil	ity and Sar	mpling P	oint li		•			
CKOSS CONNEC	TION SURVEY REPORT	C			1/2026					
Compliance Sch					e Date		Achieve	a Date		
Computters C. I.	andrela Anti-stre	Other C	omphance				A = l- *	d Det-		
		Other C	ompliance							
				1/1/26 - 12					ompiet.	
LIVITATION	(5)			1/1/24 - 12					complet	
ENTRY POI				1/1/24 - 12		Colle	caon Peno		complet	
	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio		(KT) pe liance S	-
Nitrate And N	•	(110. 10. 00700)						1 routine	(RT) no	ar vest
Water System	Facility: ENTRY POINT	(WSF ID: 00700)		., _, _ 0	33,20					
				4/1/26 - 6/						
				1/1/26 - 3/					ompiet.	
				10/1/25 - 12	-				complet	
Jeiect II OII	i inventory of Active Sampi	ing i onits		7/1/25 - 9/	-				complet	
	Point (Sampling Point ID) Inventory of Active Sampl	ing Points		Monitoring 4/1/25 - 6/		Colle	ction Perio		<i>liance S</i> Complet	
Physical Para	• •			Monitorius	Doriod	Calla	1 r ction Perio	outine (RT		
DI III	(DDC)			4/1/26 - 6/	/30/26			/=-		
				1/1/26 - 3/	-					
				10/1/25 - 12				C	omplet	:e
				7/1/25 - 9/					omplet	
Select from	n Inventory of Active Sampl	ing Points		4/1/25 - 6/	/30/25				omplet	
Sampling F	Point (Sampling Point ID)			Monitoring		Colle	ction Perio	d Comp	liance S	Status
Total Coliforn	n (3100)						1 r	outine (RT) per q	uarte
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
		Monite	oring Requ	uirement	ts					
Towns Served: E	EAST HADDAM									
RIVER ROAD			Connections	3						
Local Address (v	where applicable)		Service	Residentia	l Comn	nercial	Industrial	Combine	d Agri	icultura
CT0410324	GILLETTE CASTLE STATE PA	ARK / CONCESSION	N		NC		25	S	G۱	
	PWS Name		011110					wner Type	Primarv	/ Sourc
PWS ID			ui iliz ali	u Goiiii	лнанк		icuuic			
PWS ID	Water Qu	iality Monit	oring an	d Comr	liano	co Sch	alubar			

artment	t of	Public	Health	ı D	rinking	, Water	Section					
lity Mo	nito	oring a	nd Cor	np	liance S	Schedul	le					
				Cla	ssification	Population	Owner Type	Primary Source				
K / CONCES	SION				NC	25	S	GW				
		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				
RIVER ROAD Connections 3												
		'				1		1				
	Mobile	e Phone	Emergenc	y Ph	one Email <i>A</i>	Address						
-2560 8	360-20	05-7552	860-424	-333	3 david.d	ooley@ct.go	vo					
	Org	ganization					Job Title	е				
	Sta	te of CT De	ер									
Mailing Ad	dress	Line Two				City	State	Zip Code				
					Portlar	nd	СТ	06480				
	Mobile	e Phone	Emergenc	y Ph	one Email A	Address	,					
			860-424	-333	3 andrea	.lane@ct.go	V					
,		'										
	RK / CONCES	Ality Monitor RK / CONCESSION Mobiling-2560 860-20 Organical Mailing Address	Ality Monitoring a Service Connection Mobile Phone -2560 860-205-7552 Organization State of CT De Mailing Address Line Two	Ality Monitoring and Cores Resider Connections Service Connections 3 Mobile Phone Emergence 860-205-7552 860-424 Organization State of CT Deep Mailing Address Line Two Mobile Phone Emergence Emergence State of CT Deep Emergence Emer	Ality Monitoring and Composite Residential Connections Service Connections 3 Mobile Phone Emergency Phone State of CT Deep Mailing Address Line Two Mobile Phone Emergency	Classification RK / CONCESSION Service Connections Commercial Com	Classification Population RK / CONCESSION Service Connections 3 Mobile Phone Emergency Phone Email Address -2560 860-205-7552 860-424-3333 david.cooley@ct.go Organization State of CT Deep Mailing Address Line Two Mobile Phone Emergency Phone Email Address City Portland Mobile Phone Emergency Phone Email Address Emergency Phone Email Address City Portland	Service Residential Commercial Industrial Combine				

- 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.
- B. 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 H	lealth D	rinking	g Water	Sec	tion	
	Water Quality Mon							
PWS ID	PWS Name				1		r Type Pri	imary Source
CT0410354	381 TOWN STREET - EAST HADDAM			NC	42		P	GW
Local Address	(where applicable)	Service	Residential	Commerc	ial Industri	al C	ombined	Agricultural
		Connections		1				
Towns Served	: EAST HADDAM	·			·			
	Mon	itoring Requ	uirements	.				
Water Syste	m Facility: DISTRIBUTION SYSTEM (WSI	F ID: 00600)						
Total Colifo						1 rou		per month
	g Point (Sampling Point ID)		Monitoring F		Collection Pe	riod		ince Status
Select fro	om Inventory of Active Sampling Points		7/1/25 - 7/3					nplete
			8/1/25 - 8/3					nplete
			9/1/25 - 9/3					nplete
			10/1/25 - 10/					nplete
			11/1/25 - 11/				Cor	nplete
			12/1/25 - 12/	-				
			1/1/26 - 1/3					
			2/1/26 - 2/2					
			3/1/26 - 3/3					
			4/1/26 - 4/3					
			5/1/26 - 5/3					
	(04.00)		6/1/26 - 6/3	0/26		_	. (22)	
Total Colifo	orm (3100) g Point (Sampling Point ID)		Monitorina [Pariod (Collection Pe	•		per period
-	om Inventory of Active Sampling Points		Monitoring F 10/22/25 - 10/		.onection Per	iou		nce Status nplete
	rameters (PPS)	-	10/22/23 - 10/	121123		1		per month
-	g Point (Sampling Point ID)		Monitoring F	Period (Collection Pe			ince Status
-	om Inventory of Active Sampling Points		7/1/25 - 7/3		onceron re	100	-	nplete
Sciectiff	on inventory of Active Sumpling Founds		8/1/25 - 8/3					nplete
			9/1/25 - 9/3					nplete
			10/1/25 - 10/					nplete
			11/1/25 - 11/					nplete
			12/1/25 - 12/	-				15.000
			1/1/26 - 1/3					
			2/1/26 - 2/2					
			3/1/26 - 3/3					
			4/1/26 - 4/3					
			5/1/26 - 5/3	•				
			6/1/26 - 6/3					
Water Syste	m Facility: ENTRY POINT (WSF ID: 0070	0)						
Nitrate And	Nitrite (NOX)					1 rc	outine (R	T) per year
	g Point (Sampling Point ID)		Monitoring F	Period (Collection Pe		=	ınce Status
ENTRY P	OINT (3)		1/1/24 - 12/3	31/24			Cor	nplete
			1/1/25 - 12/3	31/25				
			1/1/26 - 12/3	31/26				

Schedule Generation Date: 12/12/2025

Water System Facility: WELL 1 (WSF ID: 20756)

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary 3 NC 42 P GW Local Address (where applicable) Service Connections Connections Connections Residential Commercial Industrial Combined Agricums Served: EAST HADDAM Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 20756) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St VELL 2 (VSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St VELL 2 (VSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St VELL 2 (VSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St VELL 2 (VSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St VELL 2 (VSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St VELL 2 (VSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Samp
PWS ID PWS Name CT0410354 381 TOWN STREET - EAST HADDAM NC 42 P GW Agriculture Connections Connections Requirements Water System Facility: WELL 1 (WSF ID: 20756) E. Coli (3014)
CTO410354 381 TOWN STREET - EAST HADDAM Local Address (where applicable) Service Connections Connections Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 20756) E. Coli (3014) Sampling Point (Sampling Point ID) Well 1 (2) Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Collection Period Compliance St. Well 2 (2) 10/21/25 - 10/27/25 Complete Well 2 (2) Other Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY Alassessment (TC+ INS REPEATS) 11/22/2025 Public Notification Requirements Violation/Situation Notice Public Notification PN Certification
Service Connections Residential Commercial Industrial Combined Agrical Connections Service Service Connections Service
Connections 1
Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 20756) E. Coli (3014) Sampling Point (Sampling Point ID) Well 1 (2) Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Collection Period Compliance Stendard Period Compliance Period Compliance Period Compliance Period PN Certification Period PN Certi
Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 20756) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St WELL 1 (2) 10/21/25 - 10/27/25 Complete Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St WELL 2 (2) 10/21/25 - 10/27/25 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date Compliance Schedule Activity A/20/2025 1-1 ASSESSMENT (TC+ INS REPEATS) 11/22/2025 1-2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) 12/20/2025 Public Notification Requirements Violation/Situation PN Certification Required Performed Due to DPH Received Compliance Schedule Performed Due to DPH Received Particular Performed Performed Due to DPH Received Particular Performed Pe
Water System Facility: WELL 1 (WSF ID: 20756) E. Coli (3014) Sampling Point (Sampling Point ID) WELL 1 (2) Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St Well 2 (2) Monitoring Period Collection Period Compliance St Well 2 (2) Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY Aloy2025 Achieved Date RESPOND TO SANITARY SURVEY Aloy2025 Achieved Date Period Public Notification Requirements Compliance Period Notice Period Performed Due to DPH Received Date Performed Due to DPH Received Date Proceeding Period Performed Due to DPH Received Date
Sampling Point (Sampling Point ID) WELL 1 (2) Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) Sampling Point (Sampling Point ID) Well 2 (2) Other Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY ASSESSMENT (TC+ INS REPEATS) ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Compliance Compliance Compliance Period Notice Period Public Notification Required Performed Compliance Schedule Collection Period Compliance Sthedules Compliance Schedules Compliance Schedules Compliance Schedules Achieved Date
WELL 1 (2) 10/21/25 - 10/27/25 Complete Water System Facility: WELL 2 (WSF ID: 55822) E. Coli (3014) 1 triggered (TG) per properties and the system of the
E. Coli (3014) Sampling Point (Sampling Point ID) WELL 2 (2) Other Compliance Schedules Compliance Schedule Activity Due Date RESPOND TO SANITARY SURVEY A SSESSMENT (TC+ INS REPEATS) A SSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Compliance Compliance Compliance Period Due Date Achieved Date Achie
E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St WELL 2 (2) Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY A/20/2025 ASSESSMENT (TC+ INS REPEATS) ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Compliance Period Notice Public Notification Required Performed Due to DPH Received Performed Due to DPH Received Performed Performed Due to DPH Received Performed Performe
Sampling Point (Sampling Point ID) WELL 2 (2) Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY A/20/2025 ASSESSMENT (TC+ INS REPEATS) ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Compliance Notice Period Required Performed Power of Compliance Steven Compliance
Sampling Point (Sampling Point ID) WELL 2 (2) Other Compliance Schedules Compliance Schedule Activity Due Date 4/20/2025 1 ASSESSMENT (TC+ INS REPEATS) 1 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Compliance Compliance Notice Period Notice Performed Performed Power of Compliance Schedule Compliance Stheology Compliance Schedules Achieved Date Achieved Date 1 1/22/2025 1 1/22/2025 1 1/22/2025 Public Notification Requirements Compliance Notice Performed Performed Due to DPH Received Performed Performed Due to DPH Received Performed Performed Performed Due to DPH Received Performed Perfo
Other Compliance Schedules Compliance Schedule Activity Due Date 4/20/2025 L1 ASSESSMENT (TC+ INS REPEATS) L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Period Notice Public Notification Period Performed Due to DPH Received Due Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date Achieved Date
Compliance Schedule Activity RESPOND TO SANITARY SURVEY A \(\)
RESPOND TO SANITARY SURVEY L1 ASSESSMENT (TC+ INS REPEATS) L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Period Notice Public Notification Performed Due to DPH Received Performed Due to DPH Received Performed Notice Period Performed Due to DPH Received Performed Description Pe
RESPOND TO SANITARY SURVEY L1 ASSESSMENT (TC+ INS REPEATS) L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) Public Notification Requirements Compliance Period Notice Public Notification Performed Due to DPH Received Performed Due to DPH Received Performed Notice Period Performed Due to DPH Received Performed Description Pe
Public Notification Requirements Compliance Notice Public Notification Period Tier Required Performed Due to DPH Received Performed Performed Performed Due to DPH Received Performed
Public Notification Requirements Compliance Notice Public Notification Period Tier Required Performed Due to DPH Received Performed Performed Performed Due to DPH Received Performed
Public Notification Requirements Compliance Notice Public Notification PN Certification
Violation/Situation Period Tier Required Performed Due to DPH Received
Total Coliform M&R Violation 9/1/24 - 9/30/24 3 11/20/2025 11/30/2025
Physical Parameters M&R Violation 9/1/24 - 9/30/24 3 11/20/2025 11/30/2025
Physical Parameters M&R Violation 10/1/24 - 10/31/24 3 12/2/2025 12/12/2025
Total Coliform M&R Violation 10/1/24 - 10/31/24 3 12/2/2025 12/12/2025
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper
Facility ID Description Status Rule Rule Tier Asbestos WQP 2
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
20756 WELL 1 2 WELL 1 A
55822 WELL 2 2 WELL 2 A
Contact Information
Name Organization Job Title
Mr. Naim Krasniqi VI Management LLC Property Owner
Mailing Address Line One Mailing Address Line Two City State Zip Co
504 Saybrook Road Haddam CT 0643
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address
860-301-1782 vkrasniqi704@gmail.com

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

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

PWS ID	PWS Name C						Population	Owner Type	Primary Source
CT0410354	381 TOWN STREET - E	AST HAD	DDAM			NC	42	Р	GW
Local Address (where applicable)			Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
				Connections		1			

Towns Served: EAST HADDAM

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

Page 25

	Connecticut Department							ction			
	Water Quality Mon	itoring an	d Con	nplian	ce S	chedul	e				
PWS ID	PWS Name			Classifica	tion P	opulation	Owr	ner Type Pr	imary Source		
СТ0410384	12 RAE PALMER ROAD - EAST HADDAM			NC		25		Р	GW		
Local Address (w	here applicable)	Service Connections	Residen	tial Com	mercial 1	Industria	al	Combined	Agricultural		
Towns Served: E	AST HADDAM			'							
	Mon	itoring Requ	uireme	nts							
Water System	Facility: DISTRIBUTION SYSTEM (WSF										
Total Coliform	,	•					1 ro	utine (RT)	per month		
	oint (Sampling Point ID)		Monitori	ng Period	Col	llection Pe			ance Status		
	Inventory of Active Sampling Points			7/31/25					mplete		
	,			8/31/25					mplete		
				9/30/25					mplete		
				10/31/25	;				mplete		
				11/30/25					mplete		
			12/1/25 -	12/31/25	;						
	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							
Physical Paran	neters (PPS)						1 ro	utine (RT)	per month		
Sampling P	oint (Sampling Point ID)		Monitori	ng Period	Col	llection Pe	riod	Compli	ance Status		
Select from	Inventory of Active Sampling Points		7/1/25 -	7/31/25				Coi	mplete		
			8/1/25 -	8/31/25				Coi	mplete		
			9/1/25 - 9/30/25 Complete						mplete		
			10/1/25 -	10/31/25)			Coi	mplete		
			11/1/25 -	11/30/25	•			Coi	mplete		
			12/1/25 -	12/31/25	5						
				1/31/26							
				2/28/26							
				3/31/26							
				4/30/26							
				5/31/26							
			6/1/26 -	6/30/26							
-	Facility: ENTRY POINT (WSF ID: 0070	0)									
Nitrate And N	• •							-	T) per year		
	oint (Sampling Point ID)			ing Period 12/31/24	Col	llection Pe	riod		ance Status		
ENTRY POIN					mplete						
				12/31/25				Coi	mplete		
M/-+- C	E- :::: WELL (MOEID 20770)		1/1/26 -	12/31/26							
•	Facility: WELL (WSF ID: 20759)										
E. Coli (3014)	and (Samuellan S. 1.12)		0.0 - 1:						oer quarter		
	oint (Sampling Point ID)			ng Period	Col	llection Pe	rıod	Compli	ance Status		
WELL (2)				6/30/25							
			//1/25 -	9/30/25				Coi	mplete		

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name C					Population	Owner Type	Primary Source				
CT0410384	12 RAE PALMER ROAD - EAST HADDAM				NC	25	Р	GW				
Local Address (where applicable)		Service	Resider	ntial (Commercia	al Industri	al Combin	ed Agricultural				
		Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HADDAM

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20759)

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

	Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Total Coliform M&R Violation	5/1/25 - 5/31/25	3	10/9/2026		10/19/2026							
Physical Parameters M&R Violation	5/1/25 - 5/31/25	3	10/9/2026		10/19/2026							
E. Coli M&R Violation	4/1/25 - 6/30/25	3	10/9/2026		10/19/2026							
Total Coliform M&R Violation	4/1/25 - 4/30/25	3	10/9/2026		10/19/2026							
Physical Parameters M&R Violation	4/1/25 - 4/30/25	3	10/9/2026		10/19/2026							

	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	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20759	WELL	2	WELL	Α									
57212	TREATMENT PLANT		·	·		·	·						

Contact Information										
Name	ame Organization					Job Title				
Ms. Jaime L. Farace	!									
Mailing Address Lin	ldress Line One Mailing Addr			ress Line Two			City	State	Zip Code	
450 Vineyard Point	Road					Guilford	d CT 06437			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
203-458-2376			20	3-376-0078		jaimef1@	sbcglobal.net			
0 5					•					

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 F	Public Health Drinki	ng Water Sed	ction
	Water Quality Monito	ring and Complianc	e Schedule	
PWS ID	PWS Name	Classification	on Population Owne	er Type Primary Source
CT0410424	GETAWAY HOUSE	NC	25	P GW
Local Address (v	-	ervice Residential Commo	ercial Industrial (Combined Agricultural
298 EAST HADD	AM-MOODUS ROAD (ROUTE 149)	onnections 1		
Towns Served: E	EAST HADDAM			
	Monitor	ing Requirements		
-	Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform	•			ine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from	Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		
Total Coliform			· ·	peat (RP) per period
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from	n Inventory of Active Sampling Points	6/25/25 - 6/30/25		Complete
		7/16/25 - 7/21/25		
Total Coliform	•		• •	tine (TR) per month
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from	n Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
		8/1/25 - 8/31/25		
Physical Para			1 rout	ine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from	n Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
		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		
,	Facility: EP - WELL 1 (BATH HOUSE) (WSF	ID: 00700)		
Nitrate And N	•			outine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 1	1 (BATH) (3)	1/1/24 - 12/31/24		Complete
		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
,	Facility: EP - WELL 2 (POOL HOUSE) (WSF	ID: 00701)		
Nitrate And N	• •			outine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 2	2 (POOL) (3)	1/1/24 - 12/31/24		Complete
		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
•	Facility: WELL 1 (WSF ID: 20762)			
E. Coli (3014)				ered (TG) per period
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)		6/24/25 - 6/30/25		Complete
14/.1	E AND MARKET OF THE STATE OF TH	7/15/25 - 7/21/25		
Water System	Facility: WELL 2 (WSF ID: 57218)			

				1		_				
	Connecticu	t Depa	rtment of	Public	Health	Drin	king V	Water S	ection	
	Wate	er Qual	lity Monit	oring a	and Com	pliar	nce Sc	chedule		
PWS ID	PWS Name								wner Type	Primary Source
CT0410424	GETAWAY HOUSE					NC		25	Р	GW
Local Addres	s (where applicable)			Service	Resident	ial Con	nmercial	Industrial	Combine	d Agricultural
298 EAST HA	DDAM-MOODUS ROAD) (ROUTE 1	49)	Connectio	ons		1			
Towns Serve	d: EAST HADDAM			1			-			
			Monite	oring Re	quireme	nts				
Water Syste	em Facility: WELL 2	(WSF ID:		- 0 -						
E. Coli (30	14)							1 tri	ggered (TO	6) per period
Samplir	ng Point (Sampling Poi	nt ID)			Monitorin	ng Perio	d Coll	ection Period	d Comp	liance Status
WELL 2	(2)				6/24/25 -	6/30/25	5		C	omplete
					7/15/25 -	7/21/25	5			
Water Syste	em Facility: WELL 3	(WSF ID:	62773)							
E. Coli (30	14)							1 tri	ggered (TO	6) per period
Samplin	ng Point (Sampling Poi	nt ID)			Monitorin	ng Perio	d Coll	ection Period	d Comp	liance Status
WELL 3	(2)				6/24/25 -	6/30/25	5		C	omplete
					7/15/25 -	7/21/25	5			
			Other C	omplian	ice Sched	ules				
Compliance .	Schedule Activity					Due Date		Achieve	d Date	
CROSS CONN	NECTION EXEMPTION				3	3/1/2027	7			
	V	Vater Sy	stem Facili	ity and S	Sampling	Point	Invent	tory		
Water							Tota		d	
	/ater System Facility	9	Sampling Point				Colifo			Stage
Facility ID			ID	Descriptio		Stat		e Rule Tie	er Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM		4		ION SYSTEM	Α	Υ			
			DOWNSTREAM							
20722 51	2 14511 4 /245111011	·=\	UPSTREAM		SERVICE CON					
	P - WELL 1 (BATH HOUS	•	3	EP - WELL		A				
	P - WELL 2 (POOL HOUS	SE)	3	EP - WELL	2 (POOL)	A				
	/ELL 1		2	WELL		Α				
	/ELL 2		2	WELL 2		Α				
	RESSURE STORAGE									
62340 A	TMOSPHERIC STORAGE									
62773 W	/ELL 3		2	WELL 3		Α				
			Con	tact Info	ormation					
Name			10	ganization					Job Title	
Ms. Karen G	regory		Ge	etaway Mo	odus, LLC			Regional Dire	ector	
Mailing Addr	ress Line One		Mailing Address	s Line Two				City	State	Zip Code
147 Prince St	treet					[Brooklyn		СТ	11201
Business P	hone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Add	dress		
860-873-2			518-8	322-7518		ļ	karen.gre	gory@getaw	/ay.house	
Contact Role	e(s): Administrative Co	ntact								

	Connectic	ut Depa	ıking	Water	Sec	tion						
	Wat	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e			
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type	Primary Sou	ırce
CT0410424	GETAWAY HOUS	E				N	С	25		Р	GW	
ocal Address (w	here applicable)			Service	Residen	itial Co	mmercia	al Industri	al C	ombine	ed Agricultur	ural
298 EAST HADDA	M-MOODUS ROA	AD (ROUTE 1	.49)	Connection	ns		1					
Γowns Served: Ε	AST HADDAM				,			'				
Name	С	Organization Job Title						9				
Mr. Rosenzweig	Philip		G	Getaway Moodus, LLC				Owner				
Mailing Address	ine One		Mailing Addres	ess Line Two			City			State	Zip Code	7
298 East Haddam-Moodus Road							Moodu	S		СТ	06469	
Business Phone Extension Fax N			Mob	ile Phone	Emergency	/ Phone	Email Address					
Contact Role(s):	Legal Contact						-					

- 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 Dep	artment of	Public H	ealth	Drink	ing W	ater S	Sec	tion		
	· · · · · · · · · · · · · · · · · · ·	ality Monit									
PWS ID	PWS Name	oring and	a dom		tion Population Owner Type Primary Sour						
CT0410454	AMERICAN LEGION POST #	‡156			NC	-	25)	GW	
	ss (where applicable)		Service	Resident	tial Comn		ndustrial	Co	ombined	Agricultural	
33 NEPTUNE			Connections			1					
Towns Serve	d: EAST HADDAM										
		Monito	oring Requ	ireme	nts						
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Colif	orm (3100)						1 :	routi	ne (RT)	per quarter	
_	ng Point (Sampling Point ID)				ng Period	Collec	tion Peri	od		ance Status	
Select f	rom Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25				Co	mplete	
				7/1/25 -					Со	mplete	
					12/31/25						
				1/1/26 -							
	4			4/1/26 -	6/30/26						
-	arameters (PPS)			0.0	0 /	C-11				per quarter	
	ng Point (Sampling Point ID)	ag Doints	ı		ng Period	Collec	tion Peri	oa		ance Status	
Select	rom Inventory of Active Sampli	ng Points		4/1/25 - 7/1/25 -						mplete mplete	
					12/31/25				Co	mpiete	
			•	1/1/26 -							
				4/1/26 -							
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)		1, 1, 20	0,00,20						
•	d Nitrite (NOX)	(1101 121 001 00)						1 ro	outine (F	RT) per year	
	ng Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Peri			ance Status	
-	POINT (3)				12/31/24					mplete	
					12/31/25					mplete	
					12/31/26					•	
Water Syste	em Facility: WELL (WSF ID:	20764)									
E. Coli (30	14)						1 :	routi	ne (RT)	per quarter	
Samplin	ng Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Peri	od	Compli	ance Status	
WELL (2	2)			4/1/25 -	6/30/25				Co	mplete	
				7/1/25 -	9/30/25				Co	mplete	
			-	10/1/25 -	12/31/25						
				1/1/26 -	3/31/26						
				4/1/26 -	6/30/26						
	Water	System Facili	ity and Sar	npling	Point I	nvento	ry				
Water						Total	Lead a	nd			
	ater System Facility	Sampling Point		nt		Coliform				Stage	
Facility ID		ID	Description		Status		Rule T	ïer A	Isbestos	WQP 2 DBPR	
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y					
		DOWNSTREAM									
00700 =	ALTRY BOINT	UPSTREAM	WITHIN 5 SER	VICE CON							
	NTRY POINT	3	ENTRY POINT		A						
20764 W	/ELL	2	WELL		Α						

56231 FILTER

Schedule Generation Date: 12/12/2025 Page 31

	Connecticu	ıt Dena	rtment	of Public	Health	Dr	inkino	Water	Section				
,		•					_						
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source			
CT0410454	AMERICAN LEGIC	N POST #15	66	T			NC	25	P	GW			
Local Address (w	nere applicable)			Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural			
33 NEPTUNE AVE	NUE			Connectio	ons		1						
Towns Served: EA	AST HADDAM							,					
			Co	ntact Info	ormation	1							
Name				Organization	Organization				Job Title				
Baron Smith Am	erican Legion 15												
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code			
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phor	hone Email Address						
Contact Role(s):	Legal Contact, O	wner											
Name				Organization					Job Titl	e			
Jarren Sweet				American Legion #156									
Mailing Address I	ine One		Mailing Addr	ess Line Two				City		Zip Code			
35 Neptune Ave							Moodu	S	СТ	06469			
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phoi	ne Email A	ddress					
860-873-8042							amlegio	on156@gma	il.com				
Contact Role(s):	Administrative C	Contact											
Diagramata the f	allandaa.												

- 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

	Connectic	ut Depa ter Qua										ection	
DWC ID		ter Qua	IILY IV	OIII	.or mg a	illu Goll	-					mar Tuna D	rimary Cauras
PWS ID CT0410504	PWS Name CAVE HILL RESO	DT					Clas	NC	סמן ווכ	25	OII OW	P P	rimary Source GW
	vhere applicable)	N I			Service	Resider	tial	Comme	orcial	Indu	ctrial	Combined	_
138 LEESVILLE R					Connectio		Itiai	1	erciai	muu	Striai	Combined	Agricultural
Towns Served: E								<u> </u>					
Towns Served. L	LAST HADDAM		D.	louit	orina Do	i	t.						
Water System	Facility: DISTR	IBUTION S				quireme	1115						
Total Coliform	•										1 ro	utine (RT)	per quarter
	Point (Sampling P	oint ID)				Monitor	ina P	eriod	Colle	ection	Period		iance Status
	n Inventory of Act		Points			4/1/25							omplete
	,	1 0	,			7/1/25							omplete
						4/1/26		-					
Physical Parar	meters (PPS)							•			1 ro	utine (RT)	per quarter
-	Point (Sampling P	oint ID)				Monitor	ing P	eriod	Colle	ection	Period		iance Status
	n Inventory of Act		Points			4/1/25							mplete
						7/1/25		-					mplete
						4/1/26							
Water System	Facility: ENTR	Y POINT (V	VSF ID: 0	0700)									
Nitrate And N	•	•									1	routine (RT) per year
	Point (Sampling P	oint ID)				Monitor	ing P	eriod	Colle	ection	Period	-	iance Status
ENTRY POII		•				1/1/24 -							omplete
	. ,					1/1/25 -							mplete
						1/1/26 -							
			Otl	ner C	omplian	ce Sched							
Compliance Sch	edule Activity						Due	Date		Ac	hieved	Date	
CROSS CONNEC	TION SURVEY REP	ORT					3/1/2	2022					
CROSS CONNEC	TION SURVEY REP	ORT					3/1/2	2025					
CROSS CONNEC	TION SURVEY REP	ORT					3/1/2	2026					
		Water S	ystem	Facil	ity and S	Sampling	Po	int In	vent	ory			
Water									Tota	l Le	ad and	1	
	er System Facility				Sampling				Colifor		Copper		Stage
Facility ID			ID)	Descriptio			<u>Status</u>	Rule	R	ule Tie	r Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	1	4			ION SYSTEM		Α	Υ				
						SERVICE COI		Α					
			UPSTR	EAM		SERVICE COI	N	Α					
	RY POINT		3		ENTRY POI	INT		Α					
20767 WELL			2		WELL			Α					
	SURE STORAGE												
	SURE STORAGE SURE STORAGE												
				Con	tact Info	ormation	1						
					tact Info	ormation	1					Job Title	
57228 PRES	SURE STORAGE			0			1		N	Manag	ger	Job Title	
57228 PRES	SURE STORAGE berale		Mailing .	O Ca	rganization		1		N	Manag City	ger	Job Title	Zip Code
57228 PRES Name Mr. James Gam	berale Line One		Mailing .	O Ca	rganization ave Hill Reso		1	Mod	odus		ger		Zip Code 06469
Name Mr. James Gam Mailing Address	berale Line One	Fax	Mailing A	O Ca Addres	rganization ave Hill Reso			ne Ema	odus	City		State	-

Connecticut Department of Public Health Drinking Water Section												
	Wate	er Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name Classification Population Owner Type Primary											
CT0410504	AVE HILL RESORT	•					NC	25	Р	GW		
Local Address (wh		Service	Residen	tial (Commercia	al Industri	al Combin	ed Agricultura				
138 LEESVILLE RO	AD			Connection	ıs		1					
Towns Served: EA	ST HADDAM			1	"				'	1		
Contact Role(s):	Administrative Co	ntact, Ow	ner									
Name				Organization				Job Title				
Ms. Joann G. Par	ady			Cave Hill Resor		Owner						
Mailing Address L	ine One		Mailing Addr	ress Line Two				City		Zip Code		
138 Leesville Rd						Moodus		S	СТ	06469		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phor	ne Email A	ddress				
860-873-8347						jimgambe@live.com						
Contact Role(s):	Owner			'								

- 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

			0.7.1.1						
		t Departmen				0		ection	
	Wate	er Quality Mo	onitoring a	and Comp	oliano	ce Sch	edule		
PWS ID	PWS Name				lassificat			ner Type P	rimary Source
CT0410514	CHRIST COMMUN	ITY CHURCH OF EAST	HADDAM		NC	2	25	Р	GW
Local Address (where applicable)		Service	Residentia	l Comm	nercial Ir	ndustrial	Combined	Agricultural
50 ORCHARD R	OAD		Connectio	ns	1	L			
Towns Served:	EAST HADDAM						1		
		Mo	nitoring Re	guirement	ts				
Water System	Facility: DISTRIB	BUTION SYSTEM (V		<u> </u>					
Total Colifor	m (3100)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Poi	nt ID)		Monitoring	Period	Collect	ion Period		iance Status
Select from	m Inventory of Active	e Sampling Points		4/1/25 - 6,	/30/25			Cc	mplete
				7/1/25 - 9/	/30/25			Cc	mplete
				10/1/25 - 12					
				1/1/26 - 3/					
				4/1/26 - 6,	/30/26				
Physical Para	meters (PPS)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Poi	nt ID)		Monitoring		Collect	ion Period	Compl	iance Status
Select from	n Inventory of Active	e Sampling Points		4/1/25 - 6/	/30/25			Сс	mplete
				7/1/25 - 9/				Co	mplete
				10/1/25 - 12					
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
Water System	Facility: ENTRY I	POINT (WSF ID: 00	700)						
Nitrate And I	Nitrite (NOX)						1	routine (RT) per year
Sampling	Point (Sampling Poi	nt ID)		Monitoring	Period	Collect	ion Period	Compl	iance Status
ENTRY PO	INT (3)			1/1/24 - 12	/31/24			Cc	mplete
				1/1/25 - 12	/31/25			Co	mplete
				1/1/26 - 12	/31/26				
	V	Vater System F	acility and S	Sampling P	oint Ir	nvento	ry		
Water						Total	Lead and	l	
	er System Facility		Point Sampling I			Coliform			Stage
Facility ID		ID	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4		ION SYSTEM	Α	Υ			
			EAM WITHIN 5		Α				
		UPSTREA		SERVICE CON	A				
	RY POINT	3	ENTRY POI		Α .				
23101 DRII	LED WELL #1	2	DRILLED W		Α				
			Contact Info	ormation					
Name			Organization	:			. /- ::	Job Title	
Mr. Ray Serra			Christ Commu	unity Church			tor/Presid		
Mailing Addres		Mailing Ac	ddress Line Two				ity	State	Zip Code
50 Orchard Roa			8.4 Ltl - 51			st Haddan		CT	06423
Business Pho		Fax	Mobile Phone	Emergency P				10.001:	
860-267-613					RA	Y.SERRA@	9SERRA104	iu.COM	
Contact Role(s)	· Logal Contact								
	. Legal Contact								

Schedule Generation Date: 12/12/2025 Page 35

	Connecti	cut Depa	artiment of	Public	пеани	וווע	iking	water	Sec	uon		
	W	ater Qua	lity Monito	oring ar	nd Con	nplia	nce S	chedul	le			
PWS ID	PWS Name		Classification P		Population	Owne	wner Type Pri		ource			
CT0410514	CHRIST COMN	IUNITY CHURO		N	С	25	F)	GW			
ocal Address (w	Service	Residen	tial Co	mmercial Indust		ial Combin		d Agricu	ıltural			
50 ORCHARD RO	Connection	S		1								
Γowns Served: E	AST HADDAM											
Name				Job Title								
Ms. Helen Blanc	hard		Chi	rist Commur	nity Church		Administr	sst.				
Mailing Address	Line One		Mailing Address	Line Two			City			State	Zip Co	de
50 Orchard Road	b				East Had	ddam		CT	0642	3		
Business Phone Extension Fax		Mobile	e Phone	Phone Emergency		Email Address						
860-873-1105	5						hfblanchard@aol.com					
Contact Role(s)	Δdministrativ	e Contact			·			·				

ar a CD (latter Haraltila Data Litera Maria a Caratt

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

	Connecticu Wat	-	rtment o				_				ction		
PWS ID	PWS Name	or Quion	110111								er Type	Prima	ary Source
CT0410654	RATHBUN FREE N	/IEMORIAL L	IBRARY				NC .	25			L		GW
Local Address ((where applicable)			Service	Residen		ommercia	_	dustria	al (Combine		gricultural
36 MAIN STREI				Connectio	ons		1						<u> </u>
Towns Served:	EAST HADDAM												
			Moni	toring Re	auireme	nts							
Water Systen	n Facility: DISTRI	BUTION SY			1								
Total Colifor	•										_		quarter
	Point (Sampling Po				Monitori			ollectio	on Per	iod			e Status
Select fro	m Inventory of Activ	e Sampling	Points		4/1/25 -							Comp	
					7/1/25 -						(Comp	lete
					10/1/25 -								
					1/1/26 -								
					4/1/26 -	6/30/2	26						_
-	ameters (PPS) Point (Sampling Po	oint ID)			Monitori	ng Per	iod Co	ollectio	1 on Per		-		quarter e Status
Select fro	m Inventory of Activ	e Sampling	Points		4/1/25 -	6/30/2	25				C	Comp	lete
					7/1/25 -	9/30/2	25				C	Comp	lete
					10/1/25 -	12/31,	/25						
					1/1/26 -	3/31/2	26						
					4/1/26 -	6/30/2	26						
Nitrate And	Nitrite (NOX) Point (Sampling Pa	· · ·	31 12. 00700		Monitori 1/1/24 - 1/1/25 - 1/1/26 -	12/31/ 12/31/	/24 /25	ollectio	on Per		Comp		
	•	Water Sy	stem Faci	ility and S	· <i>·</i>			ntor	у				
Facility ID	ter System Facility		Sampling Poin	t Sampling Descriptio	Point n	Sto	To Colij atus Ri	tal form ule	Lead o	er	Asbesto	s W	Stage QP 2 DBPR
00600 DIST	TRIBUTION SYSTEM		4		TON SYSTEM			Υ					
			DOWNSTREAN UPSTREAM		SERVICE CON SERVICE CON		Α						
00700 ENT	RY POINT			ENTRY PO			A ^						
20777 WEI			2	WELL	IINI		A ^						
20777 VVEI	LL			ntact Info	ormation		A						
Name				Organization	ormation						Job Title	<u> </u>	
East Haddam				- 8									
Mailing Addres	ss Line One		Mailing Addre	ess Line Two				Cit	:у		State	Zi	p Code
Business Pho	one Extension	Fax	Mo	bile Phone	Emergency	Phone	e Email A	ddres	S				
Contact Role(s													

	Connectic	ut Depa	rtment	of Public	: Healt	h Di	inking	Water	Sec	ction	
	Wa	ter Qua	lity Mon	itoring a	and Co	mpl	iance S	chedul	le		
PWS ID	PWS Name		_			Clas	sification	Population	Own	er Type	Primary Source
CT0410654	RATHBUN FREE I	MEMORIAL I	LIBRARY				NC	25		L	GW
Local Address (w	here applicable)			Service	Resid	ential	Commercia	l Industri	al (Combine	d Agricultural
36 MAIN STREET				Connection	ons		1				
Towns Served: EA	AST HADDAM										
Name				Organization						Job Title	
Mr. Emmitt Lyma	an			Town of East	Haddam			First Selec	tman		
Mailing Address I	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
Town Office Build	ding		7 Main Stree	t, PO Box K			East Had	ddam		CT	06423
Business Phone	e Extension	Fax	Мо	bile Phone	Emergen	cy Pho	ne Email Ad	ddress			
860-873-5020		860-873-5	5025				admin@	easthadda	m.org	g 5	
Contact Role(s):	Legal Contact										
Name				Organization						Job Title	
Mr. Donald J Ang	gersola			Town of East	Haddam			Director o	of Ops	;	
Mailing Address I	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
1 Plains Road			PO Box 385				Moodus			CT	06469
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	cy Pho	ne Email Ad	ddress			
860-682-7107					860-68	2-7107	donald.a	angersola@	easth	naddam.d	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 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 Departn	ent of Public H	ealth I)rinkin	σ Wate	or S	ectio	n n	
*	Monitoring and		`	_		CCLI	<i>J</i> 11	
PWS ID PWS Name	Tromcoring and					vner Ty	pe Pr	imary Source
CT0410664 7-ELEVEN #32526			NC	25		Р		GW
Local Address (where applicable)	Service	Residentia	I Commerc	ial Indust	trial	Com	bined	Agricultura
4 FALLS ROAD	Connections		1					
Towns Served: EAST HADDAM	,		1	1				1
	Monitoring Requ	irement	ts					
Water System Facility: DISTRIBUTION SYSTEM	M (WSF ID: 00600)							
Total Coliform (3100)					1 r	outine	e (RT)	per month
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection F	Perio	d C	omplic	ance Status
Select from Inventory of Active Sampling Point	S	7/1/25 - 7,	/31/25				Cor	mplete
		8/1/25 - 8,	/31/25				Cor	mplete
		9/1/25 - 9,	/30/25				Cor	mplete
	1	.0/1/25 - 10	0/31/25				Cor	mplete
	1	1/1/25 - 1:	1/30/25				Cor	mplete
	1	2/1/25 - 12	2/31/25					
		1/1/26 - 1,	/31/26					
		2/1/26 - 2,	/28/26					
		3/1/26 - 3,	/31/26					
		4/1/26 - 4,						
		5/1/26 - 5,						
		6/1/26 - 6,	/30/26					
Physical Parameters (PPS)								per month
Sampling Point (Sampling Point ID)		Monitoring		Collection F	Period	d C		ance Status
Select from Inventory of Active Sampling Point		7/1/25 - 7/						nplete
		8/1/25 - 8,						nplete
		9/1/25 - 9/	•					nplete
		0/1/25 - 10						nplete
		1/1/25 - 1					Col	mplete
		2/1/25 - 1						
		1/1/26 - 1, 2/1/26 - 2,						
		3/1/26 - 2/ 3/1/26 - 3/						
		4/1/26 - 3/ 4/1/26 - 4/						
		5/1/26 - 5/						
		6/1/26 - 6						
Water System Facility: ENTRY POINT (WSF IE	D· 00700)	0/1/20-0/	30/20					
Nitrate And Nitrite (NOX)	301001					1 rou+	ine (P	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection F			_	ince Status
ENTRY POINT (3)		1/1/24 - 12		.sconon r	27.00			nplete
		1/1/25 - 12						nplete
		1/1/26 - 12					201	
Water System Facility: WELL (WSF ID: 20778								
E. Coli (3014)					1 rc	outine	(RT) r	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection F				ance Status
							•	-

4/1/25 - 6/30/25

7/1/25 - 9/30/25

Schedule Generation Date: 12/12/2025

WELL (2)

Complete

Complete

	C	onnoctic	ut Dona	rtmont	of Dublic	u ∐ool+h	Drin	lzina	Mate	or Co	ction	
	C	onnectic	•								CUOII	
	<u> </u>		ter Qua	nty Mon	itoring a	ina Con						
PWS ID		NS Name	<u> </u>						-	on Owr		Primary Source
CT041066		ELEVEN #3252	Ь		Camilaa	Dasidas	NC		25	tui a l	P	GW
4 FALLS RO		ere applicable)			Service Connectio	Resider	itiai Con	nmercial	Indus	triai	Combined	d Agricultural
		T HADDAM			Comicono			1				
TOWIIS SEI	veu. LAS	TIADDAM		Mon	itoring Re	auireme	nts					
Water Sy	stem Fa	cility: WELL	(WSF ID: 2		itoring itc	quireine	.1163					
E. Coli (3		•								1 rou	tine (RT)	per quarter
-	-	nt (Sampling P	oint ID)			Monitor	ing Perio	d Col	lection l			liance Status
						10/1/25 -	- 12/31/2	<u>.</u> 5			С	omplete
						1/1/26	- 3/31/26	j				
						4/1/26	- 6/30/26	j				
				Other	Complian	ce Sched	dules					
Compliand	ce Sched	ule Activity					Due Date	e	Acl	nieved I	Date	
CORRECTI	VE ACTIC	N/CORRECTIV	E ACTION PL	AN		1	.2/12/202	25	3	/25/20	25	
			Water Sy	stem Fac	ility and S	Sampling	Point	Inven	tory			
Water								Tota		d and		
System		System Facility			nt Sampling			Colifo		pper	0-64	Stage
Facility ID				ID	Description		Stat		e Ru	le Tier	Asbestos	WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM		4		ION SYSTEM	_	Y				
				4-1 4-2	Front Righ Front Righ		A A	Y Y				
				4-2 4-3	Front Righ		A	Y				
				4-4	Front Righ		A	Y				
				4-5	RIGHT HAI		A	Y				
				_	M WITHIN 5	-		·				
				UPSTREAM	WITHIN 5	SERVICE COI	N A					
00700	ENTRY F	POINT		3	ENTRY POI	NT	А					
20778	WELL			2	WELL		Α					
61573	TREATM	1ENT PLANT										
				Co	ntact Info	ormation	1					
Name					Organization						Job Title	
Mr. Ron V	/alentine				7-Eleven, Inc.				Area Fa	cilities	Mgr	
Mailing Ad	ddress Lir	ne One		Mailing Addr	ess Line Two				City		State	Zip Code
3200 Hack	kberry Ro	ad						Irving			TX	75063
Business		Extension	Fax	Mo	bile Phone	Emergency	•					
207-42							I	ronald.va	lentine	jr@7-1	1.com	
	ole(s): A	dministrative	Contact		I							
Name					Organization						Job Title	
Mr. David					Mandelbaum	& Mandelb	aum		Manage	er	6: .	7. 0 /
Mailing Ad				Mailing Addr	ess Line Two			1 in also = -+	City		State	Zip Code
354 Eisenh				Suite 1900	shilo Phara	Emargan		Livingsto			NJ	07039
Business		Extension	Fax	IVIC	bile Phone	Emergency	-	emaii Adı davidm@		lhaumf	irm com	
973-32		hunor					(uaviuiii@	, manue	inauliil		

Contact Role(s): Owner

Schedule Generation Date: 12/12/2025 Page 40

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0410664	7-ELEVEN #32526			NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
4 FALLS ROAD		Connections		1			

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 H	lealth	Dr	inkin	g W	ater	Sec	ction	
	Water Quality Mor	nitoring an	d Con	npl	iance	Sch	edul	e		
PWS ID	PWS Name			_		1			er Type Pr	rimary Source
СТ0410774	32 MAIN STREET - EAST HADDAM				NC		25		P	GW
Local Address ((where applicable)	Service	Residen	tial	Commerc	cial Ir	ndustria	1 (Combined	Agricultural
32 MAIN STREI	ET	Connections			1					
Towns Served:	EAST HADDAM					'				
	Mor	nitoring Requ	iireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)								
Total Colifor	m (3100)						1	l rou	itine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Collect	ion Per	iod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/31	1/25				Со	mplete
			8/1/25 -	8/31	1/25				Со	mplete
			9/1/25 -							mplete
			10/1/25 -	10/3	31/25				Со	mplete
			11/1/25 -						Со	mplete
			12/1/25 -		-					
			1/1/26 -	1/31	1/26					
			2/1/26 -							
			3/1/26 -	3/31	1/26					
			4/1/26 -							
			5/1/26 -							
			6/1/26 -	6/30	0/26					
Total Colifor	-							3 re		per period
	Point (Sampling Point ID)		Monitori			Collect	ion Per	iod		ance Status
Select fro	m Inventory of Active Sampling Points		6/10/25	- 6/1	5/25				Со	mplete
_	ameters (PPS)									per month
	Point (Sampling Point ID)		Monitori			Collect	ion Per	iod		ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -							mplete
			8/1/25 -							mplete
			9/1/25 -		-					mplete
			10/1/25 -							mplete
			11/1/25 -						Со	mplete
			12/1/25 -							
			1/1/26 -							
			2/1/26 -							
			3/1/26 -							
			4/1/26 -							
			5/1/26 -							
	- W	•	6/1/26 -	6/30	0/26					
-	n Facility: ENTRY POINT (WSF ID: 0070	00)								
	Nitrite (NOX)								· -	T) per year
	Point (Sampling Point ID)		Monitori			Collect	ion Per	iod		ance Status
ENTRY PC	DINT (3)		1/1/24 -	12/3	1/24				Со	mplete

1/1/25 - 12/31/25

1/1/26 - 12/31/26

Water System Facility: WELL (WSF ID: 20786)

Complete

								_					
	Co	onnectic	ut Depa	rtment of	Public	Health	D	rinki	ng V	Wate	er So	ection	
		Wa	ter Qual	lity Monit	oring a	nd Con	np	lianc	e Sc	hed	ule		
PWS ID	PW	/S Name					Cla	ssification	on Po	pulati	on Ow	ner Type P	rimary Source
CT0410774	32	MAIN STREET	- EAST HAD	DAM				NC		25		Р	GW
Local Addre	ess (wher	e applicable)			Service	Residen	itial	Comme	ercial	Indus	trial	Combined	Agricultural
32 MAIN ST	REET				Connection	ns		1					
Towns Serve	ed: EAST	HADDAM											
				Monito	oring Red	quireme	nts	S					
Water Syst	tem Fac	ility: WELL	(WSF ID: 2	0786)									
E. Coli (30	014)										1 trig	gered (TG) per period
Sampli	ing Poin	t (Sampling P	oint ID)			Monitori	ing l	Period	Coll	ection	Period	l Compl	iance Status
WELL ((2)					6/9/25 -	- 6/1	L5/25				Cc	mplete
				Other Co	omplian	ce Sched	luk	es					
Compliance	Schedu	le Activity					Due	Date		Ac	hievea	l Date	
L1 ASSESSM	1ENT (M	ULTIPLE TC+)				7	7/14	/2025					
			Water Sy	stem Facili	ity and S	ampling	Po	oint In	ven	tory			
Water									Tota	ıl Le	ad and	1	
	Water Sy	stem Facility	2	Sampling Point				(Colifo		opper		Stage
Facility ID				ID	Description)		Status	Rul	e Ru	ıle Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEM		4	DISTRIBUTI			Α	Υ				
				DOWNSTREAM	WITHIN 5 S	ERVICE CON	V	Α					
				UPSTREAM	WITHIN 5 S	ERVICE CON	V	Α					
00700 E	ENTRY PO	TNIC		3	ENTRY POI	NT		Α					
20786 V	WELL			2	WELL			Α					
				Con	tact Info	rmation	1						
Name				Or	ganization							Job Title	
Ms. Kimber	ly Page			Hi	gher Ground	ds At 32 Ma	in L	LC		Owner			
Mailing Add	dress Line	e One		Mailing Address	Line Two					City		State	Zip Code
32 Main Str	eet			PO Box 31				East	t Hado	dam		СТ	06423
Business F	Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Ph	one Ema	ail Add	dress			
860-615-	-6112							seve	entym	ain@g	mail.c	om	

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 D	enartment of	Public H	[ealth	Dr	inki	ng M	later	Sp	ction		
		Quality Monit								Ction		
PWS ID	PWS Name	Eddiney 1.101116	oring an	a don						ner Type	Primar	v Source
CT0410734	JIMMY'S LEGACY GRILL	E				NC	-	25		Р		iW
Local Address	(where applicable)		Service	Residen	tial	Commo	ercial	ndustri	al	Combine	d Agr	icultura
9 MAIN STRE	ET		Connections			1						
Towns Served	l: EAST HADDAM											
		Monito	oring Requ	ireme	nts							
Water Syste	m Facility: DISTRIBUTION	ON CENTER (WSF II	D: 00600)									
Total Colifo	rm (3100)							1	. rou	itine (RT) per d	quarter
Samplin	g Point (Sampling Point ID))		Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	oliance	Status
Select fr	om Inventory of Active Sam	pling Points		7/1/25 -	9/30	0/25						
				10/1/25 -	12/3	31/25						
				1/1/26 -	3/31	1/26						
				4/1/26 -	6/30	0/26						
Physical Pa	rameters (PPS)							1	rou	itine (RT) per d	quarter
Samplin	g Point (Sampling Point ID))	_	Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	oliance	Status
Select fr	om Inventory of Active Sam	pling Points		7/1/25 -							Comple	
				10/1/25 -						(Comple	te
				1/1/26 -								
				4/1/26 -	6/30	0/26						
Water Syste	m Facility: ENTRY POIN	IT (WSF ID: 00700)										
	Nitrite (NOX)									routine		-
-	g Point (Sampling Point ID))	_	Monitori			Collec	tion Pe	riod			Status
ENTRY P	OINT (3)			1/1/25 - :						(Comple	te
				1/1/26 - :	12/3	1/26						
		Other C	ompliance	Sched	lule	!S						
Compliance S	Schedule Activity			L	Due I	Date		Achie	ved I	Date		
CROSS CONN	ECTION SURVEY REPORT			3	3/1/2	2024						
	Wate	er System Facili	ity and Sar	npling	Po	int In	vento	ry				
Water		•	-				Total	Lead	and			
System W	ater System Facility	Sampling Point	Sampling Poi	nt			Coliforn					Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	s WQF	2 DBPF
00600 DI	STRIBUTION CENTER	4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α						
		JLG01	LINE HANDWA	ASH		Α	Υ					
		JLG02	VEGETABLE W	/ASH		Α	Υ					
		JLG03	PREP HANDW			Α	Υ					
		JLG04	DISHWASH SI			Α	Υ					
		JLG05	BAR HANDWA			Α	Υ					
		JLG06	BAR DISHWAS			Α	Υ					
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
	ITRY POINT	3	ENTRY POINT			Α						
22812 W	ELL 1	2	WELL 1			Α						

Schedule Generation Date: 12/12/2025

57295 TREATMENT PLANT

ontact Role(s): Legal Contact ame Organization	Population 25 I Industria Owner City ddam ddress	Owner Type P	GW d Agricultur
TOTAL DIMMY'S LEGACY GRILLE TOTAL Address (where applicable) MAIN STREET TOWNS Served: EAST HADDAM Contact Information The property of th	25 I Industria Owner City ddam	P Combined Job Title	GW d Agricultur
Contact Information The state of the state	Owner City ddam	Job Title State	d Agricultur
MAIN STREET Downs Served: EAST HADDAM Contact Information In James R. Johnson Jimmy's Legacy Grille Jimmy's Legacy Grille Jimmy's Legacy Grille Jimmy's Legacy Grille Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Dontact Role(s): Downer Jimmy's Legacy Grille Johnson Jimmy's Legacy Grille Mailing Address Line Two Organization Jimmy's Legacy Grille Mailing Address Line Two Organization Jimmy's Legacy Grille Johnson Jimmy's Legacy Grille Mailing Address Line Two O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A sec-213-0564 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization	Owner City ddam	Job Title State	
Contact Information ame Organization Jimmy's Legacy Grille aliling Address Line One D Box 545 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 contact Role(s): Dwner ame Organization Jimmy'S Legacy Grille Mailing Address Line Two Organization Dismove Legal Contact Organization Mailing Address Line Two Organization Mobile Phone Emergency Phone Email A scec21 Organization Mobile Phone Emergency Phone Email A scec21 Organization Mobile Phone Emergency Phone Email A scec21 Organization Organization	City ddam ddress	State	
Contact Information ame Organization Jimmy's Legacy Grille Jimmy's Legacy Grille Mailing Address Line Two Do Box 545 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Owner Jimmy's Legacy Grille Organization Jimmy's Legacy Grille Mailing Address Line Two Owner Ame Organization Jimmy's Legacy Grille Mailing Address Line Two One Mailing Address Line Two Address Line One Mailing Address Line Two Dimmy's Legacy Grille Mailing Address Line Two East Ha Business Phone Extension Fax Mobile Phone Emergency Phone Email A 860-213-0564 Organization Organization	City ddam ddress	State	
Organization Jimmy's Legacy Grille Jailing Address Line One Discreption Jimmy's Legacy Grille Mailing Address Line Two Discreption East Hailand Address Line Two East Hailand Address Line Two Discreption Extension Fax Mobile Phone Emergency Phone Email A scec21 Discreption Jimmy's Legacy Grille Jimmy's Legacy Grille Jailing Address Line One O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone East Hailand Address Line Two O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Discreption Organization Organization Organization	City ddam ddress	State	
Jimmy's Legacy Grille Jailing Address Line One D Box 545 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Owner Jimmy's Legacy Grille Organization Jimmy's Legacy Grille Organization Jimmy's Legacy Grille Address Line One Mailing Address Line Two Mailing Address Line Two O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization Organization Jimmy's Legacy Grille Mailing Address Line Two One Mailing Address Line Two One Mailing Address Line Two One Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization	City ddam ddress	State	
Address Line One D Box 545 Business Phone Extension Fax Mobile Phone Emergency Phone Email A 860-213-0564 Ontact Role(s): Owner In Saban Cecunjanin In Saban Cecunjan	City ddam ddress		7in Codo
Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Owner Ir. Saban Cecunjanin Jimmy'S Legacy Grille Iailing Address Line One Mailing Address Line Two O. Box 454 East Ha Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization Organization Organization Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization	ddam ddress		7in Codo
Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Owner Ir. Saban Cecunjanin Jimmy'S Legacy Grille Iailing Address Line One Mailing Address Line Two O. Box 454 East Ha Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact In Saban Cecunjanin Jimmy'S Legacy Grille Mailing Address Line Two Organization Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact In Saban Cecunjanin Jimmy'S Legacy Grille Organization Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization	ddress	СТ	Zip Code
860-213-0564 scec21 ontact Role(s): Owner ame Organization Jimmy'S Legacy Grille lailing Address Line One Mailing Address Line Two O. Box 454 East Ha Business Phone Extension Fax Mobile Phone Emergency Phone Email A 860-213-0564 scec21 ontact Role(s): Legal Contact ame Organization			06423
Organization Jimmy'S Legacy Grille Jailing Address Line One O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Ame Organization Organization Organization Organization	Mamail can		
Arr. Saban Cecunjanin Ir. Saban Cecunjanin Jimmy'S Legacy Grille Jimmy'S Legacy Grille Mailing Address Line Two O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A 860-213-0564 Contact Role(s): Legal Contact Ame Organization	യുന്നുന്നു.com	n	
Ir. Saban Cecunjanin Jimmy'S Legacy Grille Jailing Address Line One O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A 860-213-0564 Contact Role(s): Legal Contact Jimmy'S Legacy Grille Mailing Address Line Two East Ha Seat Ha Sec 21 Organization			
Address Line One O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 Ontact Role(s): Legal Contact Organization Mailing Address Line Two East Hat Mobile Phone Emergency Phone Email A scec21 Organization		Job Title	
O. Box 454 Business Phone Extension Fax Mobile Phone Emergency Phone Email A 860-213-0564 contact Role(s): Legal Contact ame Organization			
Business Phone Extension Fax Mobile Phone Emergency Phone Email A scec21 ontact Role(s): Legal Contact ame Organization	City	State	Zip Code
860-213-0564 scec21 ontact Role(s): Legal Contact ame Organization	ddam	СТ	06243
ontact Role(s): Legal Contact ame Organization	ddress		
ame Organization	@gmail.con	n	
_			
		Job Title	
nannon Tamosaitis Jimmy's Legacy Grille	Admin/Ho	s Director	
ailing Address Line One Mailing Address Line Two	City	State	Zip Code
Main Street East Ha	ddam	СТ	06423
Business Phone Extension Fax Mobile Phone Emergency Phone Email A			
	ddress		n
ontact Role(s): Administrative Contact		egacygrille.con	

Connecticut Department of Public Health Drinking Water Section

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 Dep	nartment of	Public Health	Drinki	ing Wa	ater Se	ction	
*		oring and Com				CC1011	
PWS ID PWS Name	arrey 14101111					er Type Prima	ry Source
CT0410804 FOX HOPYARD GOLF CLUE	(CLUB HOUSE WE		NC	3			GW
Local Address (where applicable)		Service Residenti	al Comm	ercial In	dustrial	Combined Ag	ricultural
1 HOPYARD ROAD		Connections	1				
Towns Served: EAST HADDAM			'	,	1	-	
	Monito	oring Requiremen	ts				
Water System Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance	Status
Select from Inventory of Active Sampli	ng Points	4/1/25 - 6	5/30/25			Comple	ete
		7/1/25 - 9				Comple	ete
		10/1/25 - 1	· ·				
		1/1/26 - 3					
		4/1/26 - 6	5/30/26				
Physical Parameters (PPS)				6.11		tine (RT) per	-
Sampling Point (Sampling Point ID)	.	Monitorin	_	Collecti	on Period	Compliance	
Select from Inventory of Active Sampli	ng Points	4/1/25 - 6				Comple	
		7/1/25 - 9				Comple	ete
		10/1/25 - 1					
		1/1/26 - 3 4/1/26 - 6					
Water System Facility: ENTRY POINT	/\\\SE ID: 00700\	4/1/20 - 0	0/30/20				
Nitrate And Nitrite (NOX)	(4431 10.00700)				1	routine (RT) p	OK 1400K
Sampling Point (Sampling Point ID)		Monitorin	a Period	Collecti	ion Period	Compliance	-
ENTRY POINT (3)		1/1/24 - 1		Concen	on remou	Comple	_
Entriti i Giller (5)		1/1/25 - 1				Comple	
		1/1/26 - 1				Compile	
Monthly Water	System Facil	ity (WSF) Level M		ng Rea	uiremei	nts	
Water System Facility: ENTRY POINT		, (,					
•	quirement (Summa	arv Type) Opera	iting Limit	<u> </u>		Samples Req/N	/lonth
	Monitoring (PHRD		num: 7.0 I			4	
Start Date: 1/1/2015		Compliance Histor	y:	Operatin	g Limit	Monitoring	
		Monitoring Period			nce Status:		Status:
		7/1/2025 - 7/31/20)25				
		8/1/2025 - 8/31/20)25				
		9/1/2025 - 9/30/20)25				
		10/1/2025 - 10/31/	/2025				
		11/1/2025 - 11/30/	2025				
Water	System Facili	ity and Sampling I	Point In	ventor	У		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform	Copper	Ashasta: 14/0	Stage
Facility ID	ID	Description	Status	Rule	Kule Her	Asbestos WQ	r z DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	LIDCTDEANA						
00700 ENTRY POINT	UPSTREAM 3	WITHIN 5 SERVICE CON ENTRY POINT	A A				

	Connectict	it Depa	runent o	I Public	пеани	ווזעו	IKIII	g water	Sec	uon	
	Wat	er Qual	lity Moni	toring a	nd Con	nplia	nce S	Schedu	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	r Type F	Primary Source
CT0410804	FOX HOPYARD G	OLF CLUB(C	LUB HOUSE WE	ELL)		N	С	30	P)	GW
Local Address (v	vhere applicable)			Service	Resider	ntial Co	mmerci	al Industri	ial Co	ombined	d Agricultural
1 HOPYARD ROA	AD			Connection	ns		1				
Towns Served: E	EAST HADDAM										
	,	Water Sy	stem Facil	lity and S	ampling	Poin	t Inve	ntory			
Water System Water Facility ID	er System Facility		Sampling Point ID	t Sampling P Description		Sto	Coli	otal Lead form Cop ule Rule	per	Sbestos	Stage WQP 2 DBPR
22912 WELI	L #3		2	WELL#3			4				
59192 TREA	TMENT PLANT										
			Cor	ntact Info	rmation	1					
Name			О	rganization					Jo	ob Title	
Mr. Timothy Va	n Epps							Manager			
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
One Hopyard Ro	oad						East Ha	nddam		CT	06423
Business Phor	ne Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	Address			
860-662-303	9										
Contact Role(s):	Legal Contact										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mr. Jeffrey Swanson

1 Hopyard Road

Business Phone

860-213-9653

Mailing Address Line One

Name

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

Organization

Mobile Phone

Fox Hopyard Golf Club LLC

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

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

End of schedule

Zip Code

06423

Job Title

State

CT

Superintendent

City

jswanson@golfthefox.com

East Haddam

Emergency Phone Email Address

С		_	rtment o								ection	
		ter Qua	lity Moni	toring an	d Con							
	WS Name					Classif				Owi	- ''	rimary Source
		OLF CLUB - I	PRO SHOP WEL				1C		40		Р	GW
Local Address (whe	ere applicable)			Service	Residen	tial Co	omme	rcial	Industr	ial	Combined	Agricultural
1 HOPYARD ROAD				Connections			1					
Towns Served: EAS	THADDAM						_	_	_			
Water System Fa	cility: DISTR	IBUTION SY		oring Require (10: 00600)	uireme	nts						
Total Coliform (•		•	•						1 roı	utine (RT)	per quarter
	nt (Sampling P	oint ID)			Monitori	ng Peri	iod	Collec	tion Pe			iance Status
	ventory of Act		Points		4/1/25 -							mplete
	•	1 0			7/1/25 -							mplete
					10/1/25 -							
					1/1/26 -							
					4/1/26 -							
Physical Parame	= =											per quarter
	nt (Sampling P				Monitori			Collec	tion Pe	eriod		iance Status
Select from In	ventory of Act	ive Sampling	Points		4/1/25 -							mplete
					7/1/25 -						Co	mplete
					10/1/25 -							
					1/1/26 -							
					4/1/26 -	6/30/2	26					
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 00700))								
Nitrate And Nitr											-	RT) per year
	nt (Sampling P	oint ID)			Monitori			Collec	tion Pe	eriod		iance Status
ENTRY POINT	(3)				1/1/24 -							mplete
					1/1/25 -						Co	mplete
					1/1/26 -	12/31/	26					
		Water Sy	ystem Facil	lity and Sa	mpling	Poin	t Inv					
Water	Sustana Farailitus		Carrentina Deini	h Caucadina Da	tus			Total		and		C.
System Water S Facility ID	System Facility		Sampling Point ID	Sampling Po Description	Int			oliforn Rule	-	•	Achastas	Stage WQP 2 DBPR
	LITIONI CVCTEN	1	4	•	NI CVCTENA		atus ^	Y	Nuie	rier	ASDESIUS	WQF 2 DBFK
00000 DISTRIB	UTION SYSTEM		DOWNSTREAM	DISTRIBUTIO			A ^	ĭ				
			UPSTREAM	WITHIN 5 SEI			A A					
00700 ENTRY F	POINT		3	ENTRY POINT								
					1		A ^					
23024 WELL #4			2	WELL #4		-	A					
62149 CALCITE												
62150 WATER	SOFTENER				. •							
				ntact Infor	mation							
Name				rganization							Job Title	
Mr. James Martell				ox Hopyard Go	lf Club							
Mailing Address Lir	ne One		Mailing Addres	ss Line Two					City		State	Zip Code
1 Hopyard Road				1				Hadda			СТ	06423
Business Phone	Extension	Fax			mergency	Phone						
860-434-6644	306		860-	389-7090			jame	esmarte	ell00@g	gmail	.com	
Contact Role(s): A	dministrative	Contact										

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

				▲			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0410814	FOX HOPYARD GOLF CLUB - PRO SHOP WEL	L		NC	40	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
1 HOPYARD RO	AD	Connections		1			
_							

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 Departmen	nt of Public H	lealth	Dr	inking	Water	Secti	on	
Water Quality M				_			OII	
PWS ID PWS Name	officoring and	u Con	_				iuna Dr	imary Source
CT0419184 EAST HADDAM SENIOR CENTER			Clas	NC	25	I	ype Pi	GW
Local Address (where applicable)	Service	Posidon	+ial	Commerci		_	nbined	Agricultural
ROUTE 149 & GREAT HILLWOOD ROAD	Connections	Residen	tiai	1	ai iiiuustiii	ai Coii	ibilieu	Agricultural
Towns Served: EAST HADDAM	00111100110110			1				
	't' D	•						
Water System Facility: DISTRIBUTION SYSTEM (onitoring Requ	iireme	nts					
, , , , , , , , , , , , , , , , , , , ,	W3F ID. 00000)				1	routing	\/DT\ #	or augrtor
Total Coliform (3100) Sampling Point (Sampling Point ID)		Monitori	ina D	oriod C	د ollection Pe			per quarter
Select from Inventory of Active Sampling Points		4/1/25 -			onection Per	nou (mplete
Select from inventory of Active Sampling Points								mplete
		- 7/1/25 - 10/1/25					COI	пріесе
	-	- 1/1/26 - 1/1/26						
		4/1/26 -		-				
Physical Parameters (PPS)		4/1/20-	0/30	3/20	1	routing	\/DT\ #	or guartar
Sampling Point (Sampling Point ID)		Monitori	ina D	eriod C	د ollection Pe			per quarter
Select from Inventory of Active Sampling Points		4/1/25 -			onection rei	nou (mplete
Scient from inventory of Active Sumpling Forms		7/1/25 -		-				mplete
		10/1/25 -					COI	Прісте
	<u> </u>	1/1/26 -						
		4/1/26 -						
Water System Facility: ENTRY POINT (WSF ID: 0	0700)	1, 1, 20	0,00	<i>5,</i> 20				
Nitrate And Nitrite (NOX)	<i></i>					1 rout	tino (D	T) per year
Sampling Point (Sampling Point ID)		Monitori	ina P	eriod C	ollection Pe		_	ance Status
ENTRY POINT (3)		1/1/24 -						mplete
2(0)		1/1/25 -						mplete
		1/1/26 -		•				
Monthly Water System		· ·	<u> </u>	<u>, </u>	Require	ments		
Water System Facility: ENTRY POINT (WSFID: 00	700)							
Analyte Monitoring Requirement (Summary Type)	Ope	ratin	g Limit		Sam	ples Re	q/Month
pH Entry Point pH Monitoring		-		n: 7.0 PH			. 4	
Start Date: 4/1/2008		nce Histo	ory:	On	erating Limi	t M	lonitori	ing
	Monitor	ing Perio	d		mpliance St			nce Status:
	7/1/2025	5 - 7/31/2	2025					
	8/1/2025	5 - 8/31/2	2025					
	9/1/2025	5 - 9/30/2	2025					
	10/1/202	25 - 10/3	1/202	25				
	11/1/202	25 - 11/30	0/202	25				
Public	Notification R	equire	eme	ents				
Minimizer (Cityantina	Compliance	Notice			<u>otification</u>	_		<u>ification</u>
Violation/Situation Total Coliform MCL Violation	Period 7/1/11 - 9/30/11	Tier 2		Required 9/15/2011	Performe		<i>o DPH</i> /2011	Received
						9/23/	2011	
Water System	Facility and Sar	npling	10	int Inve				
Water System Fasility Sampling	Doint Committee D	-4			otal Lead			· ·
System Water System Facility Sampling Facility ID ID	Point Sampling Point Description	π			iform Cop _l Jule Rule		petne	Stage WQP 2 DBPR
racincy to				Status K	uie nuie	TIEL MAN		

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419184	EAST HADDAM SENIOR CENTER				NC	25	L	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 149 &	AMP: GREAT HILLWOOD ROAD	Connections			1			

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
51509	WELL 1	2	WELL 1	Α								
51514	TREATMENT PLANT											

			(ormation					
Name				Organization	1			Job Title	
Mr. James Ventres		Town of East	Town of East Haddam			dministrat			
Mailing Address Line One Mailing Addre			dress Line Two	ress Line Two			State	Zip Code	
P. O. Box K		•	7 Main Str	eet		East Haddam		06423	
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
860-873-5031		860-873-5	042		860-873-5031	admin.la	admin.landuse@easthaddam.org		

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.
- B. 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

		4- 11: -		_						
	Connecticut Department				•	_			ection	
	Water Quality Mon	nitoring an	d Con	npl	iance	e Schedule				
PWS ID	PWS Name		Classi			Pop	pulation	Ow	ner Type Pri	imary Source
СТ0419203	MIDDLESEX HOSPITAL MEDICAL FACILITY	Y			NC		31		Р	GW
Local Address (where applicable)	Service	Residential Co		Commerc	ial	Industria	strial	Combined	Agricultural
27 WILLIAM F.	PALMER ROAD	Connections			1					
Towns Served:	EAST HADDAM									
	Moi	nitoring Requ	ıireme	nts						
Water System	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Total Colifor	m (3100)							1 rc	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ction Per	riod	Complia	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/3	1/25				Cor	mplete
			8/1/25 -	- 8/3	1/25				Cor	mplete
			9/1/25 -							mplete
		10/1/25 -							mplete	
			11/1/25 -		-				Cor	mplete
			12/1/25 -							
			1/1/26 -							
			2/1/26 -							
			3/1/26 -							
			4/1/26 -							
			5/1/26 - 6/1/26 -							
Total Colifor	m (2100)		6/1/26 -	- 6/30	J/26			2 r	onest (BD)	per period
	Point (Sampling Point ID)		Monitori	ina P	eriod (Calle	ction Per		•	ince Status
	m Inventory of Active Sampling Points		6/13/25			COIIC	ction rei	iou		nplete
	ameters (PPS)		0, 10, 25	0, 1	.5, 25			1 rc		per month
<u> </u>	Point (Sampling Point ID)		Monitori	ina P	eriod (Colle	ction Pei			nce Status
	m Inventory of Active Sampling Points		7/1/25 -							mplete
	, , ,		8/1/25 -							nplete
			9/1/25 -							nplete
			 10/1/25 -							nplete
			11/1/25 -							nplete
			12/1/25 -							
			1/1/26 -	- 1/3	1/26					
			2/1/26 -	- 2/2	8/26					
			3/1/26 -	3/3	1/26					
			4/1/26 -	4/30	0/26					
			5/1/26 -	- 5/3	1/26					
			6/1/26 -	- 6/30	0/26					
Water System	Facility: ENTRY POINT (WSF ID: 007	00)								
	Nitrite (NOX)							1	=	T) per year
	Point (Sampling Point ID)		Monitori			Colle	ction Per	riod	Complia	ance Status
ENTRY PO	INT (3)		1/1/24 -							
			1/1/25 -	12/3	1/25				Cor	mplete

1/1/26 - 12/31/26

Water System Facility: WELL 1 (WSF ID: 55874)

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name CT0419203 MIDDLESEX HOSPITAL MEDICAL FACILITY NC 31 P GW Local Address (where applicable) Service CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT A Marria Marr
PWS ID PWS Name Classification Population Owner Type Primary CT0419203 MIDDLESEX HOSPITAL MEDICAL FACILITY NC 31 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agric 27 WILLIAM F. PALMER ROAD Connections 1 Towns Served: EAST HADDAM Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) 1 triggered (TG) per p Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance St WELL 1 (2) 6/12/25 - 6/18/25 Complete Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2024 CROSS CONNECTION SURVEY REPORT 3/1/2025
CT0419203 MIDDLESEX HOSPITAL MEDICAL FACILITY Local Address (where applicable) 27 WILLIAM F. PALMER ROAD Connections Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) Service Connections Monitoring Requirements Well 1 (2) Monitoring Period Collection Period Compliance Standard Compliance Schedules Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT Agrical Combined Agrical Commercial Industrial Combined Agrical Compliance Industrial Combined Agrical Combined Agrical Compliance Industrial Combined Agrical Compliance Industrial Combined Agrical Combined Industrial Combined Agrical Combined Industrial Combined Agrical Combined Industrial Co
Local Address (where applicable) 27 WILLIAM F. PALMER ROAD Towns Served: EAST HADDAM Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) Sampling Point (Sampling Point ID) WELL 1 (2) Other Compliance Schedules Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2024 CROSS CONNECTION SURVEY REPORT 3/1/2025
27 WILLIAM F. PALMER ROAD Towns Served: EAST HADDAM Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Schedules Other Compliance Schedules CROSS CONNECTION SURVEY REPORT CONNECTION SURVEY REPORT 3/1/2025
Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) Sampling Point (Sampling Point ID) WELL 1 (2) Other Compliance Schedules Compliance Schedule Activity CROSS CONNECTION SURVEY REPORT Compliance Schedule Activity Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2025
Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) Sampling Point (Sampling Point ID) WELL 1 (2) Other Compliance Schedules Compliance Schedule Activity CROSS CONNECTION SURVEY REPORT Monitoring Period Collection Period Compliance Schedules Achieved Date Achieved Date 3/1/2024 CROSS CONNECTION SURVEY REPORT 3/1/2025
Water System Facility: WELL 1 (WSF ID: 55874) E. Coli (3014) Sampling Point (Sampling Point ID) WELL 1 (2) Other Compliance Schedules Compliance Schedule Activity CROSS CONNECTION SURVEY REPORT Control of the compliance Schedule Activity Survey REPORT CROSS CONNECTION SURVEY REPORT 3/1/2025
E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Schedules Other Compliance Schedules Compliance Schedule Activity CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT 3/1/2025 1 triggered (TG) per p Compliance Schedule Activity Compliance Schedules Achieved Date 3/1/2025
Sampling Point (Sampling Point ID) WELL 1 (2) Other Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT Achieved Date 3/1/2025
WELL 1 (2) 6/12/25 - 6/18/25 Complete Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2024 CROSS CONNECTION SURVEY REPORT 3/1/2025
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 CROSS CONNECTION SURVEY REPORT 3/1/2024 3/1/2025
CROSS CONNECTION SURVEY REPORT 3/1/2025
1.2 ASSESSMENT (MILITIPLE TC+ 2ND IN 12M) 7/1/2025
LE ADDIDUITIN (INIDETIFIE TOT, ZIND IN 121VI)
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) 7/18/2025
CROSS CONNECTION SURVEY REPORT 3/1/2026
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper
Facility ID Description Status Rule Rule Tier Asbestos WQP 2
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
55874 WELL 1 2 WELL 1 A
55878 TREATMENT PLANT
Certified Operator Information
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)
(1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5.
Facility Classification: SMALL WATER SYSTEM Certific
Facility Classification: SMALL WATER SYSTEM Certification:
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) Expir
Facility Classification: SMALL WATER SYSTEM Certification(s) Certification(s) Expir JACKSON IV, SHELBY P CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III 6/30,
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) JACKSON IV, SHELBY P CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS IV 12/31
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) JACKSON IV, SHELBY P CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS IV 12/31 Contact Information
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) JACKSON IV, SHELBY P CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS IV 12/31 Contact Information Name Organization Job Title
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) JACKSON IV, SHELBY P CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III 6/30, WATER TREATMENT PLANT OPERATOR - CLASS IV 12/31 Contact Information Name Organization Job Title Mr. Kevin McGinty Middlesex Health Director, Care Envir
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) JACKSON IV, SHELBY P CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III 6/30, WATER TREATMENT PLANT OPERATOR - CLASS IV 12/31 Contact Information Name Organization Director, Care Envir Mailing Address Line One Mailing Address Line Two Certification(s) Expir Contaction Operator Type Certification(s) Expir Operator Name Operator Type Operator Operator - CLASS III 6/30, WATER TREATMENT PLANT OPERATOR - CLASS IV 12/31 Contact Information Organization Operator Value Operator V

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

		0 0					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0419203	MIDDLESEX HOSPITAL MEDICAL FACILITY	NC	31	Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
27 WILLIAM F. PALMER ROAD		Connections		1			
Towns Served: E	EAST HADDAM					·	·

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

Schedule Generation Date: 12/12/2025 Page 54

(Connectic	ut Departme	ent of	f Public	Health	Dri	inkin	g W	ater	Se	ction		
	Wa	ter Quality M	lonit	oring a	nd Con	npli	ance	Sch	edule	e			
PWS ID F	WS Name	<u> </u>		0 :							er Type F	rimary S	Source
CT0419214 3	74 TOWN STRE	ET					NC		25		P	GW	
Local Address (wh	ere applicable)			Service	Residen	tial C	Commerc	cial In	ndustria	1 (Combined	Agric	ultural
374 TOWN STREE				Connectio	ns		1						
Towns Served: EA													
		N	/lonit	oring Re	quireme	ntc							
Water System F	acility: DISTR	RIBUTION SYSTEM			quireine	1113							
Total Coliform	(3100)								1	rou	tine (RT)	per qu	arter
Sampling Po	int (Sampling P	Point ID)			Monitori	ng Pe	riod	Collect	ion Peri	iod	Compl	iance St	atus
Select from I	nventory of Act	ive Sampling Points			4/1/25 -	6/30/	/25				Co	omplete	
					7/1/25 -	9/30/	/25				Co	omplete	
					10/1/25 -	12/31	1/25				Co	omplete	
					1/1/26 -	3/31/	/26						
					4/1/26 -	6/30/	/26						
Physical Param	eters (PPS)								1	rou	tine (RT)	per qu	arter
Sampling Po	int (Sampling P	Point ID)			Monitori	ng Pe	riod	Collect	ion Peri	iod	Compl	iance St	atus
Select from I	nventory of Act	ive Sampling Points			4/1/25 -	6/30/	/25				Co	omplete	
					7/1/25 -	9/30/	/25				Co	omplete	
					10/1/25 -	12/33	1/25				Co	omplete	
					1/1/26 -	3/31/	/26					<u> </u>	
					4/1/26 -								
Water System F	acility: ENTR	Y POINT (WSF ID:	00700)										
Nitrate And Nit	•	•								1 r	outine (RT) per	vear
	int (Sampling P	Point ID)			Monitori	na Pe	riod	Collect	ion Peri		_	iance St	-
ENTRY POIN		,			1/1/24 -					_		omplete	
	. ,				1/1/25 -							omplete	
					1/1/26 -	-	•						
		Water System	Eacil	ity and S				onto	Y\/				
		Water System	racii	ity aliu 3	ampinig	PUII							
Water	Custom Fasilitu	. Camanlia	a Daint	Camanlina	Daint			Total	Lead a				C4
System Water Facility ID	System Facility	sampiin Il		Sampling I Description		_		oliform Rule	Copp		Asbestos		Stage 2 DRDD
00501 WELL #	41			WELL #1	•	51	lutus	Nuie	Nuie i	iei	ASDESIUS	VVQF 2	. DDF N
					IONI CVCTENA		Α						
00600 DISTRII	BUTION SYSTEM				ION SYSTEM		A						
					SERVICE CON		A						
00700 5117511	DOINT	UPSTF			SERVICE CON	N	A						
00700 ENTRY		3	5	ENTRY POI	IN I		Α						
59526 TREATI	MENT PLANT												
			Con	itact Info	rmation								
Name			0	rganization							Job Title		
Mr. Mark Theide			T۱	wo Wrasslin'	Cats Accord	ł		Ow	ner				
Mailing Address L	ne One	Mailing	Addres	s Line Two				Ci	ty		State	Zip Co	ode
374 Town Street							East F	Haddan	า		СТ	0642	23
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phon	e Email	Addres	SS		1		
860-326-4843									cats@gr	mail.	com		

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

Schedule Generation Date: 12/12/2025 Page 55

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

		_						
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0419214	374 TOWN STREET				NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
374 TOWN STRE	ET		Connections		1			
					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

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

Page 56

	Conno	ecticut Department o	of Dublic F	Joalth	D	rinkir	nα V	Mator	So	ction	
	Comine									Ction	
		Water Quality Moni	toring an	a Con	_						
PWS ID	PWS Nam				Clas		n Po	-	Owr		rimary Source
CT0419223		M ADULT DAY SERVICES, INC.		5		NC		40		Р	GW
Local Address (v		icable)	Service Connections		itial	Comme	rcial	Industri	al	Combined	Agricultural
542 TOWN STRE			Connections	2		1					
Towns Served: I	EAST HADD				_		_		_		
		Monit	toring Requ	uireme	nts	.					
Water System	Facility:	DISTRIBUTION SYSTEM (WSF	ID: 00600)								
Total Coliforn	n (3100)							1	l rou	itine (RT)	per quarter
Sampling I	Point (Sam	pling Point ID)		Monitori	ing P	Period	Coll	ection Pe	riod	Compl	iance Status
Select fron	n Inventory	of Active Sampling Points		4/1/25 -	- 6/30	0/25				Co	omplete
				7/1/25 -	- 9/30	0/25				Co	omplete
				10/1/25 -	- 12/3	31/25					
				1/1/26 -	- 3/3:	1/26					
				4/1/26 -	- 6/30	0/26					
Physical Para	•	•						1	rou	tine (RT)	per quarter
Sampling I	Point (Sam	pling Point ID)		Monitori	ing P	Period	Coll	lection Pe	riod	Compl	iance Status
Select from	n Inventory	of Active Sampling Points		4/1/25 -	- 6/30	0/25				Co	omplete
				7/1/25 -	- 9/30	0/25				Co	omplete
				10/1/25 -	- 12/3	31/25					
				1/1/26 -	- 3/3:	1/26					
				4/1/26 -	- 6/30	0/26					
Water System	Facility:	ENTRY POINT (WSF ID: 00700)								
Nitrate And N	Nitrite (NO	OX)							1	routine (I	RT) per year
Sampling I	Point (Sam	pling Point ID)		Monitori	ing P	Period	Coll	lection Pe	riod	Compl	iance Status
ENTRY POI	INT (3)			1/1/24 -	12/3	31/24				Co	omplete
				1/1/25 -	12/3	31/25				Co	omplete
				1/1/26 -	12/3	31/26					
	Moi	nthly Water System Faci	ility (WSF)	Level N	Mor	nitorin	g R	equire	mei	nts	
Water System	Facility: 1	ENTRY POINT (WSFID: 00700)									
Analyte		Monitoring Requirement (Sumn	nary Type)	Оре	ratin	ng Limit				Samples R	eq/Month
рН		<spaces> ()</spaces>		Max	imur	m: 7.8 P	Н				4
Start Date:	1/1/2022		Complia	ance Histo	ory:		Oper	ating Limi	it	Monito	ring
			Monito	ing Perio	d			oliance St			ance Status:
			7/1/202	5 - 7/31/2	2025	,					
			8/1/202	5 - 8/31/2	2025	i					
			9/1/202	5 - 9/30/2	2025						
			10/1/20	25 - 10/3:	1/20	25					
				25 - 11/30							
Analyte		Monitoring Requirement (Sumn	nary Type)	Ope	ratin	ng Limit				Samples R	eq/Month
pH		Entry Point pH Monitoring (PHR		-		n: 7.2 Pl	+			-	4
Start Date:	1/1/2022	, , ,	•	ance Histo				ating Limi	it	Monito	ring
	·			ing Perio	_			pliance St			ance Status:
				5 - 7/31/2						<u> </u>	
				5 - 8/31/2							
				5 - 9/30/2							
				25 - 10/3							

		Conne	ecticut Dep	artmer	nt of	Public F	lealth	n Dr	inkin	ıg W	ater	Se	ection	
			Water Qu	ality Mo	onit	oring an	d Con	npl	iance	Sch	edul	e		
PWS ID		PWS Nam						-					ner Type	Primary Sourc
CT04192	23	CHESTELM	ADULT DAY SEF	RVICES, INC.					NC		40		Р	GW
Local Add	dress (v	vhere appli	cable)			Service	Resider	ntial	Commer	cial I	ndustri	al	Combine	d Agricultura
542 TOW	/N STRE	ET				Connections	2		1					
Towns Se	erved: E	AST HADD	AM							·		·		
Water S	ystem	Facility: I	ENTRY POINT (WSFID: 00	700)									
Analy	/te		Monitoring Red	quirement (S	Summa	ary Type)	Ope	ratin	g Limit				Samples	Req/Month
рН			Entry Point pH I	Monitoring	(PHRD)	Min	imun	n: 7.2 PH					4
Start	Date:	1/1/2022				Complia	ance Hist	ory:	C	perati	ng Limi	it	Monito	oring
						Monitor	ring Perio	d	C	omplia	ance St	atus	: Compl	iance Status:
						11/1/20	25 - 11/3	0/202	25					
				Oth	er C	ompliance	Sched	dule	es es					
Complia	nce Sch	edule Activ	vity					Due l	Date		Achie	ved	Date	
CROSS C	ONNEC	TION SURV	EY REPORT					3/1/2	2029					
				Public	Not	ification F	Require	eme	ents					
					С	ompliance	Notice	2	<u>Public</u>	Notific	ation		PN Ce	<u>rtification</u>
Violation	/Situa	tion				Period	Tier		Required	l Pe	rforme	d E	Due to DP	H Received
Lead and	Coppe	r TT Violati	ion		7/1	/19 - 3/2/20	2	9	9/12/201	9		9	9/22/2019)
			Water	System I	Facili	ity and Sai	mpling	Po	int Inv	ento	ry			
Water										Total	Lead	and		
System		er System F	acility		Point	Sampling Poi	nt		Co	oliform				Stage
Facility I				ID		Description			Status	Rule	Rule	Tier	Asbesto	s WQP 2 DBP
00600	DIST	RIBUTION S	SYSTEM	4		DISTRIBUTIO		1	Α					
				CADS		KITCHEN SINK			Α	Υ	N		Y	
				CADS		EMPLOYEE BA	ATH		Α	Y	N			
				CADS	_	MED ROOM			Α	Υ	N			
				CADS		HANDICAP BA			A	Y	N			
				CADS		CLIENT BATH			A	Υ	N	l		
						WITHIN 5 SEF			A					
00700	CNITO	V DOINT		UPSTRE	AIVI	WITHIN 5 SEF		N	Α					
00700		Y POINT		3		ENTRY POINT			Α					
59897	WELL		A N.T.	2		WELL 1			Α					
62221	IKEA	TMENT PLA	4IN I		C • •	•		- •						
						Operator	Intorm	nati	on					
Water S	ystem	Facility:	TREATMENT PI	LANT (WSF	ID: 6	2221)								
Facility C	lassific	ation: CLA	SS 1 TREATMENT	PLANT										Certification
Operato	r Name			Operate	or Typ	e C	ertificatio	on(s)						Expiration
ROWLEY	, BRENI	DAN		CHIEF OP	ERATO		STRIBUTI							12/31/2025
						W	ATER TRE	EATM	IENT PLA	NT OPI	ERATOF	R - Cl	ASS II	12/31/2025
					Con	tact Infor	mation	1						
						tact iiiioii								
Name						ganization							Job Title	

Mailing Address Line Two

Mobile Phone

P.O. Box 719

Fax

860-873-2307

Schedule Generation Date: 12/12/2025

Extension

DLIN

Mailing Address Line One

534 Town Street

Business Phone

860-873-6500

Zip Code

06469

State

 CT

City

mepright@chestelm.com

Moodus

Emergency Phone Email Address

860-873-6500

(Connecticu	•					_			L
	wat	er Qua	lity Mon	itoring a	na Con	npli	iance S	scheaul	le	
PWS ID P	WS Name					Clas	sification	Population	Owner Type	Primary Source
CT0419223 C	HESTELM ADULT	DAY SERV	ICES, INC.				NC	40	Р	GW
Local Address (wh	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural
542 TOWN STREET	-			Connection	ns 2		1			
Towns Served: EAS	ST HADDAM			1	'					1
Contact Role(s):	Administrative C	ontact, Leg	al Contact							
Name				Organization					Job Titl	e
Mr. Brinton Eprigl	nt									
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
PO Box 548							Higgan	um	СТ	06441
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Pho	ne Email A	ddress		
860-873-1455										
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

	Connectic						•	_			ction	
		ter Qua	lity Moni	itoring a	na Con	-						
PWS ID	PWS Name							-		Owr		rimary Sou
CT0419224	GOODSPEED REA	ALTY LLC					NC		25		Р	GW
	where applicable)			Service Connection	Resider	ntial C	ommerc	ial lı	ndustri	al	Combined	Agricultu
25 FALLS ROAD				Connection	ns		1					
Towns Served:	EAST HADDAM							_				
Motor Custons	Facility DICTO	UDUTION C		toring Re	quireme	ents						
-	Facility: DISTR	IBUTION 5	TOTEINI (WSF	וט: טטטטטן							··· (DT)	
Total Coliforn	•	nint (D)			0.4	ina Da		S-11				per quart
	Point (Sampling P		r Doints		<i>Monitor</i> 4/1/25			oneci	tion Pe	rioa		iance Statu
Select Iron	n Inventory of Act	ive Sampling	g Points									mplete
					7/1/25							mplete
					10/1/25 1/1/26	-	-				CC	mplete
					4/1/26							
Physical Para	meters (PPS)								1	l rou	tine (RT)	per quart
Sampling	Point (Sampling P	oint ID)			Monitor	ing Per	riod C	Collect	tion Pe	riod	Compl	iance Statu
Select from	n Inventory of Act	ive Sampling	g Points		4/1/25	- 6/30/	25				Co	mplete
					7/1/25	- 9/30/	25				Co	mplete
					10/1/25	- 12/31	L/25				Co	mplete
					1/1/26	- 3/31/	26					
					4/1/26	- 6/30/	26					
Water System	Facility: ENTR	Y POINT (V	VSF ID: 00700))								
Nitrate And N	Nitrite (NOX)									1	routine (I	RT) per ye
Sampling	Point (Sampling P	oint ID)			Monitor	ing Per	riod _ C	Collect	tion Pe	riod	Compl	iance Statu
ENTRY PO	INT (3)				1/1/24 -	12/31,	/24				Co	mplete
					1/1/25 -	12/31,	/25				Co	mplete
					1/1/26 -	12/31,	/26					
			Other	Complian	ce Sche	dules	;					
Compliance Sch	nedule Activity					Due Do	ate		Achie	ved l	Date	
CROSS CONNEC	CTION SURVEY REP	ORT				3/1/20)26					
		Water S	ystem Faci	ility and S	ampling	Poir	nt Inve	ento	ry			
Water							T	otal	Lead	and		
-	er System Facility		Sampling Poin					liform				Sta
Facility ID			ID	Description		St	utus	Rule	Rule	Tier	Asbestos	WQP 2 DI
00600 DIST	RIBUTION SYSTEM	1	4	DISTRIBUTI			Α	Υ				
			DOWNSTREAM				Α	Υ				
00705	DV DOINT		UPSTREAM		ION UPSTRE	:A	A	Υ				
	RY POINT		3	ENTRY POI	N I		A					
60536 WEL	L		2	WELL			A					
N.				ntact Info	rmation	1					1.1.20	
Name				Organization							Job Title	
Ms. Robin B Go			_	Goodspeed Re	eaity LLC						G	7. 0 :
Mailing Address	s Line One		Mailing Addre	ess Line Two			F		ity		State	Zip Code
P. O. Box 285		-		Lil- Di	F	. D!	East H				СТ	06423
Business Pho		Fax	Mo	bile Phone	Emergence	-				1		
860-608-524	ŀδ				860-608	-3854	rgoods	speed	1@gma	all.co	m	

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

PWS ID	PWS Name			Classifi	ication Po	opulation	Owner Type	Primary Source
CT0419224	GOODSPEED REALTY LLC			N	IC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Co	mmercial	Industria	al Combine	ed Agricultural
25 FALLS ROAD		Connections			1			

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

Schedule Generation Date: 12/12/2025 Page 61

	Con	necticut Dep	artment of	F Dublic F	laalth	Dr	inki	ng M	/ata	r Sa	ction			
	COII		ality Monit					_			Cuon			
PWS ID	PWS N		arrey Monne	or mg am		_				_	ner Type	Prim	arv Soi	urce
CT041923		LLIAM F. PALMER RD				Ciass	NC	-	30		P		GW	
	ress (where a			Service	Resident	tial (Comm		Industi	rial	Combine	d A	gricult	ural
2000171001	Tess (Where a	ppricable)		Connections	resident	ciai (Croidi I		iui	1	u / .	Bricare	ur ur
Towns Ser	rved: EAST HA	ADDAM												
			Monit	oring Requ	ıiremei	nts								
Water Sy	stem Facility	: DISTRIBUTION	SYSTEM (WSF I	D: 00600)										
Total Co	liform (310	0)								1 rou	itine (RT) pei	quar	ter
Sam	pling Point (S	ampling Point ID)			Monitorin	ng Pe	riod	Collec	tion P	eriod	Comp	oliano	e Stati	us
Selec	ct from Invent	ory of Active Samplin	g Points		4/1/25 -	6/30	/25				(Comp	lete	
					7/1/25 -	9/30	/25				(Comp	lete	
					10/1/25 -	12/3	1/25				(Comp	lete	
					1/1/26 -	3/31	/26							
					4/1/26 -									
Physical	Parameters	(PPS)								1 rou	itine (RT) pei	quar	ter
-		ampling Point ID)			Monitorin	ng Pe	riod	Collec	tion P		-		e Stati	
Selec	ct from Invent	ory of Active Samplin	g Points		4/1/25 -	6/30	/25				(Comp	lete	
					7/1/25 -	9/30	/25				(Comp	lete	
					10/1/25 -	12/3	1/25				(Comp	lete	
					1/1/26 -	3/31	/26							
					4/1/26 -									
Water Sy	stem Facility	y: ENTRY POINT (WSF ID: 00700)											
Nitrate A	And Nitrite	(NOX)								1	routine	(RT)	per ye	ear
		ampling Point ID)			Monitorin	ng Pe	riod	Collec	tion P				e Stati	
ENTR	RY POINT (3)				1/1/24 - 1	12/31	L/24					Comp	lete	
					1/1/25 - 1	12/31	L/25				(Comp	lete	
					1/1/26 - 1	12/31	L/26					•		
			Other C	ompliance	Sched	ule	S							
Complian	ce Schedule A	Activity			E	Due D	ate		Achi	eved	Date			
CROSS CO	NNECTION EX	KEMPTION			3	3/1/2	030							
		Water 9	System Facili	ity and Sar	mpling	Poi	nt In	vento	ory					
Water								Total	Lead	d and				
System	Water Syste	m Facility	Sampling Point		nt			Coliform		oper				age
Facility ID)		ID	Description		S	tatus	Rule	Rule	e Tier	Asbesto	s W	QP 2 D	BPR
00600	DISTRIBUTIO	ON SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ						
			40WFP01	40A KITCHEN			Α	Υ		N	Υ			
			40WFP02	40A BATHROO	MC		Α	Υ		N				
			40WFP03	40A UTILITY			Α	Υ		N				
			40WFP04	40B KITCHEN			Α	Υ		N				
			40WFP05	40B BATHROO	MC		Α	Υ		N				
			DOWNSTREAM	WITHIN 5 SER	VICE CON	l	Α	Υ						
			UPSTREAM	WITHIN 5 SER	VICE CON	l	Α	Υ						
00700	ENTRY POIN	Т	3	ENTRY POINT			Α							

WELL 1

2

60714 WELL 1

Schedule Generation Date: 12/12/2025 Page 62

Α

	Water Quality Moni	toring an	d Con	npi	iance S	schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0419234	40 WILLIAM F. PALMER RD				NC	30	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections					1	

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HADDAM

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Bruce M. Dutch	1								
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code
40B William F. Palm	er Road		P.O. Bo	ox 464		Moodus		СТ	06469
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Pho								
860-873-3876		860-873-3	3678 860-807-5721 bruce@				lutchoil.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

C	onnectic	ut Depa	rtmen	t o	f Public	Health	Dı	rinkin	ıg W	/ater	Se	ction	
	Wa	ter Qua	lity Mo	nit	oring a	nd Con	nnl	liance	Sch	edul	e		
PWS ID PV	/S Name	COT QUICE	1109 1 10		0011118	1101 0011	_					er Type F	Primary Source
	AEHLY FARMS	S CIDER BARN					0.0.	NC		29		Р	GW
Local Address (whe					Service	Residen	itial	Commer	cial	Industri	al	Combined	_
23 PETTICOAT LANI					Connection							2	- Greenen
Towns Served: EAS													
			Mo	nit	oring Re	guireme	nts						
Water System Fac	cility: DISTR	RIBUTION (4							
Total Coliform (3100)									1	. rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)				Monitori	ing P	Period	Collec	tion Pe	riod	Comp	iance Status
Select from In	entory of Act	ive Sampling	Points			4/1/25 -	- 6/3	0/25				C	omplete
						7/1/25 -	9/3	0/25				C	omplete
						10/1/25 -	- 12/	31/25					
						1/1/26 -	- 3/3	1/26					
						4/1/26 -	- 6/3	0/26					
Physical Parame	ters (PPS)									1	. rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)				Monitori	ing P	Period	Collec	tion Pe	riod	Comp	iance Status
Select from In	entory of Act	ive Sampling	Points			4/1/25 -	- 6/3	0/25				C	omplete
						7/1/25 -	9/3	0/25				C	omplete
						10/1/25 -	- 12/	31/25					
			1/1/26 - 3/31/26										
						4/1/26 -	- 6/3	0/26					
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 00	700)									
Nitrate And Nitr	te (NOX)										1	routine (RT) per year
Sampling Poin		Point ID)				Monitori	ing P	Period	Collec	tion Pe		-	iance Status
ENTRY POINT	(3)	·				1/1/24 -							omplete
	<u> </u>					1/1/25 -							omplete
						1/1/26 -	12/3	31/26					•
		Water Sy	ystem F	acil	ity and S				ento	ory			
Water		•			•				Total	Lead	and		
	ystem Facility		Sampling F	Point	Sampling F	Point			oliforn				Stage
Facility ID			ID		Description	1		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION		4		DISTRIBUTI	ON		Α	Υ				
			DOWNSTR	EAM	WITHIN 5 S	SERVICE CON	V	Α	Υ				
			UPSTRE/	MA	WITHIN 5 S	SERVICE CON	V	Α	Υ				
00700 ENTRY P	OINT		3		ENTRY POI	NT		Α					
61535 WELL 1			2		WELL 1			Α					
61539 ATMOSF	HERIC STORA	GE											
				Con	tact Info	rmation	1						
Name Organization												Job Title	
Mr. Christopher St	aehly				aehly Farms	Cider Barn			O	wner			
-				Mailing Address Line Two									Zip Code
278 Town Street			1 11811					East I	Hadda			CT	06423
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency	/ Pho						
860-873-9774		· ux			2		,			itt.net			
222 373 3774								Stacil	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Page 64

Schedule Generation Date: 12/12/2025

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

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0419244	STAEHLY FARMS CIDER BARN			NC	29	Р	GW
Local Address (Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
23 PETTICOAT LANE		Connections				2	
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·

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 Depa Water Qua							ection		
5146.15		inty Mon	toring a	iiiu Coii	1					
PWS ID	PWS Name								rimary Source	
CT0419254	JOHNSONVILLE CHAPEL				NC		96	Р	GW	
Local Address (where applicable)		Service	Resident			ndustrial	Combined	Agricultural	
			Connectio	IIS	1	L				
Towns Served:	EAST HADDAM									
Water System	Facility: DISTRIBUTION S			quireme	nts					
Total Coliforn		1312111 (1131					1 ro	utino (PT)	per quarter	
	Point (Sampling Point ID)			Monitorii	na Period	Collec			•	
	n Inventory of Active Sampling	Points		4/1/25 -	_	Collection Period Compliance State Complete				
Select II of	in inventory of Active Sampling	3 1 011113		7/1/25 -					omplete	
				10/1/25 -					omplete	
				1/1/26 -				C	mpiete	
Dharainal Dana				4/1/26 -	0/30/20		4	(DT)		
-	meters (PPS) Point (Sampling Point ID)			Monitori	na Dariad	Callac	roı tion Period		per quarter	
	, , ,	r Doints		Monitorii		Collect	lion Periou			
Select from	n Inventory of Active Sampling	3 POITIS		4/1/25 -	-				omplete	
				7/1/25 -					omplete	
				10/1/25 -				C	omplete	
				1/1/26 -						
-				4/1/26 -	6/30/26					
Water System	Facility: ENTRY POINT (\	WSF ID: 00700)								
Nitrate And N							1	-	RT) per year	
	Point (Sampling Point ID)			Monitorii		Collect	tion Period		iance Status	
ENTRY PO	INT (3)			1/1/25 - 1				Co	omplete	
				1/1/26 - 1	12/31/26					
	Water S	ystem Facil	lity and S	Sampling	Point Ir		•			
Water	er System Facility	Sampling Point	· Camplina I	Doint		Total	Lead and		Ctago	
System Wat Facility ID	er System Facility	ID	Description		<i>.</i> .	Coliform Rule		Ashestos	Stage WQP 2 DBPR	
	RIBUTION SYSTEM	4	•	ION SYSTEM	Status A	Y	naic rici	713003103	WQI ZDDIK	
00000 DIST	KIBUTION STSTEIVI	DOWNSTREAM				Y				
		UPSTREAM		SERVICE CON		Ϋ́				
00700 ENTI	RY POINT	3	ENTRY POI		A					
			WELL 1	INI						
63174 WEL	.L 1	2			A					
N.I. and a				ormation				tala Titla		
Name	N/aniaha		organization	2h a a - I				Job Title		
Mr. Epifanio E.			ohnsonville (Lnapel			· · · · · · · · · · · · · · · · · · ·	Ct. ·	7:- 0 1	
Mailing Address		Mailing Addres	ss Line Two				City	State	Zip Code	
42 Johnsonville			:I DI	-		odus		CT	06469	
Business Pho	ne Extension Fax	Mob	ile Phone	Emergency						
					jur	ımaniebo	@gmail.co	m>		

Schedule Generation Date: 12/12/2025

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

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

						_ <u> </u>			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0419254	JOHNSONVILLE CHAP	EL				NC	96	Р	GW
Local Address (where applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
				Connections		1			

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

Schedule Generation Date: 12/12/2025 Page 67