		ut Departmen					_		ction	
	Wat	ter Quality Mo	onit	oring a	ind Com	plian	ce Sch	edule		
PWS ID	PWS Name				(Classifica	ation Popu	lation Owr	ner Type P	rimary Source
CT0420412		GROUND - AREA G				NC		50	Р	GW
	ss (where applicable)			Service	Residentia	al Com	mercial Ir	ndustrial	Combined	Agricultural
71 MOTT HI				Connectio	ns 1					
Towns Serve	ed: EAST HAMPTON									
					quiremen	ts				
	,	IBUTION SYSTEM (V	VSF II	D: 00600)						
	orm (3100)									per quarter
	ng Point (Sampling Po				Monitoring		l Collect	ion Period		iance Status
Select f	from Inventory of Acti	ve Sampling Points			4/1/25 - 6					omplete
					7/1/25 - 9				Co	omplete
Dh	(DDC)				4/1/26 - 6	/30/26		4	(DT)	
•	arameters (PPS) ng Point (Sampling Po	oint ID)			Monitoring	a Dorina	l Collect	1 rou ion Period		per quarter iance Status
-	rom Inventory of Acti	•			4/1/25 - 6		Conect	ion Period		omplete
Jelett I	Tom inventory of ACL	ve Jamping Funts			7/1/25 - 9					omplete
					4/1/26 - 6					impiete
Water Syst	em Facility: FNTR\	POINT (WSF ID: 00	700)		1,1,20	730720				
•	d Nitrite (NOX)	1101111 (1101 10.00	700,					1	routine (RT) per year
	ng Point (Sampling Po	oint ID)			Monitoring	a Period	l Collect	ion Period	=	iance Status
	POINT (3)	· · · ·			1/1/24 - 12			1-9/30		omplete
	. ,				1/1/25 - 12		-	1-9/30		mplete
					1/1/26 - 12	2/31/26	4/	1-9/30		·
		Oth	er C	omplian	ce Schedu	ıles				
Compliance	Schedule Activity			-	Di	ue Date		Achieved	Date	
CROSS CONI	NECTION SURVEY REP	ORT			3/	1/2027				
		Water System F	acili	ity and S	ampling F	Point	Invento	ry		
Water		- "					Total	Lead and		
	Vater System Facility	Sampling ID	Point	Sampling I Description			Coliform		Ashastas	Stage WQP 2 DBPR
Facility ID	NCTDIDLITION CVCTCM			-		Statu		Kule Her	Aspestos	WQP 2 DBPK
00600 D	DISTRIBUTION SYSTEM				ION SYSTEM SERVICE CON	A	Y			
		E24	LAIVI	SITE E24	SERVICE CON	A A				
		UPSTRE.	ΔΙΛΙ		SERVICE CON	A				
00700 E	NTRY POINT	3	1141	ENTRY POI		A				
	VELL	2		WELL	141	A				
	TM STORAGE			**		- , ,				
	RESSURE STORAGE									
	OOSTER PUMP									
			Con	tact Info	rmation					
Name				ganization					Job Title	
Ms. Erin Mc	Kinnev			elsons Cg Sp	e LLC		Ma	nager	300 1100	
	ress Line One	Mailing A		Line Two	- == =			ity	State	Zip Code
71 Mott Hill						E	ast Hampto	•	СТ	06424
Business F 860-267-	Phone Extension	Fax	Mobi	le Phone	Emergency P 860-942-6	hone E	mail Addre			
					230 3 12 0			7- 0 0		

Connecticut Department of Public Health Drinking Water Section										
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT0420412	NELSONS CAMPG	ROUND - A	REA G				NC	50	Р	GW
Local Address (w	ocal Address (where applicable)				Residen	tial C	commercia	al Industri	al Combine	ed Agricultural
71 MOTT HILL ROAD				Connection	ns 1					
Towns Served: E.	AST HAMPTON									'
Contact Role(s):	Administrative C	ontact								
Name				Organization					Job Title	е
Mr. Evan Bernst	ein			Castle Park Investments Founder						
Mailing Address	Line One		Mailing Addre	ess Line Two				City		Zip Code
413 W. 14Th St		Suite 244				New Yo	ork	NY	10014	
Business Phone Extension Fax Mobile Phone Em			Emergency	/ Phon	e Email A	ddress	,			
860-267-5300										
Contact Role(s):	Legal Contact, O	wner	•	"						

Please note the following:

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

End of schedule

Cor	nnecticut Dej									ction	
	Water Qu	iality Monit	oring an	d Con	npl	ianc	e Scl	hedu	le		
PWS ID PWS	Name				Clas		on Po	pulation	Owr	ner Type F	Primary Source
	AST HIGH STREET					NC		37		Р	GW
Local Address (where			Service	Residen	itial	Comm	ercial	Industr	ial	Combined	l Agricultural
20 EAST HIGH STREET			Connections	1							
Towns Served: EAST H	IAMPTON				_						
Water System Facili	tu: DISTRIBUTION		oring Requ	ireme	nts						
Total Coliform (31)	•	SISILIVI (WSFI	D. 00000j						1	tino (PT)	per quarter
•	Sampling Point ID)			Monitori	ina D	erind	Colle	ection Pe			iance Status
	ntory of Active Sampl	ng Points		4/1/25 -			Cone	CLIOII FE	iiou		omplete
Select Holli lilver	itory of Active Sampi	ing i onits		7/1/25 -		-					omplete
				10/1/25 -							omplete
						1/26					ompiete
				4/1/26 -		-					
Physical Parameter											per quarter
Sampling Point (Sampling Point ID)			Monitori	ing P	eriod	Colle	ection Pe	eriod	Compl	iance Status
Select from Inver	ntory of Active Sampl	ing Points		4/1/25 -							omplete
				7/1/25 -							omplete
				10/1/25 -						Co	omplete
				1/1/26 -							
				4/1/26 -	- 6/3	0/26					
Water System Facili	ty: ENTRY POINT	(WSF ID: 00700)									
Nitrate And Nitrite	(NOX)								1	routine (RT) per year
	Sampling Point ID)			Monitori			Colle	ection Pe	eriod	Compl	iance Status
ENTRY POINT (3)				1/1/24 -						Co	omplete
				1/1/25 -						Co	omplete
				1/1/26 -	12/3	1/26					
	Monthly Water		ity (WSF) I	evel N	Nor	nitori	ng Re	equire	me	nts	
Water System Facili	ty: ENTRY POINT	(WSFID: 00700)									
Analyte	_	quirement (Summ				g Limit				Samples R	eq/Month
рН	, ,	Monitoring (PHRD	•			n: 7.0 F	PH				4
Start Date: 4/1/2	023		•	nce Histo	-		Opera	ting Lim	iit	Monito	_
			Monitor				Comp	liance St	tatus:	Compli	ance Status:
			7/1/202								
			8/1/202								
			9/1/202								
			10/1/202								
		Othor C	11/1/20								
Compuliare as Cala and I	Activity	Other C	ompliance					A = I= *	ou = -!	Desta	
CROSS CONNECTION E						Date 2030		Achie	evea	Dute	
CHOSS CONNECTION E		System Facili	ity and Sar				vent	ory			
Facility ID	eem Facility	Sampling Point ID	•	nt			Total Colifor Rule Y	Lead m Cop	-	Asbestos	Stage WQP 2 DBPR

	Water Quality	Monitoring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0420562	CT0420562 20 EAST HIGH STREET					37	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
20 FAST HIGH STREET		Connections	1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		EHBDRR	BUILD DEPT RESTROOM	Α	Υ	2	Υ		
		EHPDRR	POLICE DEPT RESTROOM	Α	Υ	2			
		EHTHK	TOWN HALL KITCHEN	Α	Υ	2	Υ		
		EHTHMR	TOWN HALL MENS ROOM	Α	Υ	2	Υ		
		EHTHWR	TOWN HALL WOMENS ROO	Α	Υ	2			
		TH1	ANNEX BATHROOM	Р	Υ				
		THBHS	TH BASEMENT HAND SK	Α	Υ	2			
		THBUS	TH BASEMENT UTIL SIN	Α	Υ	2			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
1012	EAST HAMPTON TOWN HALI TREATMENT STATION	-							
10203	WELL	2	WELL	Α					

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. William W. Rar	nd	Global Portland LLC			Owner/Manager				
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code
244 Middletown Av	enue					East Han	npton	СТ	06424
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-267-6623		860-267-8	8891		860-982-4720	Wayne@	randci.com		
Contact Dala(s).		Contact Los	al Cambact C						

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.
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End of schedule

	Connectic	ut Department o	of Public I	lealth	Drink	ing W	ater Se	ection	
	Wat	er Quality Mon	itoring an	d Com	iplian	ce Sch	edule		
PWS ID	PWS Name	-			Classificat	tion Pop	ulation Ow	ner Type F	Primary Source
CT0420064	BETHLEHEM LUT	HERAN CHURCH			NC		25	Р	GW
Local Address (where applicable)		Service	Resident	tial Comr	mercial	Industrial	Combined	d Agricultural
1 EAST HIGH ST	TREET		Connections			1			
Towns Served:	EAST HAMPTON								
			toring Requ	uireme	nts				
•	•	BUTION SYSTEM (WSF	ID: 00600)						
Total Colifor	• •								per quarter
	Point (Sampling Po			Monitorii		Collec	tion Period		liance Status
Select from	m Inventory of Activ	ve Sampling Points		4/1/25 -					omplete
				7/1/25 -					omplete
				10/1/25 -				C	omplete
				1/1/26 -					
				4/1/26 -	6/30/26				
-	meters (PPS)								per quarter
	Point (Sampling Po	·		Monitorii	_	Collec	tion Period		liance Status
Select from	m Inventory of Activ	e Sampling Points		4/1/25 -					omplete
				7/1/25 -					omplete
				10/1/25 -				C	omplete
				1/1/26 -					
			2224	4/1/26 -	6/30/26				
-	•	MENT PLANT (WSF ID:	00/01)						
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Po	oint ID)	_	Monitorii	_	Collec	tion Period		liance Status
TREATME	NT PLANT (3)			1/1/24 - :					omplete
				1/1/25 - :				Ci	omplete
				1/1/26 - 3					
		Water System Fac		Level N	lonitor	ing Re	quireme	ents	
Water System	r Facility: TREATI	MENT PLANT (WSFID:	00701)						
Analyte	Monit	oring Requirement (Sum	mary Type)	Oper	ating Lim	it		Samples F	Req/Month
рН	Entry	Point pH Monitoring (PHI	RD)	Mini	mum: 7.0	PH			4
Start Date:	12/1/2011		•	ance Histo	•	Operat	ing Limit	Monito	
				ring Perio		Compli	ance Status	: Compli	ance Status:
				5 - 7/31/2					
				5 - 8/31/2					
				5 - 9/30/2					
				25 - 10/31					
				25 - 11/30					
		Other	Compliance						
-	hedule Activity	DDT.			Due Date		Achieved	Date	
CROSS CONNEC	CTION SURVEY REPO	Water System Fac	ility and Sa		8/1/2026 Point I	nvonto)rv		
14/- :		vvater system rat	inty and Sa	Inhinig	roint I		•		
Water System Wat	ter System Facility	Sampling Poi	nt Sampling Poi	int		Total Coliforn	Lead and	1	Stage
System Water Facility ID	ici system rucinty	Sumpling Poli ID	Description		Charles	Dula		Asbestos	Stage WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Status A	Y			3. Q. = DDI N
55555 5151		т	2.511.501101						

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source	
CT0420064	CT0420064 BETHLEHEM LUTHERAN CHURCH					25	Р	GW	
Local Address (w	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural		
1 EAST HIGH STREET		Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

Water System Facility and Sampling Point Inventory								
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
	DOWNSTREAM	WITHIN 5 SERVICE CON	А					
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701 TREATMENT PLANT	3	TREATMENT PLANT	Α					
57849 WELL 3	2	WELL 3	Α					
Contact Information								

Contact Information									
Name				Organization	1		Job Title		
Mr. Aaron Niderno		Bethlehem L	utheran Church						
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
1 E High St.						East Ham	pton	СТ	06424
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Ad	dress		
860-267-4272					860-748-3518	https://bethlehemeh.org/contact-us			

Contact Role(s): Administrative Contact

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End of schedule

Schedule Generation Date: 12/12/2025

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Connecticut Departmen						ection	
Water Quality Mo	onitoring and	d Comp	olianc	e Sch	redule		
PWS ID PWS Name		Cl	assificatio	on Pop	ulation O	wner Type Pri	mary Source
CT0420104 363 AND 369 WEST HIGH STREET			NC		25	Р	GW
Local Address (where applicable)	Service	Residentia	Commo	ercial	Industrial	Combined	Agricultural
363 AND 369 WEST HIGH STREET	Connections		1				
Towns Served: EAST HAMPTON							
Mo	onitoring Requ	irement	:S				
Water System Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)						
Total Coliform (3100)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collec	tion Perio	d Complia	nce Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/	30/25			Con	nplete
		7/1/25 - 9/	30/25			Con	nplete
		0/1/25 - 12					
		1/1/26 - 3/					
		4/1/26 - 6/	30/26				
Physical Parameters (PPS)						outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		Collec	tion Perio		nce Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/					nplete
		7/1/25 - 9/				Con	nplete
		.0/1/25 - 12 1/1/26 - 3/					
		4/1/26 - 6/					
Water System Facility: ENTRY POINT (WSF ID: 00		4/1/20 0/	30/20				
Nitrate (1040)	700,				1 r	outine (RT) p	er guarter
Sampling Point (Sampling Point ID)	,	Monitoring	Period	Collec	tion Perio		nce Status
ENTRY POINT (3)		4/1/25 - 6/		_			nplete
		7/1/25 - 9/					nplete
		0/1/25 - 12					•
		1/1/26 - 3/	31/26				
		4/1/26 - 6/30/26					
Nitrite (1041)						1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collec	tion Perio	d Complia	nce Status
ENTRY POINT (3)	:	1/1/24 - 12,	/31/24			Con	nplete
		1/1/25 - 12,	/31/25			Con	nplete
	:	1/1/26 - 12,	/31/26				
Public	Notification R	equirem	ents				
	Compliance	Notice	<u>Publi</u>	c Notific	<u>cation</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Requir	ed Pe	erformed	Due to DPH	Received
Total Coliform MCL Violation	10/1/12 - 12/31/12	2	12/7/20)12		12/17/2012	
Water System F	acility and San	npling P	oint In	vento	ory		
Water				Total	Lead an		
	Point Sampling Point	t		Coliforn			Stage 2 DDDD
Facility ID ID	Description	CVCTE* *	<u>Status</u>	Rule	Kule Tie	er Asbestos I	NUP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		A	Y			
UPSTREA	EAM WITHIN 5 SERV		Α				
00700 ENTRY POINT 3	ENTRY POINT	VICE CON	Α				
00700 LININI FOIINI 3	ENINT PUINT		Α				

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary So	urce
CT0420104	363 AND 369 WEST HIGH STREET				NC	25	Р	GW	
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricult	ural
363 AND 369 W	EST HIGH STREET	Connections			1				

Towns Served: EAST HAMPTON

Wate	Water System Facility and Sampling Point Inventory												
Water				Total	Lead and								
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage					
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR					
20793 WELL	2	WELL	Α										

20793 WELL			2	,	WELL	Д	١			
Contact Information										
Name				Org	anization				Job Title	
Mr. Tushar Shah Chandan LLC								Member		
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
363-369 West High	Street						East Han	npton	СТ	06414
Business Phone	Extension	Fax		Mobile	Phone	Emergency Phone	Email Ad	dress		
860-680-4768						860-978-8106	mrkeyur	kshah@gmail	.com	
Contact Dala(a).	d	C					•			

Contact Role(s): Administrative Contact, Owner

Please note the following:

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End of schedule

С	onnecticut Dep	artment o	f Public	Health	Dı	rinki	ng V	Vate	er Se	ection		
	Water Qua	ality Moni	toring a	nd Con	ıpl	ianc	e Sc	hedu	ıle			
PWS ID PV	WS Name				Clas	ssification	on Po	pulatio	n Ow	ner Type F	Primary	/ Source
CT0420134 CC	OBALT GAS					NC		25		Р	G۱	W
Local Address (whe	ere applicable)		Service	Residen	tial	Commo	ercial	Indust	trial	Combined	Agri	cultural
368 WEST HIGH STI	REET		Connection	ns		1						
Towns Served: EAS	T HAMPTON			"					'		'	
		Monit	oring Red	uireme	nts							
•	cility: DISTRIBUTION			10								
Total Coliform (•									utine (RT)		
	nt (Sampling Point ID)			Monitori			Colle	ection F	Period		liance S	
Select from In	ventory of Active Samplir	g Points		4/1/25 -							omplet	
				7/1/25 -						C	omplet	:e
				10/1/25 -		-						
				1/1/26 -								
				4/1/26 -	6/3	0/26						
Physical Parame	eters (PPS)								1 ro	utine (RT)	per q	uarter
Sampling Poir	nt (Sampling Point ID)			Monitori	ng P	Period	Colle	ection F	Period	Comp	liance S	Status
Select from In	ventory of Active Samplir	g Points		4/1/25 -	6/3	0/25				C	omplet	:e
				7/1/25 -	9/3	0/25				C	omplet	:e
				10/1/25 -	12/	31/25						
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
Water System Fac	cility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitr	ite (NOX)								1 ro	utine (RT)	per q	uarter
Sampling Poir	nt (Sampling Point ID)			Monitori	ng P	Period	Colle	ection F	Period	Comp	liance S	Status
ENTRY POINT	(3)			4/1/25 -	6/3	0/25				C	omplet	:e
				7/1/25 -	9/3	0/25				C	omplet	:e
				10/1/25 -	12/	31/25						
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
	Water	System Facil	lity and Sa	ampling	Ро	int In	vent	ory				
Water		-	<u> </u>				Tota	I Lea	ıd and			
System Water S	System Facility	Sampling Point	t Sampling P	oint			Colifor	m Co	pper			Stage
Facility ID		ID	Description	1		Status	Rule	e Ru	le Tier	Asbestos	WQP	2 DBPR
00600 DISTRIB	UTION SYSTEM	4	DISTRIBUTION	ON SYSTEM		Α	Υ					
		DOWNSTREAM	1 WITHIN 5 SI	ERVICE CON	I	Α						
		UPSTREAM	WITHIN 5 SI	ERVICE CON	J	Α						
00700 ENTRY P	POINT	3	ENTRY POIN	NT T		Α						
20796 WELL		2	WELL			Α						
		Cou	ntact Info	rmation								
Name			Organization							Job Title		
Mr. Ali Usman			68 West High	Street IIC						JOD TILLE		
Mailing Address Lin	ne One	Mailing Addres		JUICEL LLC				City		State	7in C	Code
368 West High Stre		ivialiling Addres	33 LITTE TWU			Fac	t Hamp			CT	2ip C	
										CI	004	+14
Rucinoce Dhone	Evtoncion	v	vila Dhana	Emergency	Dha	no Em	ᆲᄾᅯᅯ	racc				
917-478-6241	Extension Fa	x Mob	oile Phone	Emergency 917-478-				lress ısa@ya	hoc c	-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		_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0420134	COBALT GAS				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
368 WEST HIGH	STREET		Connections		1			
Towns Served: E	AST HAMPTON		·					

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 10

	Connecticut Dep	artmen	t of Public H	lealth [Drinkii	ng V	Vater :	Section	
	•		nitoring an			_			
PWS ID	PWS Name			С	lassificatio	n Po	pulation C	Owner Type	Primary Sourc
CT0420144	37 EAST HIGH STREET				NC		25	Р	GW
Local Address (w	vhere applicable)		Service	Residentia	al Comme	rcial	Industrial	Combine	d Agricultura
T	ACT LIANARTON		Connections		1				
Towns Served: E	EAST HAMPTON	N/1-	witoring Dog	.:	•				
Water System	Facility: DISTRIBUTION		nitoring Requ	iiremen	ts				
Total Coliform	•	01012 (1					1	routine (RT) per quarter
	Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	=	oliance Status
	Inventory of Active Sampli	ng Points		4/1/25 - 6/					Complete
	,			7/1/25 - 9/					Complete
				10/1/25 - 12					Complete
				1/1/26 - 3/					
				4/1/26 - 6/					
Physical Parar	meters (PPS)				•		1	routine (RT) per quarter
-	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Peri	_	oliance Status
Select from	Inventory of Active Sampli	ng Points		4/1/25 - 6/	/30/25			(Complete
			7/1/25 - 9/	/30/25			(Complete	
			10/1/25 - 12/31/25						
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
Water System	Facility: ENTRY POINT	(WSF ID: 00	700)						
Nitrate And N	litrite (NOX)							1 routine	(RT) per year
Sampling P	Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Comp	oliance Status
ENTRY POI	NT (3)			1/1/24 - 12	2/31/24			(Complete
				1/1/25 - 12	2/31/25			(Complete
				1/1/26 - 12	2/31/26				
Water System	Facility: WELL (WSF ID:	20797)							
E. Coli (3014)							1	routine (RT) per quarter
Sampling P	Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Comp	oliance Status
WELL (2)				4/1/25 - 6/	/30/25			(Complete
				7/1/25 - 9/	/30/25			(Complete
				10/1/25 - 12	2/31/25			(Complete
				1/1/26 - 3/	•				
				4/1/26 - 6/	/30/26				
		Public	Notification R	equiren	nents				
			Compliance	Notice	Public	Notif	fication	PN Ce	ertification
Violation/Situat			Period	Tier	Require		Performed		
Total Coliform N			4/1/14 - 6/30/14	2	6/26/20			7/6/2014	
Total Coliform N			4/1/14 - 6/30/14	1	6/26/20			7/6/2014	
	Water	System F	acility and Sai	npling P	oint Inv	vent	ory		
Water						Total			
	er System Facility		Point Sampling Poi	nt	C	Colifor			Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbesto	s WQP 2 DBP
00600 DISTF	RIBUTION SYSTEM	37EHS			A	Y			
		37EHS	2 HAND SINK		Α	Υ			

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Sou								Primary Source			
CT0420144	37 EAST HIGH STREET			NC	25	Р	GW				
Local Address	ocal Address (where applicable) Service Resid					al Industria	al Combine	d Agricultural			

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

Wat	Water System Facility and Sampling Point Inventory												
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
	37EHS3	MENS ROOM	Α	Υ									
	37EHS4	WOMENS ROOM	Α	Υ									
	37EHS5	JANITOR ROOM	Α	Υ									
	37EHS6	FRONT COUNTER SINK	Α	Υ									
	4	DISTRIBUTION SYSTEM	Α	Υ									
	4DSA	KITCHEN SINK TAP	Α	Υ									
	4DSB	BATHROOM SINK TAP	Α	Υ									
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
	UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700 ENTRY POINT	3	ENTRY POINT	Α										
20797 WELL	2	WELL	Α		·								
57271 TREATMENT PLANT													

Contact Information											
Name				Organization		Job Title					
Mr. Edward Jackowitz				American Eq	uity Vi LLC	Managing Member					
Mailing Address Line One Mailing Address				ess Line Two			City	State	Zip Code		
31 East High Street		F	P.O. Box 319			East Han	npton	СТ	06424		
Business Phone	sion	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress				
860-267-4444	860-	-267-1	111 86	0-214-3779		ecj@whazel.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.

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End of schedule

Connecticut De	nartment of	Public Health	Drinki	ng Wa	ater Se	ction	
•	•	oring and Com				ction	
PWS ID PWS Name	danty Monit		<u> </u>			er Type Primary Sc	ource
CT0420214 KICKBACK N BOWL			NC	2		P GW	Juice
Local Address (where applicable)		Service Resident				Combined Agricul	ltural
9 BEAR SWAMP		Connections	1				
Towns Served: EAST HAMPTON				l			
	Monite	oring Requiremen	nts				
Water System Facility: DISTRIBUTION							
Total Coliform (3100)					1 rou	tine (RT) per qua	rter
Sampling Point (Sampling Point ID)		Monitorin	ng Period	Collecti	on Period	Compliance Sta	itus
Select from Inventory of Active Sampl	ing Points	4/1/25 -	6/30/25			Complete	
		7/1/25 -	9/30/25			Complete	
		10/1/25 -	12/31/25				
		1/1/26 -					
		4/1/26 -	6/30/26				
Physical Parameters (PPS)						tine (RT) per qua	
Sampling Point (Sampling Point ID)		Monitorin		Collecti	on Period	Compliance Sta	itus
Select from Inventory of Active Sampl	ing Points	4/1/25 -				Complete	
		7/1/25 -				Complete	
		10/1/25 -					
		1/1/26 - 4/1/26 -					
Water System Facility: ENTRY POINT	(\MSE ID: 00700)	4/1/20-	0/30/20				
Nitrate And Nitrite (NOX)	(W31 1D. 00700)				1 .	routine (RT) per y	100r
Sampling Point (Sampling Point ID)		Monitoria	na Period	Collecti	on Period	Compliance Sta	
ENTRY POINT (3)		1/1/24 - 1		Concett	on remou	Complete	
2.0 (0)		1/1/25 - 1				Complete	
		1/1/26 - 1					
Monthly Water	r System Facil	ity (WSF) Level M	lonitori	ng Req	uiremei	nts	
Water System Facility: ENTRY POINT	(WSFID: 00700)						
Analyte Monitoring Re	quirement (Summ	ary Type) Oper	ating Limit	;		Samples Req/Mont	th
pH Entry Point pH	Monitoring (PHRD) Minir	num: 7 PH	l		4	
Start Date: 11/1/2013		Compliance Histo	ry:	Operatin	g Limit	Monitoring	
		Monitoring Period	l		nce Status:	Compliance State	us:
		7/1/2025 - 7/31/2	025				
		8/1/2025 - 8/31/2					
		9/1/2025 - 9/30/2					
		10/1/2025 - 10/31					
		11/1/2025 - 11/30	-				
Water	System Facili	ity and Sampling	Point Ir	ventor	У		
Water Water System Easility	Committee Daint	Compline Dairt		Total	Lead and	-	A
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper Rule Tier	Asbestos WQP 2 I	tage DRPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	Her		
COOC DISTRIBUTION STSTEM		WITHIN 5 SERVICE CON		•			
	UPSTREAM	WITHIN 5 SERVICE CON					
00700 ENTRY POINT	3	ENTRY POINT	Α				

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT0420214	CT0420214 KICKBACK N BOWL						Р	GW				
Local Address (Service	Residen	dential Commerc		al Industri	al Combine	d Agricultural					
9 BEAR SWAMF	Connections			1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

	Water System Facility and Sampling Point Inventory											
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility II)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
20803	WELL	2	WELL	Α								
58481	TREATMENT PLANT											

			Co	ontact Inf	ormation				
Name				Organization	l			Job Title	
Ms. Sarah Prince				Srp Enterpris	ses LLC		LLC Manager	•	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
9 Bear Swamp						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-267-4800						sarahlyn	n910@hotma	il.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.
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End of schedule

Co	onnecticut Department	t of Public H	ealth	Dı	rinkin	g V	Vater	Sec	ction	
	Water Quality Mo					_				
PWS ID PW	'S Name	mtoring and	a don	_					er Tyne P	rimary Source
_	IG513			Cias	NC	10	25	OWIII	P	GW
Local Address (when		Service	Residen	tial	Commerc	rial	Industria	al (Combined	_
34 EAST HIGH STREE		Connections	Residen	tiai	1	ciai	maastiit	41	Combined	Agriculturur
Towns Served: EAST										
Towns Served: Exter		nitoring Post	iromo	ntc						
Water System Fac	ility: DISTRIBUTION SYSTEM (W	nitoring Requ	meme	1115	<u>'</u>					
Chlorine Residual	•	<u> </u>					1	rout	tine (RT)	per quarter
	t (Sampling Point ID)		Monitori	na P	Period (Colle	ection Per			ance Status
	entory of Active Sampling Points		4/1/25 -			come		10u		mplete
Sciede ii diii iiiv	enterly or metive sumpling i emits		7/1/25 -		-					mplete
Total Coliform (3	100)		771/23	5,50	5,25		1	rout		per quarter
_	t (Sampling Point ID)		Monitori	na P	eriod (Colle	ection Per			ance Status
	entory of Active Sampling Points	_	4/1/25 -			00110				mplete
55.556 11 0111 1111			7/1/25 -							mplete
			10/1/25 -							-
		<u> </u>	1/1/26 -							
			4/1/26 -							
Physical Paramet	ers (PPS)						1	rout	tine (RT)	per quarter
-	t (Sampling Point ID)		Monitori	ng P	eriod (Colle	ection Per			ance Status
Select from Inv	entory of Active Sampling Points		4/1/25 -	6/30	0/25				Со	mplete
			7/1/25 -	9/30	0/25				Co	mplete
			10/1/25 -	12/3	31/25					
			1/1/26 -	3/3:	1/26					
			4/1/26 -	6/30	0/26					
Water System Fac	ility: ENTRY POINT (WSF ID: 007	700)								
Nitrate And Nitrit	te (NOX)							1 r	outine (F	RT) per year
	t (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	iod	Compli	ance Status
ENTRY POINT (3	3)		1/1/24 -						Co	mplete
			1/1/25 -	12/3	1/25				Сс	mplete
			1/1/26 -	12/3	1/26					
Water System Fac	ility: WELL (WSF ID: 20808)									
E. Coli (3014)							1	rout	tine (RT)	per quarter
Sampling Point	t (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per			ance Status
WELL (2)			4/1/25 -	6/30	0/25				Сс	mplete
			7/1/25 -	9/30	0/25				Сс	mplete
		:	10/1/25 -	12/3	31/25					
			1/1/26 -	3/3:	1/26					
			4/1/26 -	6/30	0/26					
	Monthly Water System Fa	acility (WSF) I	evel N	/lor	nitoring	g Re	equire	ner	its	
Water System Fac	ility: ENTRY POINT (WSFID: 0070	00)								
Analyte	Monitoring Requirement (Su	ımmary Type)	Ope	ratin	g Limit			S	Samples R	eq/Month
Chlorine	Entry Point Chlorine Residual	Monitoring (CHLR)	Mini	mun	n: 0 MG/l	L			Da	ily
Start Date: 8/1,	/2023	Complia	nce Histo	ory:	0	pera	iting Limi	t	Monito	ring
		Monitor	ing Perio	d			liance Sta			nce Status:
		7/1/2025	5 - 7/31/2	2025						-

	(Connect	cicut Depa	rtment of	Public	Health I)rin	iking V	Vater Se	ection	
		V	Vater Qua	lity Monit	oring a	and Comp	olia	nce Sc	hedule		
PWS ID	P	WS Name				Cl	lassifi	cation Po	pulation Ow	ner Type P	rimary Source
CT042026	4 A	MG513					N	С	25	Р	GW
Local Add	ress (wh	ere applicab	ole)		Service	Residentia	l Cor	mmercial	Industrial	Combined	Agricultural
34 EAST H	IIGH STR	EET			Connectio	ns		1			
Towns Ser	ved: EA	ST HAMPTO	N								
Water Sy	stem Fa	acility: EN	TRY POINT (W	'SFID: 00700)							
Analyt	te	M	onitoring Requi	irement (Summa	ary Type)	Operat	ting Li	imit		Samples R	eq/Month
Chlori	ne	Er	ntry Point Chlori	ne Residual Mor	nitoring (CH	HLR) Minim	um: C) MG/L		Da	ily
Start D	Date: 8,	/1/2023				pliance History	/ :	Opera	ting Limit	Monito	_
						toring Period		Comp	liance Status	: Complia	ince Status:
						2025 - 8/31/202					
						2025 - 9/30/202					
						² 2025 - 10/31/2					
				_		/2025 - 11/30/2					_
Analyt	te			rement (Summa		Operat	_			=	eq/Month
рН			ntry Point pH Mo	onitoring (PHRD	-	Minim		5.4 PH			ily
Start L	Date: 7,	/1/2019				pliance History	/ :		ting Limit	Monito	_
						toring Period) F	Comp	liance Status	: Compile	ince Status:
						2025 - 7/31/202 2025 - 8/31/202					
						2025 - 8/31/202 2025 - 9/30/202					
						/2025 - 9/30/202 /2025 - 10/31/2					
						/2025 - 10/31/2 /2025 - 11/30/2					
				Other C		ce Schedu					
Complian	ce Sched	lule Activity			-	Du	e Dat	e	Achieved	Date	
-		ON SURVEY				3/2	1/202	6			
			Water S	ystem Facili	ity and S	Sampling P	oint	Invent	ory		
Water								Tota	Lead and	1	
		System Faci	lity	Sampling Point				_	m Copper		Stage
Facility ID)			ID	Description	n	Stat	tus Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIE	BUTION SYST	ГЕМ	4		ION SYSTEM	Α	Υ			
				4DS		M SINK TAP	Α				
				4DSA	UTILITY SIN		Α	Y			
				DOWNSTREAM			Α				
				UPSTREAM		SERVICE CON	Α				
00700	ENTRY	POINT		3	ENTRY POI	NT	A				
20808	WELL			2	WELL		Α	١			
47245	TREATI	MENT PLANT	Ī								
				Con	tact Info	ormation					
Name					ganization					Job Title	
Mr. Tuma	-				lantis Mgm	t Group		C	Ceo		
Mailing Ad				Mailing Address	s Line Two				City	State	Zip Code
		ous Avenue		Suite 201	l Di			Mount Ve		NY	10550
	s Phone	Extensio			le Phone	Emergency Pl					
914-69		2	914-699-	9400				tumay@a	tlantismgmt.o	com	
Contact R	oie(s):	Jwner									

	Connectic	ut Depa	irtmei	nt of	Public	Health	Dri	nking	g Water	Se	ction	
	Wa	ter Qua	lity M	onit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classi	fication	Population	Own	er Type I	Primary Source
CT0420264	AMG513						ſ	١C	25		Р	GW
Local Address (wi	nere applicable)				Service	Residen	itial Co	ommerci	al Industri	ial	Combine	d Agricultural
34 EAST HIGH ST	REET		Connection	ıs		1						
Towns Served: EA	AST HAMPTON					·						
Name				Or	rganization						Job Title	
Ms. Charline Pola	anco			At	lantis Manag	gement Gro	oup		Service Co	oordir	nator	
Mailing Address L	ine One		Mailing A	Address	s Line Two				City		State	Zip Code
555 South Colum	bus Ave		Suite 201	L				Mount	Vernon		NY	10550
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email A	ddress			
914-699-9500	201	914-699-	9400			914-282	-0868	charlin	e@atlantisn	ngmt.	.com	
Contact Role(s):	Administrative	Contact. Leg	al Contac	:t	,			•				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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End of schedule

	Connecticut Dep	artment of	f Public H	ealth	Drinki	ing W	ater Se	ection	
		ality Monit	oring and	Com	plianc	e Sch	edule		
PWS ID	PWS Name			(Classificati	on Popu	ulation Ow	ner Type Pr	imary Source
CT0420274	FOOD BAG				NC		25	Р	GW
	where applicable)			Residenti	al Comm	ercial II	ndustrial	Combined	Agricultural
1 COLCHESTER			Connections		1				
Towns Served:	EAST HAMPTON								
			oring Requi	remen	ts				
-	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	•								oer quarter
	Point (Sampling Point ID)			/lonitorin		Collect	tion Period		ance Status
Select from	m Inventory of Active Samplir	ng Points		4/1/25 - 6					mplete
				7/1/25 - 9				Cor	mplete
				0/1/25 - 1					
				1/1/26 - 3					
				4/1/26 - 6	5/30/26				
•	ameters (PPS)								oer quarter
	Point (Sampling Point ID)			/lonitorin		Collect	tion Period		ance Status
Select from	m Inventory of Active Samplir	g Points		4/1/25 - 6					mplete
				7/1/25 - 9				Cor	mplete
				0/1/25 - 1					
				1/1/26 - 3					
				4/1/26 - 6	5/30/26				
Water System	r Facility: ENTRY POINT (WSF ID: 00700)							
	Nitrite (NOX)						1	=	T) per year
	Point (Sampling Point ID)		Λ	/lonitorin	g Period	Collect	tion Period	Complic	ance Status
ENTRY PO	INT (3)			./1/24 - 1					mplete
				./1/25 - 1				Cor	mplete
			1	./1/26 - 1	2/31/26				
Water System	Facility: WELL (WSF ID:	20809)							
E. Coli (3014	4)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)		Λ	/lonitorin	g Period	Collect	tion Period	Complic	ance Status
WELL (2)			4	4/1/25 - 6	5/30/25			Cor	mplete
			<u> </u>	7/1/25 - 9	/30/25			Cor	mplete
			10	0/1/25 - 1	.2/31/25				
			:	1/1/26 - 3	3/31/26				
			4	4/1/26 - 6	5/30/26				
		Other C	ompliance :	Schedu	ıles				
Compliance Sc	hedule Activity			D	ue Date		Achieved	Date	
CROSS CONNE	CTION SURVEY REPORT			3,	/1/2026				
	Water	System Facili	ity and Sam	pling I	Point Ir	vento	ry		
Water						Total	Lead and	1	
	ter System Facility	Sampling Point		t		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	r Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
		4DS	BATHROOM SII		Α	Υ			
		4DSA	UTILITY SINK TA		Α	Υ			
		DOWNSTREAM	WITHIN 5 SERV	ICE CON	Α				

	Connecticut Depar	tment of Public H	ieaith	Drinkin	g water	Section	
	Water Quali	ty Monitoring and	d Com	pliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0420274	FOOD BAG			NC	25	Р	GW
Local Address	(where applicable)	Service	Resident	tial Commer	cial Industr	ial Combine	ed Agricultural
1 COLCHESTER	RAVENUE	Connections		1			
Towns Served:	EAST HAMPTON	·		·	·	·	·
	Water Sys	tem Facility and Sar	mpling	Point Inv	entory		
Water					Total Lead	and	

W	ater System Facili	ity and Sampling P	oint lı	nvento	ry			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WOP	Stage 2 DBPR
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700 ENTRY POINT	3	ENTRY POINT	Α					
20809 WELL	2	WELL	Α					
58317 TREATMENT PLANT								

36317 IREATIVIE	INTPLANT										
			(Contact Info	ormation						
Name				Organization				Job Title	2		
Mr. George Webb				General Equi	ties, Inc.		Exc. Vice President				
Mailing Address Line	e One		Mailing Add	dress Line Two			City	State	Zip Code		
P.O. Box 7318			318 Main S	treet		Kensingt	on	СТ	06037-7318		
Business Phone	Extension	Fax	N	/lobile Phone	Emergency Phone	Email Ad	dress				
860-828-0333	103	860-828-6	827		860-828-0333	GWEBB@	generalec	UITIES.COI	M		
Contact Role(s): Le	gal Contact										
Name				Organization				Job Title	2		
Mr. Tumay Basaran	lar			Atlantis Mgm	nt Group		Ceo				
Mailing Address Line	e One		Mailing Add	dress Line Two			City	State	Zip Code		
555 South Columbu	s Avenue		Suite 201	Moun			'ernon	NY	10550		
Business Phone	Extension	Fax	Ν	/lobile Phone	Emergency Phone	Email Ad	dress				
914-699-9500		914-699-9	400			tumay@	atlantismgmt	t.com			
Contact Role(s): Ov	vner										
Name				Organization				Job Title	2		
Ms. Samantha Rodr	iguez			Atlantis Man	agement Group		Operations (Coordinat			
Mailing Address Line	e One		Mailing Add	dress Line Two			City	State	Zip Code		
P.O. Box 7318			318 Main S	treet		Kensingt	on	СТ	06037		
Business Phone	Extension	Fax	N	/lobile Phone	Emergency Phone	Email Ad	dress				
860-828-0333	233				860-886-3838	srodrigu	ez@atlantism	ngmt.com			

Contact Role(s): Administrative Contact

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

End of schedule

	Сс		•	rtment o					_			ction	
		Wa	ter Qual	ity Moni	toring a	nd Con	npl	ianc	e Scl	nedul	le		
PWS ID	PW	S Name					Clas	sification	on Pop	oulation	Owi	ner Type P	rimary Source
CT0420284		DDAM NECK	COVENANT C	CHURCH				NC		60		Р	GW
Local Addr	ess (wher	e applicable)			Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricultural
17 HADDA	M NECK R	OAD			Connection	ns		1					
Towns Serv	ved: EAST	HAMPTON											
					oring Red	quireme	nts						
•			IBUTION SY	STEM (WSF	ID: 00600)								
Total Col	-	•											per quarter
		(Sampling P				Monitori			Colle	ction Pe	riod		iance Status
Select	t from Inv	entory of Acti	ive Sampling	Points		4/1/25 -							mplete
						7/1/25 -						Со	mplete
						10/1/25 -							
						1/1/26 -							
						4/1/26 -	6/30	0/26					
Physical I													per quarter
		(Sampling P				Monitori			Colle	ction Pe	riod		iance Status
Select	t from Inv	entory of Acti	ive Sampling	Points		4/1/25 -							mplete
						7/1/25 -						Со	mplete
						10/1/25 -							
						1/1/26 -							
						4/1/26 -	6/30	0/26					
Water Sys	stem Faci	ility: ENTR	Y POINT (W	SF ID: 00700)								
Nitrate A	nd Nitrit	e (NOX)									1	routine (F	RT) per year
		(Sampling P	oint ID)			Monitori			Colle	ction Pe	riod	Compli	iance Status
ENTR	Y POINT (3	3)				1/1/24 -	12/3	1/24				Co	mplete
						1/1/25 -	12/3	1/25				Co	mplete
						1/1/26 -	12/3	1/26					
				Other (Complian	ce Sched	lule	S					
Complianc	e Schedul	e Activity				ı	Due l	Date		Achie	eved	Date	
RESPOND 7	TO SANITA	ARY SURVEY				12	2/21,	/2019					
			Water Sy	stem Faci	lity and S	ampling	Poi	int In	vent	ory			
Water									Total				
	_	stem Facility	3	Sampling Poin					Colifori			0-64	Stage
Facility ID		TION (NOTE)	-	ID .	Description			Status	Rule	Kule	Her	Aspestos	WQP 2 DBPR
00600	אואוצוט KIBU	TION SYSTEM		4		ON SYSTEM		A	Υ				
				DOWNSTREAM				A					
00707	ENITS:	NINIT.		UPSTREAM	WITHIN 5 S		V	Α .					
	ENTRY PC	JINI		3	ENTRY POIN	NI		A					
	WELL			2	WELL			Α					
55827	TREATME	NT PLANT											
					ntact Info	rmation							
Name)rganization							Job Title	
Mr. Kevin					laddam Neck	Covenant C	Churc	h		acilities			
Mailing Ad				Mailing Addre	ss Line Two					City		State	Zip Code
17 Haddan									t Hamp			СТ	06424
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Pho	ne Ema	ail Addr	ess			

C	onnectic	at Depa	artment	tot.	Public	Health	LD:	rınkıng	g Water	Section		
	Wa	iter Qua	lity Mo	nito	oring a	nd Con	npl	liance S	Schedul	e		
PWS ID PV	VS Name						Cla	ssification	Population	Owner Type	Prim	nary Source
CT0420284 HA	ADDAM NECK	COVENANT	CHURCH					NC	60	Р		GW
Local Address (whe	re applicable)				Service	Residen	tial	Commerci	al Industri	al Combine	ed A	Agricultural
17 HADDAM NECK	ROAD				Connection	ıs		1				
Towns Served: EAS	T HAMPTON							1	'		'	
860-267-2336			8	360-26	6-0829			Officel	HNCC@SBCg	lobal.net		
Contact Role(s): Le	egal Contact											
Name				Org	anization					Job Titl	e	
Mr. Pat Mahoney				Had	ldam Neck	Covenant (Chur	ch				
Mailing Address Lin	e One		Mailing Ad	dress I	Line Two				City	State	Z	ip Code
17 Haddam Neck R	d							East Ha	ampton	СТ		06424
Business Phone	Extension	Fax	ľ	Mobile	Phone	Emergency	/ Pho	one Email A	Address			
860-267-2336								officeh	ncc@sbcglo	bal.net		
Contact Role(s): A	dministrative	Contact						1				

nt of Dublic Hoolth Dubling Motor Coot

Please note the following:

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

End of schedule

Connecticut Departmer	nt of Public H	ealth I	rinking	Water S	Section	
Water Quality Mo	onitoring and	d Comp	oliance S	Schedule		
PWS ID PWS Name		C	lassification	Population O	wner Type Pri	mary Source
CT0420294 81 NORTH MAIN STREET			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	l Commercia	al Industrial	Combined	Agricultural
81 NORTH MAIN STREET	Connections		1			
Towns Served: EAST HAMPTON						
M	onitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		nce Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/				nplete
		7/1/25 - 9/			Con	nplete
		.0/1/25 - 12				
		1/1/26 - 3/				
		4/1/26 - 6/	/30/26			
Physical Parameters (PPS)					outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		nce Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/				nplete
		7/1/25 - 9/			Con	nplete
		.0/1/25 - 12				
		1/1/26 - 3/				
Mateur Createure Feeiliteur FAITRY DOINT (MCF ID. 00		4/1/26 - 6/	30/26			
Water System Facility: ENTRY POINT (WSF ID: 00	3700)				.: (5=)	
Nitrate And Nitrite (NOX)		Na mita vin a	Dowland Co		outine (RT) p	-
Sampling Point (Sampling Point ID) ENTRY POINT (3)		Monitoring 4/1/25 - 6/		ollection Perio		nce Status
ENTRY POINT (5)		7/1/25 - 9/				nplete nplete
		.0/1/25 - 12			COI	iipiete
		1/1/26 - 3/				
		4/1/26 - 6/				
Water System Facility: WELL (WSF ID: 20811)		4/1/20-0/	30/20			
E. Coli (3014)				1 r	outine (RT) p	er auarter
Sampling Point (Sampling Point ID)	,	Monitoring	Period Co	ollection Perio		nce Status
WELL (2)		4/1/25 - 6/			-	nplete
		7/1/25 - 9/				nplete
		.0/1/25 - 12				
		1/1/26 - 3/	-			
		4/1/26 - 6/				
Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	otification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed		Received
Nitrate And Nitrite M&R Violation	10/1/22 - 12/31/22	3	3/25/2023		4/4/2023	
Nitrate And Nitrite M&R Violation	7/1/22 - 9/30/22	3	4/19/2023		4/29/2023	
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023	
Total Coliform M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023	
Nitrate And Nitrite M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023	
E. Coli M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023	

Schedule Generation Date: 12/12/2025 Page 22

	Water Quality Monit	oring an	d Con	npliance	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0420294	81 NORTH MAIN STREET			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
81 NORTH MAIN STREET Connections 1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

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	·		·					
20811	WELL	2	WELL	Α								

Contact Information												
Name				Organization				Job Title				
Mr. Tyler Thorson				Karsten 1, LLC	C							
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code			
500 Warburton Driv	e, Unit 3					Hastings	On Hudson	NY	10706			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress					
860-933-3575						tylerthor	son@yahoo.co	om				
6												

Contact Role(s): Administrative Contact, Owner

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End of schedule

		ut Departme									ction	
		ter Quality N	/lonit	coring an	a Com							
PWS ID	PWS Name									Owr		rimary Source
CT0420334	26 EAST HIGH ST	REET					IC .	2.			Р	GW
	where applicable)			Service Connections	Resident	ial Co	mmercia	I In	dustria	al	Combined	Agricultural
26 EAST HIGH ST				Connections			1					
rowns served: E	EAST HAMPTON					_				-		
Water System	Facility: DISTR	ו BUTION SYSTEM		oring Requ D: 00600)	ııremei	nts						
Total Coliforn	n (3100)								1	rou	itine (RT)	per quarter
Sampling F	Point (Sampling Po	oint ID)			Monitorii	ng Peri	od Co	llecti	on Per	riod	Compl	iance Status
Select from	n Inventory of Acti	ve Sampling Points			4/1/25 -	6/30/2	15				Co	mplete
					7/1/25 -	9/30/2	<u>!</u> 5				Co	mplete
					10/1/25 -							
					1/1/26 -							
					4/1/26 -	6/30/2	26					
Physical Para	= = =											per quarter
	Point (Sampling Po	•			Monitorii			llecti	ion Pei	riod		iance Status
Select from	n Inventory of Acti	ve Sampling Points			4/1/25 -							mplete
					7/1/25 -						Сс	mplete
					10/1/25 -							
					1/1/26 -							
Matar Systam	Facility FNTD	/ DOINT /WEE ID.	00700\		4/1/26 -	6/30/2	26					
-	•	POINT (WSF ID:	00700)							4		T)
Nitrate And N	Point (Sampling Po	oint ID)			Monitorii	na Dori	ind Co	llecti	ion Pei		-	RT) per year iance Status
ENTRY POI		Sinc 10 ₁			1/1/24 - 3			necen	on rer	100		mplete
ENTRITO	(J)				1/1/25 - 1							mplete
					1/1/26 - 3							
		Water System	Facil	ity and Sa				ntor	У			
Water								tal	Lead			
System Water Facility ID	er System Facility		ig Point D	Sampling Poil Description	nt		Colif	orm ıle	Copp		Achastas	Stage WQP 2 DBPR
	RIBUTION SYSTEM		3	DISTRIBUTION	U CVCTENA		itus	rie Y	Kule	Her	ASDESIUS	WQP Z DBPK
00000 01311	KIBUTION STSTEIVI		5 4	DISTRIBUTION				' '				
				WITHIN 5 SEF			Α	ı				
			REAM	WITHIN 5 SEF			Ą					
00700 ENTR	RY POINT		3	ENTRY POINT			Α					
20812 WELI			2	WELL			Α					
	ATMENT PLANT											
			Con	tact Infor	mation							
Name					mation						Joh Title	
000-2000-2	_ :		U	rganization							Job Title	
			· Addroc	s Line Two				Cit	tv		State	Zip Code
Ms. Brisilda Top		Mailin		a cure tvvU				CII	- y		Jiaie	Zip Code
Ms. Brisilda Top Mailing Address	Line One	Mailing	Audres				Fast Hai	mnto	n		CT	06424
Ms. Brisilda Top Mailing Address 26 E High Street	s Line One t	_			mergency	Phone	East Ha				СТ	06424
Ms. Brisilda Top Mailing Address	t Extension	Mailing Fax			mergency	Phone		ddres	SS	gma		06424
Ms. Brisilda Top Mailing Address 26 E High Street Business Phor	t Extension	_			mergency	Phone	Email A	ddres	SS	gma		06424

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

		_	 		▲			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0420334	26 EAST HIGH STREET				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
26 EAST HIGH S	TREET		Connections		1			
_								

Towns Served: EAST HAMPTON

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End of schedule

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	Co	onnectic	ut Depa	ırtme	nt of	f Public	Health	Dr	inkir	ng W	/ater	Se	ction		
		Wa	ter Oua	litv M	onit	oring a	nd Con	ilgr	ance	Sch	nedul	e			
PWS ID	PW	/S Name	- Q			011118			sificatio				er Type P	rimarv	Source
CT0420354		CO PERRO							NC		25	-	P	G۱	
		re applicable)				Service	Resident		Comme	rcial	Industria	al (Combined		cultural
191 EAST H						Connectio		ciai (1	· ciai			20111011104	7.811	
		HAMPTON													
				N/	lonit	oring Po	quireme	ntc							
							quireille	1113							
•		ility: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)									
Total Col	-	-						_					tine (RT)		
		t (Sampling P					Monitori			Collec	ction Per	riod	Compl		
Select	t from Inv	entory of Acti	ve Sampling	Points			4/1/25 -							mplet	
							7/1/25 -							mplet	
							10/1/25 -						Сс	mplet	e
							1/1/26 -								
							4/1/26 -	6/30,	/26						
-		ers (PPS)						_		- "			tine (RT)		
		t (Sampling P					Monitori			Collec	ction Per	riod	Compl		
Select	t from Inv	entory of Acti	ve Sampling	Points			4/1/25 -		•					mplet	
							7/1/25 -							mplet	
							10/1/25 -						Co	mplet	e
							1/1/26 -								
		1111	/ DOINE //				4/1/26 -	6/30,	/26						
		ility: ENTRY	POINT (V	VSF ID: U	0700)									- - `	
		te (NOX)						_		- "			outine (I		-
		t (Sampling P	oint ID)				Monitori			Collec	ction Per	riod	Compl		_
ENTR	Y POINT (3)					1/1/24 - :							mplet	
							1/1/25 - :						Co	mplet	е
				_			1/1/26 - :					_			
				Oth	ner C	omplian	ce Sched	ules	S						
Complianc	e Schedu	le Activity					L	Due D	Date		Achie	ved [ate		
RESPOND T	TO SANIT	ARY SURVEY					2	/21/2	2025						
			Water S	ystem	Facili	ity and S	Sampling	Poi	nt Inv	/ento	ory				
Water				•		•				Total	Lead (and			
System	Water Sy	stem Facility		Sampling	, Point	Sampling I	Point		C	oliforn					Stage
Facility ID	ı			ID	ı	Description	n	S	tatus	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBL	JTION SYSTEM		4		DISTRIBUT	ION SYSTEM		Α	Υ					
				DOWNST	REAM	WITHIN 5	SERVICE CON	I	Α						
				UPSTRI	EAM	WITHIN 5	SERVICE CON	I	Α						
00700	ENTRY P	TNIC		3		ENTRY POI	NT		Α						
20814	WELL			2		WELL			Α						
58898	TREATM	ENT PLANT													
					Con	tact Info	ormation								
Name						rganization							Job Title		
Ms. Elizab	eth Δ \Λ/i	ltsie				oco Perro				0	wner		JOD TILLE		
Mailing Ad				Mailing A		s Line Two					City		State	Zip C	ode.
25 Orchard		CONC		.viaiiiig /	.uui es	C LINC I WO			Fast	Hadda			CT	064	
Business		Extension	Fax		Mohi	ile Phone	Emergency	Phon					<u> </u>	504	
Pasific33	, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EXCHISION	1 01		141001	iic i none	Lineigency	1 1101	.C LIIId	/ wul					

	Connectic	ut Depa	rtme	ent of	Public	Health	Dr	inking	g Water	Se	ction		
	Wa	ter Qua	lity N	Ionit	oring a	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name						Class	ification	Population	Own	er Type	Primary Sour	ce
CT0420354	LOCO PERRO							NC	25		Р	GW	
Local Address (w	here applicable)				Service	Residen	itial C	Commercia	al Industri	al (Combine	d Agricultu	ral
191 EAST HIGH S	TREET				Connection	ıs		1					
Towns Served: E	AST HAMPTON					·							
860-267-2945								tasos@	locoperro.c	om			
Contact Role(s):	Administrative	Contact, Leg	al Conta	act									
Name				Or	ganization						Job Title	!	
Charmic LLC													
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Code	
25 Orchard Rd								East Ha	mpton		СТ	06423	
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phon	e Email A	Address				
Contact Role(s):	Owner												

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End of schedule

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Connecticut Done	utwo out of	Dublic	Hoolth I	Duin	lein a V	Matan	action	
Connecticut Depa							ection	
Water Qua	lity Monit	oring a						
PWS ID PWS Name			C					rimary Source
CT0420394 NELSONS CAMPGROUND - A	REA H			NC	-	60	P	GW
Local Address (where applicable)		Service Connectio	Residentia	al Con	nmercial	Industrial	Combined	Agricultural
71 MOTT HILL ROAD		Connectio	113		1			
Towns Served: EAST HAMPTON				-				
			quiremen	ts				
Water System Facility: DISTRIBUTION SY	STEM (WSF I	D: 00600)						
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)	Delete		Monitoring			ection Period		iance Status
Select from Inventory of Active Sampling	Points		4/1/25 - 6					mplete
			7/1/25 - 9 4/1/26 - 6				Co	mplete
Physical Parameters (PPS)			4/1/20-0	/30/20	,	1 rc	uutina (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	g Perio	d Coll	ection Period		iance Status
Select from Inventory of Active Sampling	Points		4/1/25 - 6					mplete
			7/1/25 - 9	/30/25	5			mplete
			4/1/26 - 6	/30/26	5			
Water System Facility: ENTRY POINT (W	/SF ID: 00700)							
Nitrate And Nitrite (NOX)						:	1 routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitoring	g Perio	d Coll	ection Period	d Compli	iance Status
ENTRY POINT (3)			1/1/24 - 12	2/31/2	4	4/1-9/30	Co	mplete
			1/1/25 - 12			4/1-9/30	Co	mplete
			1/1/26 - 12		6	4/1-9/30		
	Other C	omplian	ce Schedu	ıles				
Compliance Schedule Activity			Dι	ue Date	е	Achieved	d Date	
CROSS CONNECTION SURVEY REPORT			3/	1/2026	5			
Water Sy	ystem Facili	ity and S	ampling F	Point	Inven	tory		
Water					Tota			
	Sampling Point ID	Sampling I Description			Colifo			Stage WQP 2 DBPR
Facility ID 00600 DISTRIBUTION SYSTEM	4	•	ION SYSTEM	Stat A		e kuie iie	ASDESIUS	WQP Z DBPK
00000 DISTRIBUTION STSTEIN	DOWNSTREAM			A				
	H7	SITE H7	DERIVICE CON	A				
	UPSTREAM		SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POI		Α				
20816 WELL	2	WELL		Α				
61567 ATMOSPHERIC STORAGE								
61569 BOOSTER PUMP								
	Con	tact Info	rmation					
Name		rganization					Job Title	
Ms. Erin McKinney		elsons Cg Sp	e LLC			Manager		
Mailing Address Line One	Mailing Address					City	State	Zip Code
71 Mott Hill Road					East Ham	pton	СТ	06424
Business Phone Extension Fax	Mobi	le Phone	Emergency P	hone	Email Add	dress		
860-267-5300			860-942-65	528	erin.mcki	nney5@gma	il.com	
Contact Role(s): Administrative Contact								

C	omiecuci	at Depa	ii unent or	rubiic	Health	עו.	1 111K111E	s vvaler	Secur	/11	
	Wat	er Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID P	WS Name					Cla	ssification	Population	Owner Ty	pe Pi	rimary Source
CT0420394 N	ELSONS CAMPO	GROUND - A	REA H				NC	60	Р		GW
Local Address (who	ere applicable)			Residen	ntial	Commerci	al Industri	al Comb	ined	Agricultural	
71 MOTT HILL ROA	ND			ıs		1					
Towns Served: EAS	T HAMPTON				,				'		
Name			Or	ganization					Job 7	itle	
Mr. Evan Bernstei	n		Ca	stle Park Inv	estments			Founder			
Mailing Address Li	ne One		Mailing Address	Line Two				City	Sta	te	Zip Code
413 W. 14Th St			Suite 244				New Yo	ork	N'	1	10014
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	Address			
860-267-5300											
Contact Polo(s):	ogal Cantact O	wor	1				-				

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): 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

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Sampling Po ENTRY POINT Water System Water Facility ID	System Facility BUTION SYSTEM POINT i iine One Road E Extension	Nater Sy	Sampling Poil ID 4 DOWNSTREAM 3 2 Co	int Sampling In Description DISTRIBUT	Point n ION SYSTEM SERVICE CON INT Drmation	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A A	Total Colifora Rule Y	Lead m Copp Rule	and per	Comp	(RT) per yea diance Status complete complete Stag s WQP 2 DBI
Water System Water Facility ID 00600 DISTRII 00700 ENTRY 20818 WELL Name Mr. Mario Simoni Mailing Address L 199 White Birch R Business Phone	int (Sampling Point (3) V System Facility BUTION SYSTEM POINT i Line One Road	Nater Sy	Sampling Poil ID 4 DOWNSTREAM 3 2 Co	cility and S int Sampling In Description DISTRIBUT IM WITHIN 5 S I WITHIN 5 S ENTRY POINT WELL Ontact Info Organization Alm Realty Gress Line Two	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CON INT Drmation Toup	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A A	Total Colifora Rule Y	Ory Lead m Copp Rule Member City	and per	Asbesto. Job Title	Stag s WQP 2 DBI
Water System Water Facility ID 00600 DISTRII 00700 ENTRY 20818 WELL Name Mr. Mario Simoni Mailing Address L 199 White Birch R	int (Sampling Point (3) V System Facility BUTION SYSTEM POINT i Line One Road	Nater Sy	Sampling Poil ID 4 DOWNSTREAM 3 2 Co	cility and S int Sampling In Description DISTRIBUT IM WITHIN 5 S I WITHIN 5 S ENTRY POINT WELL Ontact Info Organization Alm Realty Gress Line Two	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point n HON SYSTEM SERVICE CON SERVICE CON OTHER TOUR	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	Total Colifora Rule Y	Ory Lead m Copp Rule Member City	and per	Asbesto. Job Title	Stag s WQP 2 DBI
Water System Water Facility ID 00700 ENTRY 20818 WELL Name Mr. Mario Simoni Mailing Address L	V System Facility BUTION SYSTEM POINT i ine One	Nater Sy	Sampling Poil ID 4 DOWNSTREA UPSTREAM 3 2	cility and S Int Sampling In Description DISTRIBUT MITHIN 5: ENTRY POI WELL Organization Alm Realty Gr	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CON INT Drmation	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	Total Colifor Rule Y	Ory Lead m Copp Rule Member City	and per	Asbesto. Job Title	Stag s WQP 2 DBI
Water System Water Facility ID 00600 DISTRII 00700 ENTRY 20818 WELL Name Mr. Mario Simoni	V System Facility BUTION SYSTEM POINT	Nater Sy	Sampling Poil ID 4 DOWNSTREA UPSTREAM 3 2	cility and S Int Sampling In Description DISTRIBUT MITHIN 5: ENTRY POI WELL Organization Alm Realty Gr	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CON INT Drmation	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	Total Colifor Rule Y	Ory Lead m Cop Rule	and per	Asbesto. Job Title	Stags WQP 2 DBI
Water System Water Facility ID 00700 ENTRY 20818 WELL	V System Facility BUTION SYSTEM POINT	Nater Sy	Sampling Poil ID 4 DOWNSTREAM UPSTREAM 3 2	cility and S int Sampling Description DISTRIBUT M WITHIN 5 S ENTRY POI WELL Ontact Info	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CON INT Drmation	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	Total Colifor Rule Y	Ory Lead m Cop _l Rule	and per	Asbesto	Stag s WQP 2 DBI
Water System Water Facility ID 00700 ENTRY 20818 WELL	V System Facility BUTION SYSTEM	Nater Sy	Sampling Poil ID 4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUT M WITHIN 5 S ENTRY POI WELL	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point ION SYSTEM SERVICE CON	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Asbesto	Stag s WQP 2 DBI
Water System Water Facility ID 00700 ENTRY	V System Facility BUTION SYSTEM	Nater Sy	Sampling Poil ID 4 DOWNSTREAM UPSTREAM 3 2	cility and S int Sampling I Description DISTRIBUT IM WITHIN 5 S ENTRY POI WELL	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point ION SYSTEM SERVICE CON	12/3 12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Water System Water Facility ID 00700 ENTRY	V System Facility BUTION SYSTEM	Nater Sy	Sampling Poil ID 4 DOWNSTREA UPSTREAM 3	cility and S int Sampling I Description DISTRIBUT IM WITHIN 5: I WITHIN 5: ENTRY POI	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point ION SYSTEM SERVICE CON	12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A A	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII	V System Facility BUTION SYSTEM	Nater Sy	Sampling Poi ID 4 DOWNSTREA UPSTREAM	cility and S int Sampling I Description DISTRIBUT IM WITHIN 5:5	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point ION SYSTEM SERVICE CON	12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A A	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Sampling Po ENTRY POINT Water System Water Facility ID	int (Sampling Poi T (3) V System Facility	Nater Sy	stem Fac Sampling Poi ID 4 DOWNSTREA	int Sampling In Description DISTRIBUT	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point ION SYSTEM SERVICE CON	12/3 12/3 12/3 Po	1/24 1/25 1/26 int In Status A A	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Sampling Po ENTRY POINT Water System Water Facility ID	int (Sampling Poi T (3) V System Facility	Nater Sy	stem Fac Sampling Poi ID 4 DOWNSTREA	int Sampling In Description DISTRIBUT	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point n	12/3 12/3 12/3 Po	1/24 1/25 1/26 int In	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Sampling Po ENTRY POINT Water System Water Facility ID	int (Sampling Poi T (3) V System Facility	int ID) Nater Sy	stem Fac Sampling Poi ID	cility and S int Sampling I Description	1/1/24 - 1/1/25 - 1/1/26 - Sampling Point	12/3 12/3 12/3 Po	1/24 1/25 1/26 int In	vent Total Colifor Rule	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Sampling Po ENTRY POINT Water System Water	int (Sampling Poi T (3)	int ID) Nater Sy	stem Fac	cility and S	1/1/24 - 1/1/25 - 1/1/26 - Sampling	12/3 12/3 12/3 Po	1/24 1/25 1/26 int In	vent Total Colifor	Ory Lead m Cop _l	and per	Comp	iliance Status complete complete
Sampling Po ENTRY POINT	int (Sampling Poi T (3)	int ID) Nater Sy	rstem Fac	cility and S	1/1/24 - 1/1/25 - 1/1/26 - Sampling	12/3 12/3 12/3	1/24 1/25 1/26 int In	vent	Ory <i>Lead</i>	riod	Comp	diance Status Complete Complete
Sampling Po ENTRY POIN	int (Sampling Poi T (3)	int ID)			1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	1/24 1/25 1/26	vent	ory	riod	Comp	liance Status Complete
Sampling Po	int (Sampling Poi T (3)	int ID)			1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	1/24 1/25 1/26				Comp	liance Status Complete
Sampling Po	int (Sampling Poi		3F ID. 0070		1/1/24 - 1/1/25 -	12/3 12/3	1/24 1/25	Colle	ection Pe		Comp	liance Status Complete
Sampling Po	int (Sampling Poi		3F ID. 0070	10)	1/1/24 -	12/3	1/24	Colle	ction Pe		Comp	liance Status Complete
Sampling Po	int (Sampling Poi		3F ID. 0070	l u)				Colle	ction Pe		Comp	liance Status
	• •		3F ID. 0070	0)	Monitori	ina P	eriod	Colle	ction Pe			
WILL YOU VELL WILL	rite (NOY)		3F ID. 0070	10)						1	routine	(RT) per ves
•	Comey. LITTINI		3F II). UII/	(1)								
Water System F	acility: FNTRY	POINT (W	SE ID: 0070	٠٥١	., 1, 20	5,50	-, = -					
					4/1/26 -							
					1/1/26 -							
					10/1/25 -							ompiete
Select Hoffi I	inventory of Active	e Jamping	i Ullits		7/1/25 -							Complete
	nint (Sampling Point (Sampling Point) Inventory of Active		Points		<i>Monitori</i> 4/1/25 -			Colle	ction Pe	rıod		<i>liance Status</i> Complete
Physical Param		int (D)			0.0 = 11 11		- ut = . t	C-!!			=) per quarte
					4/1/26 -	6/30	0/26					-
					1/1/26 -							
					10/1/25 -							
					7/1/25 -		-				C	omplete
Select from I	nventory of Active	e Sampling	Points		4/1/25 -	6/30	0/25				C	Complete
Sampling Po	int (Sampling Poi	int ID)			Monitori	ing P	eriod	Colle	ction Pe		=	liance Status
Total Coliform	•		•	•					1	l rou	utine (RT) per quarte
Water System F	acility: DISTRIE	BUTION SY	STEM (WS	F ID: 00600)	-							
			Mon	itoring Re	quireme	nts						
Towns Served: EA	ST HAMPTON											
62 WEST HIGH ST				Connectio	ns		1					
Local Address (wh				Service	Residen	tial	Comm	ercial	Industri	al	Combine	
	ROSSINIS					Cias	NC	011 1 0	25		P	GW
	2VVS Name										ner Type	Primary Sour
	PWS Name	or Quar	Tey I'I'DI		ına t.on	าทโ	ianc	e Scl	neam	e		
PWS ID F		•	ity Mon									

Schedule Generation Date: 12/12/2025 Page 30

Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type I	Primary Source	
CT0420424	ROSSINIS					N	С	25	l	Р	GW	
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industria	al C	ombine	d Agricultural	
62 WEST HIGH ST	TREET			Connection	ns		1					
owns Served: EAST HAMPTON												
Name			0	rganization					J	ob Title		
A L M Realty Gro	oup LLC											
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code	
62 West High Str	eet						East Hampton CT 06				06424	
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress				
Contact Role(s):	Owner											
Name			0	rganization					J	ob Title		
Mr. Emilio Simor	ni		R	ossinis				Owner				
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code	
62 West High Str	eet						East Ha	mpton		CT	06424	
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress				
860-267-1106												
Contact Role(s):	Administrative	Contact, Ow	ner									

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

End of schedule

	Connecticut Dej	partment of	Public Health	Drink	ing Wa	ater Se	ction	
	Water Qu	iality Monit	oring and Com	pliand	e Sche	edule		
PWS ID	PWS Name			Classificat	ion Popu	ation Own	ner Type F	rimary Source
CT0420454	4 SEARS PARK			NC	2	5	Р	GW
Local Addr	ress (where applicable)		Service Residentia	al Comm	nercial In	dustrial	Combined	Agricultural
62 NORTH	MAIN STREET		Connections	1	L			
Towns Ser	ved: EAST HAMPTON							
		Monite	oring Requiremen	ts				
Water Sys	stem Facility: DISTRIBUTION		<u> </u>					
	liform (3100)					1 rou		per quarter
	oling Point (Sampling Point ID)		Monitoring		Collecti	on Period	Compl	iance Status
Select	t from Inventory of Active Sampl	ing Points	4/1/25 - 6					
			7/1/25 - 9					omplete
			10/1/25 - 1				Co	omplete
			4/1/26 - 6	/30/26				
-	Parameters (PPS)				- "			per quarter
	pling Point (Sampling Point ID)		Monitoring		Collecti	on Period	Compl	iance Status
Select	t from Inventory of Active Sampl	ing Points	4/1/25 - 6					
			7/1/25 - 9		10/1	44/45		omplete
			10/1/25 - 1		10/1	-11/15	C	omplete
Mator Con	store Facility FAITRY POINT	(MCE ID: 00700)	4/1/26 - 6	/30/26				
	stem Facility: ENTRY POINT	(WSF ID: 00700)					,	
	And Nitrite (NOX)		0.4 a mita nim	n Dania d	Callaga		_	RT) per year
	Pling Point (Sampling Point ID) Y POINT (3)		Monitoring		Collecti	on Period		iance Status
EINIK	T POINT (3)		1/1/24 - 12 1/1/25 - 12				C	omplete
			1/1/26 - 12					
	147.1	C						
	water	System Facili	ity and Sampling F	oint ir	nventor	У		
Water	Mateu Custom Facility	Campulina Boint	Campling Daint		Total	Lead and		Charac
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	. .	Coliform Rule	Copper Rule Tier	Ashestos	Stage WOP 2 DBPR
-	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Status A	Y	naic rici	7,550,510,5	WQI Z DDI N
00000	DISTRIBUTION STOTEM	BATHMN	BATHHOUSE MEN	A	Υ			
		BATHWN	BATHHOUSE WOMEN	A	Ү			
			WITHIN 5 SERVICE CON	Α	·			
		PAVHS	PAVILION KITCHEN HAN	Α	Υ			
		PAVKS	PAVILION KITCHEN SIN	Α	Υ			
		PAVMAIN	PAVILION MAIN ROOM	Α	Υ			
		PAVMN	PAVILION MEN	Α	Υ			
		PAVOUT	PAVILION OUT DRINK	Α	Υ			
		PAVWN	PAVILION WOMEN	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20821	WELL	2	WELL	Α				
		Con	tact Information					
Name		Oı	rganization				Job Title	
Mr. David	Сох	To	own of East Hampton		Tow	ın Manageı	r	
Mailing Ad	ldress Line One	Mailing Address	s Line Two		Ci	ty	State	Zip Code
20 East Hig	gh Street			Eas	st Hampto	n	СТ	06424

	Connecticut Department of Public Health Drinking water Section											
	Wa	ter Quality l	Monit	oring a	nd Con	nplia	nce S	Schedul	le			
PWS ID PWS Name							Classification Pop		Owner Type	Primary Source		
CT0420454 SEARS PARK							С	25	Р	GW		
Local Address (w	Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural					
62 NORTH MAIN STREET				Connection	ıs	1						
Towns Served: EAST HAMPTON												
	200000000000000000000000000000000000000											
Business Phone Extension Fax Mobile Phone Emergency Phone Email												
860-267-4468	860-267-4468 860-267-1027 860-510-8867 dcox@easthamptonct.gov											

Connecticut Department of Dublic Health Drinking Water Costion

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

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

End of schedule

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		Connecticut De	•								ction		
		Water Q	uality Moni	toring an	d Con	nplia	anc	e Sch	edu	le			
PWS ID		PWS Name				Classif	ficatio	on Pop	ulation	Owr	ner Type	Primary Sou	urce
CT042047	4	SPENCERS FUNERAL HON	ΛE			١	NC		25		Р	GW	
Local Addr	ress (v	vhere applicable)		Service	Residen	tial Co	omme	ercial I	ndustr	ial	Combine	d Agricult	ural
112 MAIN	STREE	T		Connections			1						
Towns Ser	rved: E	AST HAMPTON											
			Monit	oring Requ	ıireme	nts							
Water Sy:	stem	Facility: DISTRIBUTION	N SYSTEM (WSF	ID: 00600)									
Total Col	liform	n (3100)							:	1 rou	tine (RT) per quar	ter
Samp	oling F	Point (Sampling Point ID)			Monitor	ing Per	riod	Collec	tion Pe	riod	Comp	oliance Stat	us
Selec	t from	Inventory of Active Samp	ling Points		4/1/25 -	6/30/2	25				(Complete	
					7/1/25 -	9/30/2	25				(Complete	
					10/1/25 -	12/31	/25				(Complete	
					1/1/26 -	3/31/2	26						
	-				4/1/26 -	6/30/2	26						
Physical	Parai	meters (PPS)							:	1 rou	•) per quar	
Samp	oling F	Point (Sampling Point ID)			Monitor	ing Per	riod	Collec	tion Pe	riod	Comp	oliance Stat	us
Selec	t from	Inventory of Active Samp	ling Points		4/1/25 -	6/30/2	25				(Complete	
					7/1/25 -	9/30/2	25				(Complete	
					10/1/25 -	12/31	/25				(Complete	
					1/1/26 -	3/31/2	26						
					4/1/26 -	6/30/2	26						
Water Sy:	stem	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And N	itrite (NOX)								1	routine	(RT) per ye	ear
Samp	oling F	Point (Sampling Point ID)			Monitor			Collec	tion Pe	riod	Comp	oliance Stat	us
ENTR	RY POII	NT (3)			1/1/24 -	12/31/	/24				(Complete	
					1/1/25 -	12/31/	/25				(Complete	
					1/1/26 -	12/31/	/26						
			Other C	Compliance	Sched	lules							
Compliand	ce Sch	edule Activity				Due Do	ate		Achie	eved i	Date		
		TION SURVEY REPORT				3/1/20	24						
CROSS CO	NNEC	TION SURVEY REPORT				3/1/20	25						
CROSS CO	NNEC	TION SURVEY REPORT				3/1/20	26						
		Water	r System Faci	lity and Sar	mnling	Poin	nt In	vento	rv				
Water								Total	Lead	and			
System	Wate	er System Facility	Sampling Point	Sampling Poi	nt			Coliform				Sto	age
Facility ID		•	ID	Description		Sto	atus	Rule		-	Asbesto	s WQP 2 D	_
00600	DISTE	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
			DOWNSTREAM	I WITHIN 5 SER	VICE CO	N	Α						
			UPSTREAM	WITHIN 5 SER	VICE CO	N	Α						
00700	ENTR	Y POINT	3	ENTRY POINT			Α						
20823	WELL	-	2	WELL			Α						
			Cou	ntact Inform	mation								
Name				rganization							Job Title		
	as J. P	ortelance Jr.		pencer Funeral	Home In			Pre	esident		333 11110	•	
Mailing Ac			Mailing Addres	-		-			City	•	State	Zip Code	9
112 Main			P.O. Box 90				East	t Hampt			CT	06424	
			31 = 37,00	-				···P·	•			'	

	Wa	ter Quality N	Monit	oring ar	nd Cor	npl	liance	Schedul	le		
PWS ID				ssification	Population	Owner Type	Prir	Primary Source			
CT0420474 SPENCERS FUNERAL HOME							NC	25	Р		GW
Local Address (where applicable)				Service	Resider	ntial	Commerc	ial Industri	al Combin	ed	Agricultural
112 MAIN STREET			Connections	S		1					
Towns Served: E	AST HAMPTON				·			·			
Business Phone Extension Fax Mobile					Emergenc	gency Phone Email Address					
860-267-2226	5			860-267	0-267-9822 sfh@sbcglobal.net						

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

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	Connecticut Department Water Quality Mo				_			on	
PWS ID	PWS Name	intorning and		Classification				mo Dri	mary Source
			(-			/pe Pri	
CT0420484	ST PATRICK CHURCH	C i	D = = : -l = +:	NC		25	Р	la tua a al	GW
7 WEST HIGH	where applicable) STREET	Service Connections	Residenti	al Commer 1	rciai i	ndustrial	Com	bined	Agricultura
	EAST HAMPTON								
		nitoring Requi	remen	ıts					
Vater Systen	Facility: DISTRIBUTION SYSTEM (W								
Total Colifor		,				1	routine	e (RT)	per month
	Point (Sampling Point ID)	^	/lonitorin	g Period	Collec	tion Peri			nce Status
	m Inventory of Active Sampling Points		7/1/25 - 7						nplete
	, , ,		8/1/25 - 8						nplete
			9/1/25 - 9						nplete
			0/1/25 - 1						nplete
			1/1/25 - 1						nplete
			2/1/25 - 1						
			1/1/26 - 1						
			2/1/26 - 2						
			3/1/26 - 3						
			4/1/26 - 4						
			5/1/26 - 5						
			6/1/26 - 6						
Total Colifor	m (3100)						3 repea	t (RP)	per period
	Point (Sampling Point ID)	^	/lonitorin	g Period	Collec	tion Peri	•		nce Status
Select fro	m Inventory of Active Sampling Points	6	5/12/25 -	6/17/25				Con	nplete
		7	//15/25 -	7/20/25				Con	nplete
Physical Para	ameters (PPS)					1	routine	e (RT)	per month
Sampling	Point (Sampling Point ID)	^	/lonitorin	g Period	Collec				-
Select fro	m Inventory of Active Sampling Points		7/1/25 - 7	7/31/25				Con	nplete
			8/1/25 - 8	3/31/25				Con	nplete
			9/1/25 - 9)/30/25				Con	nplete
		1	0/1/25 - 1	.0/31/25				Con	nplete
		1	1/1/25 - 1	1/30/25				Con	nplete
		1	2/1/25 - 1	2/31/25					
			1/1/26 - 1	/31/26					
			2/1/26 - 2	2/28/26					
			3/1/26 - 3	3/31/26					
			4/1/26 - 4	1/30/26					
			5/1/26 - 5	5/31/26					
_			6/1/26 - 6	5/30/26					
Vater Systen	Facility: ENTRY POINT (WSF ID: 007	700)							
	Nitrite (NOX)								er quarter
Sampling	Point (Sampling Point ID)	/	/lonitorin	g Period	Collec	tion Peri	od C	omplia	nce Status

4/1/25 - 6/30/25

7/1/25 - 9/30/25

10/1/25 - 12/31/25

1/1/26 - 3/31/26

ENTRY POINT (3)

Complete

Complete

Complete

Co	nnectic	ut Departm	ent of	f Public	Health	Drin	ıking V	Water Se	ection	
		ter Quality								
PWS ID PWS	S Name	cer quarrey	Monne	or mg u					nor Typo F	rimary Source
	ATRICK CHU	DCH .				N		25	P P	GW
Local Address (where		КСП		Service	Residen		mmercial	Industrial	Combined	
47 WEST HIGH STREE				Connection		tiai Coi	1	iiiuustiiai	Combined	Agricultural
Towns Served: EAST							1			
Towns Served. LAST	HAIVIF TON				•					
			Monit	oring Re	quireme	nts				
Water System Facil	lity: ENTRY	POINT (WSF ID	: 00700)							
Nitrate And Nitrite	e (NOX)							1 rou	utine (RT)	per quarter
Sampling Point	(Sampling P	oint ID)			Monitori	ng Perio	od Coll	ection Period	Compl	iance Status
					4/1/26 -	6/30/2	6			
Water System Facil	lity: WELL	(WSF ID: 20824)								
E. Coli (3014)	•							1 trig	gered (TG) per period
Sampling Point	(Sampling P	oint ID)			Monitori	ng Perio	od Coll	ection Period	-	iance Status
WELL (2)		•			6/11/25					omplete
, ,					7/14/25					omplete
	Monthly	Water System	m Eacil	i+v/\\\\CE				aquirama		
		-		ity (vv3r) Level IV	ioiiit	orning ix	equireine	1115	
Water System Facil		-	-							
Analyte	Moni	toring Requiremer	t (Summ	ary Type)	Ope	rating Li	imit		Samples F	eq/Month
рН	Entry	Point pH Monitori	ng (PHRD			mum: 6	6.4 PH			4
Start Date: 3/1/2	2025			_	oliance Histo	-	Opera	ating Limit	Monito	
					toring Perio		Comp	oliance Status	: Compli	ance Status:
					025 - 7/31/2					
					025 - 8/31/2					
					025 - 9/30/2					
					2025 - 10/3	•				
				11/1/	2025 - 11/30)/2025				
		C	ther C	omplian	ce Sched	ules				
Compliance Schedule	Activity				1	Due Dat	te	Achieved	Date	
L2 ASSESSMENT (MU	LTIPLE TC+, 2	2ND IN 12M)			8	/17/202	25			
,	<u> </u>	Water Syster	n Eacili	ity and S				torv		
Motor		water system	ii i aciii	ity and 3	amping	FUIII			,	
Water System Water Sys	stem Facility	Samnl	ina Point	Sampling F	Point		Tota Colifo			Stage
Facility ID		oup.	ID	Description		Sta	5.4		Asbestos	WQP 2 DBPR
-	TION SYSTEM]	4		ION SYSTEM		tus			,
					SERVICE CON					
			TREAM		SERVICE CON					
00700 ENTRY PO	INT	0.0	3	ENTRY POI		Δ				
20824 WELL			2	WELL						
61488 TREATME	NT DI ANT			VVLLL			`			
OT400 LYEALINE	INI FLAINI									
			Con	itact Info	ormation					
Name			Oı	rganization					Job Title	
Reverend Darius Duc	dzik			. Patrick Chu	urch Corp.			Pastor		
Mailing Address Line	One	Mailin	g Address	s Line Two				City	State	Zip Code
47 West High St		C/O St	. Patrick	Church			East Ham	pton	СТ	06424
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Add	dress		
860-267-6644							fatherdko	l@gmail.com		

	Connecticu	t Depa	rtment (of Public	Health	Drii	nking	Water	Sect	ion	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	Type P	rimary Source
CT0420484	ST PATRICK CHUR	СН				١	IC	25	Р		GW
Local Address (w	here applicable)			Service	Residen	ntial Co	mmercia	al Industri	al Cor	nbined	I Agricultural
47 WEST HIGH S	TREET			Connection	ns		1				
Towns Served: E	AST HAMPTON			<u> </u>							
Contact Role(s):	Legal Contact						100000				
Name				Organization					Jo	b Title	
Ms. Marlene Ha	le			St. Patrick's Ch	nurch			Church Se	cretary		
Mailing Address	Line One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
47 West High St							East Ha	mpton		СТ	06424
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress	,		
860-267-6644							sjp2par	ishoffice@g	mail.cor	n	
Contact Role(s):	Administrative C	ontact					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.
- 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

	Connecticut Depart	tment	t of Public H	lealth	Drink	ing	Water	Sec	ction	
	Water Qualit					_				
PWS ID	PWS Name	cy 1410	meoring and	u don				T	er Type P	rimary Source
CT0420494	36 EAST HIGH STREET - EAST HA	AMPTON			NC		25		P	GW
Local Address (v	where applicable)		Service	Resident	tial Comn	nercial		al C	Combined	Agricultural
,	,		Connections			L				
Towns Served:	EAST HAMPTON			I						
		Мо	nitoring Requ	iireme	nts					
Water System	Facility: DISTRIBUTION SYST									
Total Coliforn	n (3100)						1	l rout	ine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Col	lection Pe	riod	Compli	ance Status
Select from	n Inventory of Active Sampling Po	oints		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					
-	meters (PPS)									per quarter
	Point (Sampling Point ID)				ng Period	Col	lection Pe	riod		ance Status
Select fron	n Inventory of Active Sampling Po	oints		4/1/25 -						mplete
				7/1/25 -					Со	mplete
					12/31/25					
				1/1/26 -						
_				4/1/26 -	6/30/26					
-	Facility: ENTRY POINT (WS	F ID: 007	700)							
Nitrate And N					5				-	RT) per year
	Point (Sampling Point ID)				ng Period	Col	lection Pe	riod		ance Status
ENTRY PO	INT (3)				12/31/24					mplete
				1/1/25 - : 1/1/26 - :					Co	mplete
		Otho	v Compliance							
C	and a section	Otne	r Compliance				0 -1-1-		\	
Compliance Sch					Due Date		Acnie	ved D	ate	
RESPOND TO SA	ANITARY SURVEY				/25/2021					
	•	'ublic l	Notification R	equire						
\(\(\frac{1}{2} - \frac{1}{2}	41		Compliance	Notice			<u>tification</u>			<u>tification</u>
Violation/Situa Total Coliform I			Period	Tier	Requi		Performe		e to DPH	Received
			7/1/10 - 9/30/10	2	9/10/2				/20/2010	
Total Coliform I	vict violation bliform M&R Violation		8/1/10 - 8/31/10 8/1/10 - 8/31/10	2	1/10/2				1/2/2010	
Total Coliform I			8/1/10 - 8/31/10	2	1/19/2 1/28/2				/29/2011	
TOTAL COMMONIN I								2,	/7/2011	
Materia	water sys	tem Fa	acility and Sar	npling	Point II		•			
Water System Wat	er System Facility Sa	mnlina P	oint Sampling Poi	nt		Tota Colife				Stage
Facility ID	o. System radiney Su	ID	Description	•••	Status	D			Asbestos	WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	Υ				
			EAM WITHIN 5 SER							
		UPSTREA								
00700 ENTI	RY POINT	3	ENTRY POINT		Α					
2092E WEI		2	\A/ELI		Λ					

Α

WELL

Schedule Generation Date: 12/12/2025

2

20825 WELL #1

20404	26 EAST HIGH STREET EAST HAMPTON	NC	25	D	G\M
ID	PWS Name	Classification	Population	Owner Type	Primary So
	Water Quality Monitoring and Con	npliance S	Schedul	le	
	Connecticut Department of Fublic Health	אווואווועוו	3 Water	Section	

Connecticut Department of Public Health Drinking Water Section

PWS ID	PW3 Name			Clas	Silication	Population	Owner Type	e Primary Source
CT0420494	36 EAST HIGH STREET - EAST HAMPTON				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ned Agricultural
		Connections			1			

Towns Served: EAST HAMPTON

DVA/C II

Water System Facility and Sampling Point Inventory

Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility IL		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR

59150 TREATMENT - IRON REMOVAL

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Shantilal Lala				B&H Lala, LL	С		Property O	wner	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
36 East High Street						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-267-1096					860-395-8117				

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

		י דו די דו הי	D ' 1 '	T A 7			
Connecticut Depar				_		ction	
Water Quali	ity Monit	oring and Com	plianc	e Sche	dule		
PWS ID PWS Name		(Classificati	on Popul	ation Own	er Type Pr	imary Source
CT0420534 VFW #5095			NC	25	5	Р	GW
Local Address (where applicable)		Service Residentia	al Comm	ercial Ind	dustrial	Combined	Agricultura
20 NORTH MAPLE STREET		Connections	1				
Towns Served: EAST HAMPTON							
	Monite	oring Requiremen	ts				
Water System Facility: DISTRIBUTION SYS	STEM (WSF II	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) լ	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection	on Period	Compli	ance Status
Select from Inventory of Active Sampling P	Points	4/1/25 - 6	/30/25			Coi	mplete
		7/1/25 - 9	/30/25			Coi	mplete
		10/1/25 - 1	.2/31/25				
		1/1/26 - 3	/31/26				
		4/1/26 - 6	/30/26				
Physical Parameters (PPS)					1 rou	tine (RT) ¡	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection	on Period	Compli	ance Status
Select from Inventory of Active Sampling P	Points	4/1/25 - 6	/30/25			Coi	mplete
		7/1/25 - 9	/30/25			Coi	mplete
		10/1/25 - 1	2/31/25				
		1/1/26 - 3	/31/26				
		4/1/26 - 6	/30/26				
Water System Facility: ENTRY POINT (WS	SF ID: 00700)						
Nitrate And Nitrite (NOX)					1 :	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection	on Period	· -	ance Status
ENTRY POINT (3)		1/1/24 - 12	2/31/24		_	Coi	mplete
		1/1/25 - 12	2/31/25			Coi	mplete
		1/1/25 - 12 1/1/26 - 12				Coi	mplete
	Other C	1/1/26 - 12	2/31/26			Coi	mplete
Compliance Schedule Activity	Other C	1/1/26 - 12 ompliance Schedu	2/31/26		Achieved L		mplete
Compliance Schedule Activity CROSS CONNECTION SURVEY REPORT	Other C	1/1/26 - 12 ompliance Schedu De	2/31/26 Iles		Achieved L		mplete
CROSS CONNECTION SURVEY REPORT		1/1/26 - 12 ompliance Schedu De	2/31/26 ules ue Date /1/2026				mplete
CROSS CONNECTION SURVEY REPORT		1/1/26 - 12 ompliance Schedu Di 3/	2/31/26 ules ue Date /1/2026	ventor			mplete
CROSS CONNECTION SURVEY REPORT Water Sys	stem Facili	1/1/26 - 12 ompliance Schedu Do 3/ ity and Sampling F Sampling Point	2/31/26 Iles Ue Date 11/2026 Point In	ventor	у		mplete Stage
CROSS CONNECTION SURVEY REPORT Water Sys	stem Facili	1/1/26 - 12 ompliance Schedu Do 3/ ity and Sampling F	2/31/26 Iles Ue Date 11/2026 Point In	ventor	Y Lead and Copper	Date	
CROSS CONNECTION SURVEY REPORT Water System Water System Facility See	stem Facili	1/1/26 - 12 ompliance Schedu Do 3/ ity and Sampling F Sampling Point	2/31/26 Iles Ue Date 1/2026 Point In	ventor Total Coliform	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4	1/1/26 - 12 ompliance Schedu Di 3/ ity and Sampling F Sampling Point Description	2/31/26 Iles ILES ILE Date ILLES ILL	Total Coliform Rule	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4	1/1/26 - 12 ompliance Schedu Do 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM	2/31/26 Iles Ue Date 1/2026 Point In Status A	Total Coliform Rule	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM	1/1/26 - 12 ompliance Schedu Di 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	2/31/26 Iles Ile	Total Coliform Rule	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM	1/1/26 - 12 ompliance Schedu Di 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	2/31/26 Iles Ue Date 1/2026 Point In Status A A A	Total Coliform Rule	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM VFW KIT	1/1/26 - 12 ompliance Schedu Di 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON KITCHEN SINK	2/31/26 Iles Ue Date 1/2026 Point In Status A A A A	Total Coliform Rule Y	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM VFW KIT VFWBAR1	1/1/26 - 12 ompliance Schedu Di 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON KITCHEN SINK BAR SINK #1	2/31/26 Iles ILE	Total Coliform Rule Y Y Y	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM VFW KIT VFWBAR1 VFWBAR2	1/1/26 - 12 ompliance Schedu 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON KITCHEN SINK BAR SINK #1 BAR SINK #2	2/31/26 Iles Ue Date 1/2026 Point In Status A A A A A A	Total Coliform Rule Y Y Y Y Y	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM VFW KIT VFWBAR1 VFWBAR2 VFWBKBAR	aty and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON KITCHEN SINK BAR SINK #1 BAR SINK #2 BACK BAR SINK	2/31/26 Iles Ue Date 1/2026 Point In Status A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM VFW KIT VFWBAR1 VFWBAR2 VFWBKBAR VFWMEN	1/1/26 - 12 ompliance Schedu Di 3/ ity and Sampling F Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON KITCHEN SINK BAR SINK #1 BAR SINK #2 BACK BAR SINK MEN'S ROOM SINK	2/31/26 Iles Ile	Total Coliform Rule Y Y Y Y Y Y Y Y	Y Lead and Copper	Date	Stage
CROSS CONNECTION SURVEY REPORT Water System Water System Facility Softacility ID 00600 DISTRIBUTION SYSTEM	stem Facili ampling Point ID 4 DOWNSTREAM UPSTREAM VFW KIT VFWBAR1 VFWBAR2 VFWBKBAR VFWBKBAR VFWMEN VFWUTIL	and Sampling Foint Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON KITCHEN SINK BAR SINK #1 BAR SINK #2 BACK BAR SINK MEN'S ROOM SINK UTILITY SINK	2/31/26 Iles Ue Date 1/2026 Point In Status A A A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y Y Y Y	Y Lead and Copper	Date	Stage

(Connectic	ut Depa	rtment	of Public	Health	Drii	ıking	Water	Section	1	
	Wa	ter Qual	lity Mor	nitoring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name								1	e Pr	imary Source
CT0420534	/FW #5095					N	С	25	Р		GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combin	ned	Agricultural
20 NORTH MAPLE	STREET			Connection	ns		1				
Towns Served: EA	AST HAMPTON			·	·	·			·		
		Water Sy	stem Fac	cility and S	ampling	Poin	t Inve	ntory			
Facility ID	System Facility		Sampling Po	int Sampling P Description		Sto	Colif	tal Lead Form Cop ule Rule	per	tos	Stage WQP 2 DBPR
61714 TREAT	MENT PLANT				.•						
			C	ontact Info	rmation	1		1			
Name				Organization					Job Tit	tle	
Veterans of Forei											
Mailing Address L	ine One			ress Line Two				City	State	ة	Zip Code
20 North Maple			P O Box 301				East Ha		СТ	\perp	06424
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			
860-267-8837											
Contact Role(s):	Owner			T							
Name				Organization					Job Tit	ile	
Mr. Roger Anders				VFW Post 509	5		T	0			
Mailing Address L	ine One		Mailing Addi	ress Line Two				City	State	7	Zip Code
20 North Maple	Francisco	E	0.4	- Istil - Disease	F	. Dl	East Ha	•	СТ	Щ.	06424
Business Phone	Extension	Fax	IVI	obile Phone	Emergency	/ Pnone					
860-267-8837	Local Cantact						rwande	rson42@co	mcast.net		
Contact Role(s): Name	Legai Contact			Organization					Job Tit	tlo.	
Mr. Domenic M.	Guiliano			Organization VFW Post 509	5			Quarter N		.ie	
Mailing Address L			Mailing Add	ress Line Two	J			City	State		Zip Code
20 North Maple S			ivialiling Auul	E33 LITTE TWO			East Ha		CT	-	06424
ZO MOLLII IVIAPIE 3	ווככו						Last 11d	πρισπ	CI		00424

- CD | I-ling II - - Itl. | Doring Inc. | March - Const.

Emergency Phone Email Address

quartermaster@vfwpost5095.com

203-494-1477

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-267-8837

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

Mobile Phone

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.

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

	Connecticu	it Donartmont of	Dublic He	alth D	rinki	na M	Intor Sc	oction	
		it Department of				_		ction	
		er Quality Monit	oring and						
PWS ID	PWS Name	FACTILIANADTON		Cla		on Pop			rimary Source
CT0420554	DOLLAR GENERAL	EAST HAMPION	Comico F		NC Comm		25	P	GW
	where applicable)		Service F Connections	esidential			Industrial	Combined	Agricultural
197 EAST HIGH	EAST HAMPTON		COTTTCCTIOTIS		1				
Towns Serveu.	EAST HAIVIPTON			_					
Water System	n Facility: DISTRI	IVIONITO BUTION SYSTEM (WSF II	oring Requi	ements	5				
Total Colifor	•	(330)					1 roi	ıtine (RT)	per quarter
	Point (Sampling Po	int ID)	M	onitoring I	Period	Collec	ction Period		ance Status
	m Inventory of Activ			/1/25 - 6/3					mplete
	, , , , , , , , , , , , , , , , , , , ,	P 0		/1/25 - 9/3	-				mplete
				/1/25 - 12/					mplete
				/ /1/26 - 3/3					1
				/1/26 - 6/3	-				
Physical Para	ameters (PPS)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Po	int ID)	M	onitoring I	Period	Collec	ction Period	Compli	ance Status
DISTRIBU	TION SYSTEM (4)		4	/1/25 - 6/3	30/25			Co	mplete
			7	/1/25 - 9/3	30/25			Co	mplete
			10	/1/25 - 12/	/31/25			Co	mplete
			1	/1/26 - 3/3	31/26				
			4	/1/26 - 6/3	30/26				
Water System	n Facility: ENTRY	POINT (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (F	RT) per year
Sampling	Point (Sampling Po	int ID)	M	onitoring I	Period	Collec	ction Period	Compli	ance Status
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				
	Monthly	Water System Facil	ity (WSF) Le	vel Mo	nitori	ng Re	quireme	nts	
Water System	n Facility: ENTRY	POINT (WSFID: 00700)							
Analyte	Monito	oring Requirement (Summa	ary Type)	Operati	ng Limit			Samples R	eq/Month
рН	Entry F	Point pH Monitoring (PHRD)	Minimu	m: 7.0 F	РН		2	ļ
Start Date:	3/1/2019		Complian	-		Operat	ing Limit	Monito	_
			Monitorin			Compli	iance Status	: Complia	nce Status:
			7/1/2025 -						
			8/1/2025 -						
			9/1/2025 -						
			10/1/2025						
			11/1/2025						
		Other Co	ompliance S						
	hedule Activity				Date		Achieved	Date	
RESPOND TO S	ANITARY SURVEY				/2025				
		Nater System Facili	ty and Sam	pling Po	oint In		•		
Water	tor Custom Facility	Committee Delict	Committee Delet			Total	Lead and		C.
System War	ter System Facility	Sampling Point ID	Description			Coliforn Rule		Ashestos	Stage WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION S	VSTFM	Status A	Y	naic Her	7.5005103	TO LOUIN
00000 DI3			DIDITATION IN S			'			

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Sourc
CT0420554	DOLLAR GENERAL EAST HAMPTON				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultura
197 EAST HIGH	STREET	Connections			1			

Wa	Water System Facility and Sampling Point Inventory											
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
	UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700 ENTRY POINT	3	ENTRY POINT	Α									
61248 WELL 1	2	WELL 1	Α									
61252 TREATMENT PLANT												

			C	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Antonios Arnid	is			25-70 Astori	a Blvd Realty, LLC	Own	er			
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two		City	State	Zip Code		
96 Amherst Street						Garden City	NY	11530		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address				
917-887-6964						paauto@aol.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.

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

	Сс				of Public				0			ction	
DWC ID	DVA	/S Name	tei Qua	iity Moi	iitoi iiig a	illu Coll	_					T D.	wi
PWS ID CT042912		ATHAM CORN	IED DI III DIN	IC			Class	NC		28	Owr	P P	rimary Source GW
			NEK BUILDIN	iG .	Service	Resider	tial (Comme		zo Industri	al	Combined	1
		re applicable)			Connection		itiai	Comme	Clai	maustri	dI		Agricultural
240 MIDD		HAMPTON			Connectio	113						4	
TOWITS SET	veu. EAST	HAIVIPTON				•							
Water Sy	stem Fac	ility: DISTR	IBUTION S		itoring Re F ID: 00600)	quireme	ents						
Total Co		•		•	•					1	l rou	tine (RT)	per quarter
	-	t (Sampling P	oint ID)			Monitor	ing Pe	eriod	Collec	tion Pe			ance Status
		entory of Act		Points		4/1/25							mplete
		•	, ,	<u>'</u>		7/1/25		-					mplete
						10/1/25							<u></u>
						1/1/26							
						4/1/26		-					
-		ers (PPS)											per quarter
		t (Sampling P				Monitor			Collec	tion Pe	riod		ance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		4/1/25							mplete
						7/1/25						Со	mplete
						10/1/25							
						1/1/26		-					
						4/1/26	- 6/30)/26					
Water Sy	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 0070	0)								
		te (NOX)									1	-	RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitor	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance Status
ENTR	RY POINT (3)				1/1/24 -	12/3	1/24				Co	mplete
						1/1/25 -	12/33	1/25				Co	mplete
						1/1/26 -	12/3	1/26					
				Other	Complian	ce Sched	dule	S					
Complian	ce Schedu	le Activity			•		Due D	Date		Achie	ved I	Date	
		ARY SURVEY				3	3/22/2	2025					
			Water S	vstem Fa	cility and S				vento)rv			
14/orton			water 5	ystellia	onity and s	amping	, 1 01	1116 111		Lead	a al		
Water System	Water Su	stem Facility		Samplina Po	int Sampling	Point			Total Coliforn				Stage
Facility ID	_	occini i dicinicy		ID	Descriptio			Status	Rule		•	Asbestos	WQP 2 DBPR
		ITION SYSTEM	1	4	DISTRIBUT	ION		A					
				DOWNSTREA	M WITHIN 5		N	Α					
				UPSTREAM		SERVICE COI		Α					
00700	ENTRY PO	TNIC		3	ENTRY PO			A					
49883	WELL 1			2	WELL 1			A					
58375		ENT PLANT						- •					
20075				C	ontact Inf	armatic:							
					ontact Info	ormatior						:	
Name					Organization							Job Title	
Mr. Jeffre					Shalmuk Inve	stors, LLC				wner			
Mailing Ad				Mailing Addi	ress Line Two					City		State	Zip Code
240 Middl			_		1.1. 61		51		Hampt			СТ	06424
Business	s Phone	Extension	Fax	M	obile Phone	Emergency	/ Phor	ne Ema	ıı Addr	ess			

	Connecticut Department of Lubile Hearth Dilliking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				Classification		Population	Owner Type	Primary Source		
CT0429123	CHATHAM CORNER BUILDING						28	Р	GW		
Local Address (v	where applicable)	Se	ervice	Residen	tial Commerci		al Industri	al Combine	d Agricultural		
240 MIDDLETO\	WN AVE	Co	onnections					4			
Towns Served: I	EAST HAMPTON										
860-638-787	860-638-7873 860-346-9232 860-638-7873 jefpalmer@att.net										
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact, Owner										

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 46

	Connecticut Department of	of Dublic F	Jaalth	Drin	hkino	· Water	r Sc	oction	
	•				_			ction	
D) 4 (C 1 D	Water Quality Mon	itoring an	u Con				_		
PWS ID	PWS Name						1 Ow		imary Source
CT0429154	227 WEST HIGH STREET - E HAMPTON		5	N(39		Р	GW
	(where applicable)	Service Connections	Resident	tial Cor	mmerci	al Industi	rial	Combined	Agricultural
227 WEST HIGH		Connections						4	
Towns Served:	EAST HAMPTON	t D	.•	- 4 -					
		toring Requ	ııreme	nts					
•	n Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)					4	(57)	
Total Colifor					, ,				per month
	Point (Sampling Point ID)		Monitorii			ollection P	eriod		ance Status
Select froi	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 -					Co	mplete
			12/1/25 -						
			1/1/26 -						
			2/1/26 -						
			3/1/26 -						
			4/1/26 -						
			5/1/26 -						
Dhysical Days	ometers (DDC)		6/1/26 -	6/30/20	ь		1 40	utine (DT)	
-	ameters (PPS) Point (Sampling Point ID)		Monitorii	na Daria	od C	ollection P			per month
	m Inventory of Active Sampling Points		7/1/25 -	_		Onection F	eriou		mplete
Select II of	in inventory of Active Sampling Forms		8/1/25 -						mplete
			9/1/25 -						mplete
			10/1/25 -						mplete
			10/1/25 - 11/1/25 -						mplete
			12/1/25 -						inpiete
			1/1/26 -						
			2/1/26 -						
			3/1/26 -						
			4/1/26 -						
			5/1/26 -	-					
			6/1/26 -						
Water System	n Facility: ENTRY POINT (WSF ID: 00700	0)		, ,					
,	Nitrite (NOX)						1	routine (R	T) per year
	Point (Sampling Point ID)		Monitorii	ng Perio	od C	ollection P		·=	ance Status
ENTRY PO			1/1/24 - :						mplete
			1/1/25 - :						mplete
			1/1/26 - :						<u> </u>
Water System	n Facility: WELL 1 (WSF ID: 57699)		-						
E. Coli (3014							1 ro	utine (RT)	per month
•	Point (Sampling Point ID)		Monitorii	ng Perio	od C	ollection P		= =	ance Status

7/1/25 - 7/31/25

8/1/25 - 8/31/25

Schedule Generation Date: 12/12/2025

WELL 1 (2)

Complete

Complete

	Connecticut Depa	artment (of Public	: Health l	Drinki	ng Wa	ater Se	ction	
	Water Qua	lity Mon	itoring a	and Com	plianc	e Sche	edule		
PWS ID P	WS Name				•			ner Type P	rimary Source
CT0429154 2	27 WEST HIGH STREET - E I	HAMPTON			NC	3	9	P	GW
Local Address (wh	ere applicable)		Service	Residenti	al Commo	ercial In	dustrial	Combined	Agricultural
227 WEST HIGH ST			Connectio	ns				4	
Towns Served: EAS	ST HAMPTON								
		Mon	itoring Re	quiremen	ts				
Water System Fa	acility: WELL 1 (WSF ID	: 57699)							
E. Coli (3014)							1 ro	utine (RT) per month
Sampling Poi	int (Sampling Point ID)			Monitoring	g Period	Collect	ion Period	Compl	iance Status
				9/1/25 - 9	/30/25			Co	omplete
				10/1/25 - 1	.0/31/25			Co	omplete
				11/1/25 - 1	.1/30/25			Co	omplete
				12/1/25 - 1	.2/31/25				
				1/1/26 - 1	/31/26				
				2/1/26 - 2	2/28/26				
				3/1/26 - 3	3/31/26				
				4/1/26 - 4	/30/26				
				5/1/26 - 5	/31/26				
				6/1/26 - 6	5/30/26				
	Water S	ystem Fac	ility and S	Sampling F	Point In	vento	ry		
Water						Total	Lead and		
*	System Facility	Sampling Poi				Coliform	Copper		Stage
Facility ID	NUTION SYSTEM	ID	Description		Status	Rule	Kule Her	Aspestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM	2		ION SYSTEM	A	V			
		4 DOM/NETDEA	DISTRIBUT M WITHIN 5 :	-	A	Υ			
		UPSTREAM		SERVICE CON	A A				
00700 ENTRY	DOINT		ENTRY POI						
57699 WELL 1		3 2	WELL 1	INI	A A				
37033 WELL I			ontact Info	rmation					
News		CC	l	Jillation				Jab Title	
Name Mr. Martin Duffy			Organization			Dro	perty Owne	Job Title	
Mailing Address Li	no Ono	Mailing Addr	oss Lino Two			Ci		State	Zip Code
P.O. Box 353	nie One	Ivialling Auul	ess Lille I WO		Hac	ddam	Ly	CT	06438
Business Phone	Extension Fax	N/c	bile Phone	Emergency P			c	Ci	00438
860-748-9324	LATERISION 1 dA	IVIC	Dolle Filone	Lineigency F	TIONE LIN	all Addres	55		
	egal Contact, Owner								
Name			Organization					Job Title	
Ms. Bonnie Rau			The Tavern O	n 66				100 1100	
Mailing Address Li	ne One	Mailing Addr				Ci	tv	State	Zip Code
227 West High St					Eas	t Hampto	•	CT	06424
Business Phone	Extension Fax	Mo	bile Phone	Emergency P		•			
860-267-6569			0-819-8651	- 3			omcast.net		
222 =0. 0000		30.							

Contact Role(s): Administrative Contact

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

ı											
	PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
	CT0429154	227 WEST HIGH STREE	T - E H	AMPTON				NC	39	Р	GW
	Local Address (where applicable)		Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural		
	227 WEST HIGH ST		Connections					4			
1					•				· ·		

Please note the following:

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

End of schedule

			artment of								ection		
		Water Qu	ality Monit	oring and	d Com	ıpli	ianc	e Sc	hec	lule			
PWS ID	PWS Name	9				Clas	sificati	ion Po	pulat	ion Ow	ner Type	Pri	mary Source
CT0429164	HOPE CHU	RCH OF EAST HA	MPTON				NC		25		Р		GW
Local Addres	s (where applic	cable)		Service	Resident	tial	Comm	ercial	Indu	ıstrial	Combin	ed	Agricultural
230 EAST HIG	GH ST (ROUTE 6	56)		Connections							1		
Towns Serve	d: EAST HAMP	TON											
	- 11			oring Requ	ireme	nts							
		DISTRIBUTION	SYSTEM (WSF II	D: 00600)									
Total Colifo	•										-		er quarter
	ng Point (Samp				Monitorii			Colle	ection	Period			nce Status
Select fr	rom Inventory	of Active Samplir	ng Points		4/1/25 -								plete
					7/1/25 -		-					Com	plete
					10/1/25 -								
					1/1/26 -								
		1			4/1/26 -	6/30	0/26						
-	rameters (Pl	-			0.4 = 11		aut = 1	6.11			-		er quarter
	ng Point (Samp		5		Monitorii			Colle	ection	Period			nce Status
Select fr	rom inventory	of Active Samplir	ng Points		4/1/25 -								plete
					7/1/25 -							Com	plete
				-	1/1/25 -								
					1/1/26 -								
Matau Custs	on Facility	ENTRY POINT	WCE ID: 00700\		4/1/26 -	0/30)/20						
•	•		WSF ID: 00700)									/	,
	d Nitrite (NO	- · · · -			0 <i>0</i> iti	D	- u! - d	C-II-				-) per year
	ng Point (Samp POINT (3)	ning Point ID)			Monitorii			Colle	ection	Period			nce Status
ENIKIF	201NT (3)				1/1/24 - 1 1/1/25 - 1								plete
												COII	plete
					1/1/26 - 1								
			System Facil	ity (WSF) L	evel IV	/lon	itori	ng Re	equ	ireme	ents		
Water Syste	em Facility: E	NTRY POINT (WSFID: 00700)										
Analyte		Monitoring Req	uirement (Summa	ary Type)	Oper	ratin	g Limit	t			Samples	Red	/Month
рН		Entry Point pH N	Monitoring (PHRD)	Mini	mum	n: 7.0 I	PH				4	
Start Date	e : 8/1/2014			Complia	nce Histo	ry:		Opera	ting	Limit	Moni		_
					ing Period			Comp	lianc	e Status	: Comp	lian	ce Status:
					5 - 7/31/2								
					5 - 8/31/2								
					5 - 9/30/2								
					25 - 10/31								
				11/1/202	25 - 11/30)/202	25						
		Water	System Facili	ty and Sar	npling	Poi	int In	rvent	ory				
Water								Total	l Le	ead and	I		
	ater System Fo	acility	Sampling Point		nt			Colifor		Copper			Stage
Facility ID			ID	Description			Status	Rule	R	ule Tiei	r Asbesto	os V	VQP 2 DBPR
00600 DI	ISTRIBUTION S'	YSTEM	4	DISTRIBUTION			Α						
			DOWNSTREAM				A						
00705			UPSTREAM	WITHIN 5 SER	VICE CON	ı	A						
00700 EN	NTRY POINT		3	ENTRY POINT			Α						

Connecticut Department of Public Health	ı Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Prima

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0429164	HOPE CHURCH OF EAST HAMPTON				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
230 EAST HIGH	ST (ROUTE 66)	Connections					1	

Wat	er System Facili	ity and Samplin	ng Point In	ventor	γ		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
58830 WELL 1	2	WELL 1	Α				

58834 TREATMENT PLANT

				Co	ntact Info	ormation					
Name				(Organization			Job Title			
Mr. Thomas Ingala			ı	Hope Church							
Mailing Address Line One Mailing Addr					ess Line Two			City	State	Zip Code	
PO Box 44	O Box 44						East Hampton		СТ	06424	
Business Phone	Extension	Fax	Mobile Phone Emergency Phone Email			Email Ad	dress				
860-267-9607	103	860-267-6	5506				facilities@cthope.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

	Connecticut Departmen				_			ction	
DIAIC ID	Water Quality Mo	nitoring an		_		1		- D	
PWS ID	PWS Name				on Po	-	Own		imary Source
CT0429184	ST. PATRICK CHURCH - PARISH CENTER	Comileo	Desident	NC	- uniol	33	.1	P	GW
	(where applicable)	Service Connections	Resident			Industria	11	Combined	Agricultura
47 W. HIGH ST	EAST HAMPTON	Connections		1					
rowns served:			•		_		-		
		nitoring Requ	iiremei	nts					
-	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)							
Total Colifor	•					1	rou		oer quarter
	Point (Sampling Point ID)		Monitorin	_	Coll	ection Per	riod		ance Status
Select fro	m Inventory of Active Sampling Points		4/1/25 -						mplete
			7/1/25 -	-				Со	mplete
			10/1/25 -	12/31/25				Со	mplete
			1/1/26 -	3/31/26					
			4/1/26 -	6/30/26					
Total Colifor	-						3 re		per period
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/15/25 -	7/20/25				Co	mplete
Total Colifor	m (3100)				3 t	emporar	y ro	utine (TR)	per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		8/1/25 -	8/31/25				Со	mplete
Physical Para	ameters (PPS)					1	rou	tine (RT)	oer quarter
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/25 -	6/30/25				Co	mplete
			7/1/25 -	9/30/25				Co	mplete
			10/1/25 -	12/31/25				Co	mplete
			1/1/26 -	3/31/26					
			4/1/26 -	6/30/26					
Water Systen	n Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrate (104	10)					1	rou	tine (RT) _I	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per	riod	Compli	ance Status
ENTRY PC	DINT (3)		4/1/25 -	6/30/25				Со	mplete
			7/1/25 -	9/30/25				Со	mplete
			10/1/25 -	12/31/25				Со	mplete
			1/1/26 -	3/31/26					
-			4/1/26 -	6/30/26					
Nitrite (104	1)			•			1	routine (R	T) per year
-	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per		=	ance Status
ENTRY PC			1/1/24 - 1						mplete
	•		1/1/25 - 1						mplete
			1/1/26 - 1						<u>-</u>
Water Systen	n Facility: PARISH WELL (WSF ID: 59	511)							
E. Coli (3014	,	•				11	trigg	ered (TG)	per period
-	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per			ance Status
				_					
PARISH W	/ELL (2)		//14/25 -	7/20/25				Co	mplete

Service Connections Service Connections Combined Combi		'onnoctic	ut Dona	rtmor	ot of l	Dublic	Hoolth Dr	nkina	Mator C	oction				
Classification Operating Population Owner Type Primary Source Classification Owner Type Primary Source Condition Owner Type Primary Source Owner Type Primary Source Owner Type Primary Source Owner Type Owner Type Primary Source Owner Type	C		•					_		ection				
Service Service Service Service Commercial Industrial Combined Agricultural Combined Agricultural Combined Combined Agricultural Combined Combined Agricultural Combined Agricultural Combined Agricultural Combined Combine		Wa	ter Qual	ity Mo	onito	ring a	nd Compli	ance S	chedule					
Service Service Service Connections Residential Commercial Industrial Combined Agricultural Commission Combined Agricultural Commission	PWS ID P	WS Name					Class							
Table Street Connections 1 Connections 1 Connections Con	CT0429184 S	T. PATRICK CHU	JRCH - PARISI	H CENTER	₹			NC	33	Р	GW			
Nater System Facility Entry Point Monitoring Requirement (Summary Type) Operating Limit Samples Reg/Month	Local Address (wh	ere applicable)						ommercia	Industrial	Combined	Agricultural			
Analyte Monitoring Requirement (Summary Type) Operating Limit	47 W. HIGH STREE	Т			(Connection	ns	1						
Analyte Monitoring Requirement (Summary Type) Operating Limit Albert Start Date: 3/1/2025 Entry Point pH Monitoring (PHRD) Monitoring Compliance History: Monitoring Period Compliance History: Monitoring Period Compliance Status: Compliance Status: Compliance Status: 7/1/2025 - 7/31/2025 S4/1/2025 S4/1/202	Towns Served: EAS	ST HAMPTON												
	Water System Fa	cility: ENTRY	POINT (W	SFID: 007	700)									
Start Date: 3/1/2025	Analyte	Moni	toring Requir	ement (S	ummar	у Туре)	Operating	Limit		Samples R	eq/Month			
Monitoring Period Compiliance Status: Compiliance Status: Compiliance Status: 7/1/2025 - 7/31/2025 8/1/2025 - 8/31/2025 9/1/2025 - 8/31/2025 9/1/2025 - 8/31/2025 9/1/2025 - 1/30/2025 10/1/2025 - 1/30/2025 11/1/2025 - 1/30/2025 11/1/2025 - 1/30/2025 11/1/2025 - 1/30/2025 11/1/2025 - 1/30/2025	рН	Entry	Point pH Mo	nitoring	(PHRD)		Minimum	6.4 PH		4	4			
Monitoring Period Compliance Status: Compliance Status: 7/1/2025 - 1/31/2025 -	Start Date: 3/	1/2025				Comp	oliance History:	Ope	rating Limit	Monito	ring			
Section Sect						Monit	toring Period	•	_	ıs: Complia	ance Status:			
9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Water System Facility and Sampling Point Inventory Water System Water System Facility Bandling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 59511 PARISH WELL 2 PARISH WELL A 61432 TREATMENT PLANT Contact Information Name Organization Job Title Sidne Patricks Roman Catholic Church Wailing Address Line One Mailing Address Line Two East Hampton CT 06424 Estension Fax Mobile Phone Emergency Phone Email Address Stagation Stagation Dob Title Contact Role(s): Owner Name Organization Stagation Dob Title Stage Phone Extension Fax Mobile Phone Emergency Phone Email Address Employ Stage Stag						7/1/20	025 - 7/31/2025							
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 Coliform Copper Status Rule Tier Asbestos WQP 2 DBPR O0600 DISTRIBUTION SYSTEM			·			8/1/20	025 - 8/31/2025							
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Sampling Point Sampling Point Sampling Point Sampling Point Status Rule Rule Tier Asbestos WQP 2 DBPR						11/1/	2025 - 11/30/202	5						
System Water System Facility ID Description Status Status Rule Tier Asbestos WQP 2 DBPR Status Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM			Water Sy	stem F	acilit	y and S	ampling Poi	nt Inver	itory					
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 59511 PARISH WELL 2 PARISH WELL A 61432 TREATMENT PLANT Contact Information Name Organization Vailing Address Line One Business Phone Extension Service Abouted Abo	Water							Tot	al Lead an	d				
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Same Organization Fax Mobile Phone Emergency Phone Sate Zip Code			[DOWNST	REAM V	VITHIN 5 S	SERVICE CON	Α						
Sp511 PARISH WELL 2 PARISH WELL A 61432 TREATMENT PLANT Contact Information Name				UPSTRE	AM V	VITHIN 5 S	SERVICE CON	Α						
Contact Information Name Saint Patricks Roman Catholic Church Mailing Address Line One Mailing Address Line Two Mobile Phone Extension St. Patrick Church Corp. Mailing Address Line Two Organization Organization Organization Organization Organization Organization Organization Organization St. Patrick Church Corp. Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code St. Patrick Church Corp. Pastor City State Zip Code City State Zip Code AT West High St C/O St. Patrick Church East Hampton CT 06424 Emergency Phone Email Address Email Address Fax Mobile Phone Emergency Phone Email Address Fax Mobile Phone Emergency Phone Emergency Phone Email Address fatherdkd@gmail.com Contact Role(s): Legal Contact Name Organization Organization Organization Job Title St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary Mailing Address Line Two City State Zip Code St. Patrick's Church Church Secretary	00700 ENTRY	POINT		3	E	NTRY POI	NT	Α						
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Saint Patricks Roman Catholic Church Mailing Address Line One Mailing Address Line Two City State Zip Code A7 W High Street Business Phone 860-267-6644 Contact Role(s): Owner Reverend Darius Dudzik St. Patrick Church Corp. Mailing Address Line One Mailing Address Line Two Cotty State Zip Code City State Coneact Role(s): Mobile Phone Reverend Darius Dudzik St. Patrick Church Corp. Mailing Address Line One Mailing Address Line Two Coty State Cote Coty State Cote Coty State Coneact Role(s): Mobile Phone Emergency Phone Email Address fatherdk@gmail.com Contact Role(s): Legal Contact Name Organization St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code Mailing Address Line One Mailing Address Line Two City State Zip Code Coty Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code Coty Coty Coty Coty Coty Coty Coty Coty					Cont	act Info	rmation							
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Business Phone Extension Fax Mobile Phone Emergency Phone Email Address Stpatdfm@sbcglobal.net Contact Role(s): Owner Name Organization Job Title Reverend Darius Dudzik St. Patrick Church Corp. Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St C/O St. Patrick Church East Hampton CT 06424 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 Fax Mobile Phone Emergency Phone Email Address 860-267-6644 Organization Job Title Contact Role(s): Legal Contact Name Organization Job Title Wis. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424 East Hampton CT O6424 Email Address CT O6424 E	Saint Patricks Ron	nan Catholic Ch	nurch											
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 Stpatdfm@sbcglobal.net Contact Role(s): Owner Name Organization Job Title Reverend Darius Dudzik St. Patrick Church Corp. Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St C/O St. Patrick Church East Hampton CT 06424 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 St. Patrick Church East Hampton CT 06424 Contact Role(s): Legal Contact Name Organization Job Title Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424 East Hampton CT 06	Mailing Address Li	ne One		Mailing A	ddress L	ine Two			City	State	Zip Code			
860-267-6644 Stpatdfm@sbcglobal.net Contact Role(s): Owner Name Organization Job Title Reverend Darius Dudzik St. Patrick Church Corp. Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St C/O St. Patrick Church East Hampton CT 06424 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 Email Address 860-267-6644 St. Patrick Church Corp. Pastor Contact Role(s): Legal Contact Name Organization Job Title Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424	47 W High Street							East Har	npton	СТ	06424			
Contact Role(s): Owner Name Organization St. Patrick Church Corp. Mailing Address Line One Mailing Address Line Two City State Typ Code T	Business Phone	Extension	Fax		Mobile	Phone	Emergency Phon	e Email Ac	ldress					
Name Reverend Darius Dudzik St. Patrick Church Corp. Mailing Address Line One Mailing Address Line Two City State Zip Code C/O St. Patrick Church East Hampton CT 06424 Business Phone Extension S60-267-6644 Contact Role(s): Legal Contact Name Organization St. Patrick's Church Contact Role(s): Mailing Address Line One Mailing Address Line One Mailing Address Line One Mailing Address Line One Mailing Address Line Two Coty State City O6424 Code Code Code Code Code Code Code Cod	860-267-6644							stpatdfn	n@sbcglobal.i	net				
Reverend Darius Dudzik Mailing Address Line One Mailing Address Line Two City State Zip Code To West High St C/O St. Patrick Church Business Phone Extension Fax Mobile Phone Emergency Phone Email Address fatherdkd@gmail.com Contact Role(s): Legal Contact Name Organization Job Title Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code Code To 06424 Contact Role(s): Legal Contact Mailing Address Line One Mailing Address Line Two City State Zip Code Code To 06424	Contact Role(s):	Owner												
Mailing Address Line One Mailing Address Line Two City State Zip Code C/O St. Patrick Church Business Phone Extension Fax Mobile Phone Emergency Phone Emergency Phone Email Address fatherdkd@gmail.com Contact Role(s): Legal Contact Name Organization Organization St. Patrick's Church Mailing Address Line One Mailing Address Line One Mailing Address Line Two City State Zip Code Code Code Code Toda Code Cod	Name				Orga	anization				Job Title				
A7 West High St Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 Contact Role(s): Legal Contact Name Organization Job Title Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St C/O St. Patrick Church Emergency Phone Emergency Phone Email Address Fax Mobile Phone Emergency Phone Email Address Fax Hampton CT 06424 Contact Role(s): Legal Contact St. Patrick's Church Church Secretary City State Zip Code Fax Hampton CT 06424	Reverend Darius [Dudzik			St. F	Patrick Chu	ırch Corp.		Pastor					
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 fatherdkd@gmail.com Contact Role(s): Legal Contact Name Organization Job Title Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424	Mailing Address Li	ne One		Mailing A	ddress L	ine Two			City	State	Zip Code			
860-267-6644 fatherdkd@gmail.com Contact Role(s): Legal Contact Name Organization Job Title Ws. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424	47 West High St			C/O St. Pa	atrick Ch	nurch		East Har	npton	СТ	06424			
Contact Role(s): Legal Contact Name Organization Job Title Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424	Business Phone	Extension	Fax		Mobile	Phone	Emergency Phon	e Email Ad	ldress					
Name Organization Job Title Ws. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424	860-267-6644							fatherdk	d@gmail.con	n				
Ms. Marlene Hale St. Patrick's Church Church Secretary Mailing Address Line One Mailing Address Line Two City State Zip Code East Hampton CT 06424	Contact Role(s):	egal Contact												
Mailing Address Line One Mailing Address Line Two City State Zip Code 47 West High St East Hampton CT 06424	Name		·		Orga	anization				Job Title				
47 West High St East Hampton CT 06424	Ms. Marlene Hale				St. F	Patrick's Ch	nurch		Church Secre	etary				
	Mailing Address Li	ne One		Mailing A	ddress L	ine Two			City	State	Zip Code			
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	47 West High St							East Har	npton	СТ	06424			
	Business Phone	Extension	Fax		Mobile	Phone	Emergency Phon	e Email Ac	ldress					
860-267-6644 sjp2parishoffice@gmail.com	860-267-6644							sjp2pari:	shoffice@gma	ail.com				
Contact Role(s): Administrative Contact	Contact Role(s):	Administrative	Contact											

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

		_				_ I			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0429184	ST. PATRICK CHURCH	- PARISI	H CENTER		NC	NC 33		GW	
Local Address (where applicable)			Service	Resider	ntial Commerc	cial Industri	al Combine	ed Agricultural	
47 W. HIGH STREET		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 Dep							ection	
		ality Monit	oring an						
PWS ID	PWS Name			Cla		on Pop			rimary Source
CT0429224	13 NORTH MAIN STREET		<u> </u>		NC		25	Р	GW
	vhere applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultural
	ST. EAST HAMPTON		Connections					1	
Towns Served: E	EAST HAMPTON								
		Monit	oring Requ	irement	S				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliform	n (3100)						1 ro	utine (RT)	per quarter
Sampling F	Point (Sampling Point ID)			Monitoring I	Period	Collec	ction Period	Compli	ance Status
Select from	Inventory of Active Samplir	ng Points		4/1/25 - 6/3	30/25			Co	mplete
				7/1/25 - 9/3	30/25			Со	mplete
			:	10/1/25 - 12,	/31/25			Со	mplete
				1/1/26 - 3/3	31/26				
				4/1/26 - 6/3	30/26				
Physical Parai	meters (PPS)						1 ro	utine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring I	Period	Collec	ction Period		ance Status
DISTRIBUTI	ON (4)			4/1/25 - 6/3	30/25			Co	mplete
				7/1/25 - 9/3	30/25			Со	mplete
				10/1/25 - 12,	/31/25			Co	mplete
				1/1/26 - 3/3	31/26				
				4/1/26 - 6/3	30/26				
Water System	Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And N	itrite (NOX)						1	routine (F	RT) per year
	Point (Sampling Point ID)			Monitoring I	Period	Collec	ction Period	-	ance Status
ENTRY POII	NT (3)			1/1/24 - 12/				Co	mplete
				1/1/25 - 12/	31/25			Со	mplete
				1/1/26 - 12/	31/26				-
Water System	Facility: WELL 1 (WSF II	D: 61826)							
E. Coli (3014)		•					1 rc	outine (RT)	per month
• •	Point (Sampling Point ID)			Monitoring I	Period	Collec	ction Period	-	ance Status
WELL 1 (2)	(pg			7/1/25 - 7/3					mplete
				8/1/25 - 8/3					mplete
				9/1/25 - 9/3	•				mplete
				10/1/25 - 10					mplete
				11/1/25 - 11					mplete
				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					
				6/1/26 - 6/3					
	Water 9	System Facil	ity and Sar			went)rv		
Makes	vvaler	Jystelli Fatli	ity aliu sal	iipiilig PC	JIIIC II			,	
Water System Water	er System Facility	Sampling Point	Samplina Poi	nt		Total Coliforn		1	Stage
Facility ID	Oyston . womey	ID	Description Description		Status	Rule		Asbestos	WQP 2 DBPR

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
CT0429224	13 NORTH MAIN STREET				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
13 NORTH MA	IN ST. EAST HAMPTON	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	Υ								
		DOWNSTREAM	5 SERVICE CONNECTION	Α	Υ								
		UPSTREAM	5 SERVICE CONNECTION	Α	Υ								
00700	ENTRY POINT	3	ENTRY POINT	Α									
61826	WELL 1	2	WELL 1	Α									
61830	TREATMENT PLANT												

			Co	ontact Inf	ormation						
Name				Organization	1		Job Title				
Mrs. Angeliki Markopoulou				Sweet Jeans	Cafe		Owner				
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code		
13 North Main Stree	et					East Ham	npton	СТ	06424		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address					
860-994-1369						angelak 1974@sbcglobal.net					

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

	Сс		*	rtment of								ction		
		Wa	ter Qual	ity Monit	coring a	nd Con	ıpli	iance	e Schedule					
PWS ID	PW	'S Name					Clas	sificatio	n Pop	ulation	Owi	ner Type P	rimary So	urce
CT0429234	NEI	LSON'S CAME	GROUND RE	C HALL WELL				NC		25		Р	GW	
Local Addre	ess (wher	e applicable)			Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricult	tural
71 MOTT H	ILL ROAD)			Connection	1S		1						
Towns Serv	ed: EAST	HAMPTON												
				Monit	oring Red	quireme	nts							
Water Syst	tem Faci	ility: DISTR	IBUTION (V	VSF ID: 00600))									
Total Coli	form (3	100)								1	l rou	ıtine (RT)	per quar	rter
Sampl	ing Point	t (Sampling P	oint ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Compl	ance Stat	tus
Select	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 -	12/3	31/25				Co	mplete	
						1/1/26 -	3/31	L/26						
						4/1/26 -	6/30)/26						
Physical P	aramet	ers (PPS)								1	l rou	ıtine (RT)	per quar	rter
Sampl	ing Point	t (Sampling P	oint ID)			Monitori	ng Po	eriod	Colle	ction Pe	riod	Compl	ance Stat	tus
DISTRI	BUTION	(4)				4/1/25 -	6/30)/25				Cc	mplete	
						7/1/25 -	9/30)/25				Co	mplete	
						10/1/25 -	12/3	31/25				Co	mplete	
						1/1/26 -	3/31	L/26						
						4/1/26 -	6/30)/26						
Water Syst	tem Faci	ility: ENTR	Y POINT (W	SF ID: 00700)										
Nitrate Ar	nd Nitrit	e (NOX)									1	routine (F	RT) per y	ear
Sampl	ing Point	: (Sampling P	oint ID)			Monitori	ng Po	eriod	Colle	ction Pe	riod	Compl	ance Stat	tus
ENTRY	POINT (3)				1/1/24 -	12/3	1/24	_			Cc	mplete	
						1/1/25 -	12/3	1/25				Cc	mplete	
						1/1/26 -	12/3	1/26						
				Other C	ompliand	ce Sched	lule	S						
Compliance	Schedul	le Activity					Due L	Date		Achie	eved	Date		
CROSS CON	NECTION	SURVEY REP	ORT				3/1/2	2028						
			Water Sy	stem Facil	ity and Sa	ampling	Poi	int In	vent	ory				
Water			•		-				Total	Lead	and			
System 1	Water Sy	stem Facility	9	Sampling Point	Sampling P	oint		(Coliforn	n Cop	per		St	age
Facility ID				ID	Description	1	5	Status	Rule	Rule	Tier	Asbestos	WQP 2 D	DBPR
00600	DISTRIBU	TION		4	DISTRIBUTION	ON		Α	Υ					
			1	DOWNSTREAM	5 SERVICE C	CONNECTIO	N	Α	Υ					
				UPSTREAM	5 SERVICE C	CONNECTIO	N	Α	Υ					
00700 E	ENTRY PO	DINT		3	ENTRY POIN	NT		Α						
61862 \	WELL #4			2	WELL			Α						
61866 7	TREATME	NT PLANT												
				Con	tact Info	rmation								
Name					rganization							Job Title		
Ms. Erin Mo	cKinnev				elsons Cg Spe	e LLC			M	lanager				
Mailing Address Line One Mailing Address Li										City		State	Zip Code	e
71 Mott Hill Road					-			East	Hamp			СТ	06424	
, = 1110		Extension	Fax	ile Phone	Emergency	Dha								

(Connectic	ut Depa	artme	ent of	Public	c H	ealth	Drii	nking	g Water	Section		
	Wa	ter Qua	lity M	lonit	oring a	and	d Con	nplia	nce S	Schedul	le		
PWS ID F	PWS Name							Classif	ication	Population	Owner Type	Primary S	ource
CT0429234 N	0429234 NELSON'S CAMPGROUND REC HALL WELL									25	Р	GW	
Local Address (wh	nere applicable)		Service		Residen	tial Co	mmerci	al Industri	al Combine	ed Agricu	ıltural		
71 MOTT HILL RO	AD		Connectio	ons			1						
Towns Served: EA	ST HAMPTON							,					
860-267-5300					860-942-6		-6528	erin.m	ckinney5@g	mail.com			
Contact Role(s):	Administrative	Contact											
Name				Or	Organization						Job Titl	e	
Mr. Evan Bernste	in			Ca	stle Park In	nvest	ments			Founder			
Mailing Address L	ine One		Mailing	Address	Line Two					City	State	Zip Co	de
413 W. 14Th St			Suite 24	14					New Yo	ork	NY	1001	4
Business Phone Extension Fax M			Mobil	bile Phone Emergency Phone Emai		Email A	Address	,					
860-267-5300													
Contact Role(s):	Legal Contact, (Owner											

Please note the following:

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

End of schedule

Connecticut Department o	of Public H	lealth	ı Dı	rinkin	g Wa	ater	Se	ction	
Water Quality Moni	toring an	d Con	npl	iance	Sche	edul	e		
PWS ID PWS Name	<u> </u>		-					er Type	Primary Source
CT0429204 D'ELIANA				NC	2	.9		Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerc	cial In	dustria	al	Combine	d Agricultural
38 WEST HIGH STREET	Connections	1		1					
Towns Served: EAST HAMPTON					·		,		
Monit	toring Requ	ireme	ents	;					
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)								
Total Coliform (3100)						1	rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Collecti	ion Per	iod	Comp	oliance Status
Select from Inventory of Active Sampling Points		4/1/25	- 6/3	0/25				(Complete
		7/1/25	- 9/3	0/25				C	Complete
	:	10/1/25	- 12/	31/25					
		1/1/26	- 3/3	1/26					
		4/1/26	- 6/3	0/26					
Physical Parameters (PPS)						1	rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Collecti	ion Per	iod	Comp	oliance Status
Select from Inventory of Active Sampling Points		4/1/25						C	Complete
		7/1/25	- 9/3	0/25				(Complete
	:	10/1/25	- 12/	31/25					
		1/1/26	- 3/3	1/26					
		4/1/26	- 6/3	0/26					
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 1	routine	(RT) per year
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Collecti	ion Per	iod	Comp	oliance Status
ENTRY POINT (3)		1/1/24 -	12/3	31/24				(Complete
		1/1/25 -	12/3	31/25				C	Complete
		1/1/26 -	12/3	31/26					
Water System Facility: WELL 1 (WSF ID: 62357)									
E. Coli (3014)						1	1 roı	utine (R	T) per month
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Collecti	ion Per	iod	Comp	oliance Status
WELL 1 (2)		7/1/25	- 7/3	1/25				C	Complete
		8/1/25	- 8/3	1/25				C	Complete
		9/1/25	- 9/3	0/25				C	Complete
	:	10/1/25	- 10/	31/25				C	Complete
		11/1/25	- 11/	30/25				C	Complete
		12/1/25	- 12/	31/25					
		1/1/26	- 1/3	1/26					
		2/1/26	- 2/2	8/26					
		3/1/26	- 3/3	1/26					
		4/1/26	- 4/3	0/26					
		5/1/26	- 5/3	1/26					
		6/1/26	- 6/3	0/26					
Other (Compliance	Sched	dule	es					
Compliance Schedule Activity			Due	Date		Achiev	ved L	Date	

3/1/2025

Schedule Generation Date: 12/12/2025

CROSS CONNECTION SURVEY REPORT

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
CT0429204	D'ELIANA				NC	29	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
38 WEST HIGH	STREET	Connections	1		1			

	W	ater System Facili	ity and Sampling I	Point I	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
62357	WELL 1	2	WELL 1	Α				
62359	TREATMENT PLANT							

			micact IIII	ormation				
			Organization				Job Title	
			D'eliana			Owner		
ne		Mailing Addr	ess Line Two			City	State	Zip Code
					Glastonb	ury	СТ	06033
xtension	Fax	Mc	bile Phone	Emergency Phone	Email Add	dress		
					georgem	iklos2011@	gmail.com	
			ne Mailing Addr	D'eliana ne Mailing Address Line Two	Mailing Address Line Two xtension Fax Mobile Phone Emergency Phone	D'eliana Mailing Address Line Two Glastonb Attension Fax Mobile Phone Emergency Phone Email Address Line Two	D'eliana Owner Mailing Address Line Two City Glastonbury xtension Fax Mobile Phone Emergency Phone Email Address	D'eliana Owner Mailing Address Line Two City State Glastonbury CT

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

Please note the following:

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0		CD 11: II	1.1 D : 1:		C	
Conne	ecticut Department of					ction
	Water Quality Monit	toring and	Compliand	e Schedu	ıle	
PWS ID PWS Nam			Classificati			er Type Primary Source
CT0429244 ST. CLEME	ENTS MARINA		NC	180		P GW
Local Address (where appli	cable)	Service Re	sidential Comm	nercial Indust	trial (Combined Agricultural
49 OAKUM DOCK RD, EAST	<u> </u>	Connections	1			
Towns Served: EAST HAMP				<u> </u>		
	Monit	oring Require	monts			
Water System Facility:	DISTRIBUTION SYSTEM (WSF I					
Total Coliform (3100)					1 rout	tine (RT) per quarter
Sampling Point (Samp	oling Point ID)	Mo	nitoring Period	Collection P	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			
		1/	1/26 - 3/31/26			
		4/	1/26 - 6/30/26			
Physical Parameters (P	PPS)				1 rout	tine (RT) per quarter
Sampling Point (Samp	oling Point ID)	Mo	nitoring Period	Collection P		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			
		1/	1/26 - 3/31/26			
		4/	1/26 - 6/30/26			
Water System Facility:	ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NO	DX)				1 r	outine (RT) per year
Sampling Point (Sam		Mo	nitoring Period	Collection P		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			·
Moi	nthly Water System Faci	lity (WSF) Lev	el Monitori	ng Require	emen	its
Water System Facility: I	ENTRY POINT (WSFID: 00700)					
Analyte	Monitoring Requirement (Summ	ary Type)	Operating Limit	t	S	amples Req/Month
рН	Entry Point pH Monitoring (PHRI	D)	Minimum: 7.0	PH		4
Start Date: 9/1/2022		Compliance	History:	Operating Lir	mit	Monitoring
		Monitoring	Period	Compliance S		Compliance Status:
		7/1/2025 - 1	7/31/2025	•		
		8/1/2025 - 8	3/31/2025			
		9/1/2025 - 9	9/30/2025			
		10/1/2025 -	10/31/2025			
		11/1/2025 -	11/30/2025			
	Other C	ompliance So	chedules			
Compliance Schedule Activ	vity		Due Date	Ach	ieved D	ate
CROSS CONNECTION SURV	EY REPORT		3/1/2026			
	Water System Facil	ity and Samp	ling Point Ir	nventory		
Water					d and	
System Water System F		Sampling Point		-	pper	Stage
Facility ID	ID	Description	Status	Rule Rul	ie Tier	Asbestos WQP 2 DBPR
00600 DISTRIBUTION S	SYSTEM 4	DISTRIBUTION SY	STEM A			

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification	n F	opulation	Owner Type	Primary Source					
CT0429244	ST. CLEMENTS MARINA			NC		180	Р	GW				
Local Address	(where applicable)	Service	Residen	ntial Comme	rcia	l Industri	al Combine	d Agricultural				
49 OAKUM DO	OCK RD, EAST HAMPTON, CT 06424	Connections		1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

	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			
00700	ENTRY POINT	3	ENTRY POINT	А								
62551	WELL 1	2	WELL 1	А								
62553	MARINA TREATMENT PLANT											
62558	ATMOSPHERIC STORAGE TANKS											
62562	BOOSTER PUMPS											

			Co	ontact Inf	ormation						
Name				Organization				Job Title			
Mr. William (Billy) E	Bowe			St Clement's	Castle & Marina		Facilities Manager				
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
PO Box 427						Portland		СТ	06480		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress				
860-342-0593						bbowe@	saintcleme	ntscastle.com			
Contact Role(s): Ac	lministrative C	ontact									
Name				Organization				Job Title			
Mr. Jonathan Rams	ау			St Clement's	Castle & Marina		Cfo				
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
1931 Portland-Coba	It Road		PO Box 427			Portland		СТ	06480		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress				
860-342-2224	247					jramsay(@saintcleme	entscastle.cor	n		
Contact Role(s): Le	gal Contact, O	wner			1	1			-		

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

(ut Departm								ction	
	Wa	ter Quality I	Monit	coring a	nd Comp	oliai	nce So	ched	lule		
PWS ID F	PWS Name				CI	assific	cation Po	opulat	ion Owr	ner Type P	rimary Source
CT0429254	COBALT VETERIN	NARY CLINIC				NC	2	33		Р	GW
Local Address (wh	nere applicable)			Service	Residentia	l Cor	nmercial	Indu	strial	Combined	Agricultural
9 MIDDLE HADDA				Connection	ns		1				
Towns Served: EA	AST HAMPTON										
			Monit	oring Red	quirement	٠ς					
Water System F	acility: DISTR	IBUTION SYSTEM			1						
Total Coliform	(3100)								1 rou	itine (RT)	per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection	Period	Compl	iance Status
Select from I	Inventory of Acti	ive Sampling Points			4/1/25 - 6/	30/25	5			Co	mplete
					7/1/25 - 9/	30/25	,			Co	mplete
					10/1/25 - 12	2/31/2	25				
					1/1/26 - 3/	31/26	j				
					4/1/26 - 6/						
Physical Param	eters (PPS)								1 rou	itine (RT)	per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection	Period	Compl	iance Status
Select from I	Inventory of Acti	ive Sampling Points			4/1/25 - 6/	30/25	5			Co	omplete
					7/1/25 - 9/	30/25	5			Co	mplete
					10/1/25 - 12	2/31/2	25				
					1/1/26 - 3/	'31/26	5				
					4/1/26 - 6/	'30/26	5				
Water System F	acility: ENTRY	Y POINT (WSF ID:	00700)								
Nitrate And Nit	trite (NOX)								1	routine (I	RT) per year
	oint (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection	Period	· -	iance Status
ENTRY POIN	T (3)				1/1/24 - 12	/31/2	4			Co	mplete
					1/1/25 - 12	/31/2	5			Co	mplete
					1/1/26 - 12	/31/2	6				·
		Water System	ո Facil	ity and S	ampling P	oint	Inven	tory			
Water							Tota	al Le	ad and		
Constant Makes	System Facility	C 1:	ng Point	Camplina D			0 1:6	rm (Copper		Charac
	System rucinty		_				Colifo				Stage
Facility ID			ID	Description)	Stat	us Rul			Asbestos	_
Facility ID	BUTION SYSTEM	1	1 D 4	Description DISTRIBUTION	ON SYSTEM	Stat A	us Rul Y			Asbestos	_
Facility ID		I DOWN	4 STREAM	DISTRIBUTION WITHIN 5 S	ON SYSTEM ERVICE CON		rus Rul Y Y			Asbestos	WQP 2 DBPR
Facility ID 00600 DISTRI	BUTION SYSTEM	I DOWN UPST	4 STREAM	DESCRIPTION DISTRIBUTION WITHIN 5 S WITHIN 5 S	ON SYSTEM ERVICE CON ERVICE CON	Α	rus Rul Y Y			Asbestos	_
Facility ID 00600 DISTRI 00700 ENTRY	BUTION SYSTEM	I DOWN UPST	4 STREAM	DISTRIBUTION WITHIN 5 S	ON SYSTEM ERVICE CON ERVICE CON	A A	Y Y Y			Asbestos	_
Facility ID 00600 DISTRI	BUTION SYSTEM	I DOWN UPST	4 STREAM	DESCRIPTION DISTRIBUTION WITHIN 5 S WITHIN 5 S	ON SYSTEM ERVICE CON ERVICE CON	A A A	Y Y Y Y			Asbestos	_
Facility ID 00600 DISTRI 00700 ENTRY 62974 WELL #	BUTION SYSTEM	I DOWN UPST	4 STREAM REAM 3	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN	ON SYSTEM ERVICE CON ERVICE CON	A A A	Y Y Y Y			Asbestos	_
Facility ID 00600 DISTRI 00700 ENTRY 62974 WELL #	BUTION SYSTEM POINT	I DOWN UPST	4 STREAM REAM 3 2	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1	ON SYSTEM ERVICE CON ERVICE CON	A A A	Y Y Y Y				_
Facility ID 00600 DISTRI 00700 ENTRY 62974 WELL # 62978 BLADD	BUTION SYSTEM POINT #1 DER TANK	I DOWN UPST	STREAM TREAM 3 2	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1	ON SYSTEM ERVICE CON ERVICE CON NT	A A A	Y Y Y Y			Asbestos Job Title	_
Pacility ID O0600 DISTRI O0700 ENTRY 62974 WELL # 62978 BLADD Name Ms. Christine Gus	BUTION SYSTEM POINT #1 DER TANK	DOWN UPST	STREAM REAM 3 2 Cor	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 That act Info rganization g Properties	ON SYSTEM ERVICE CON ERVICE CON NT	A A A	Y Y Y Y			Job Title	WQP 2 DBPR
Facility ID 00600 DISTRI 00700 ENTRY 62974 WELL # 62978 BLADD Name Ms. Christine Gus Mailing Address L	BUTION SYSTEM POINT #1 DER TANK stavson Line One	DOWN UPST	STREAM REAM 3 2 Cor	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1	ON SYSTEM ERVICE CON ERVICE CON NT	A A A	Y Y Y Y				_
Pacility ID O0600 DISTRI O0700 ENTRY 62974 WELL # 62978 BLADD Name Ms. Christine Gus	BUTION SYSTEM POINT #1 DER TANK stavson Line One	DOWN UPST	STREAM REAM 3 2 Cor O Jc g Addres	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 Itact Info rganization g Properties s Line Two	ON SYSTEM ERVICE CON ERVICE CON NT Trmation LLC	A A A	Y Y Y	City		Job Title	WQP 2 DBPR
Facility ID 00600 DISTRI 00700 ENTRY 62974 WELL # 62978 BLADD Name Ms. Christine Gus Mailing Address L	BUTION SYSTEM POINT #1 DER TANK stavson Line One balt Road	DOWN UPST	STREAM REAM 3 2 Cor O Jc g Addres	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 That act Info rganization g Properties	ON SYSTEM ERVICE CON ERVICE CON NT	A A A	Y Y Y	City		Job Title State	WQP 2 DBPR
Facility ID 00600 DISTRI 00700 ENTRY 62974 WELL # 62978 BLADD Name Ms. Christine Gus Mailing Address L 455 Portland - Co	BUTION SYSTEM POINT #1 DER TANK stavson Line One balt Road	DOWN UPST	STREAM REAM 3 2 Cor O Jc g Addres	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 Itact Info rganization g Properties s Line Two	ON SYSTEM ERVICE CON ERVICE CON NT Trmation LLC	A A A A	Y Y Y	City	ule Tier	Job Title State CT	WQP 2 DBPR
Pacility ID O0600 DISTRI O0700 ENTRY 62974 WELL # 62978 BLADD Name Ms. Christine Gus Mailing Address L 455 Portland - Co Business Phone 860-342-3399	BUTION SYSTEM POINT #1 DER TANK stavson ine One balt Road Extension	DOWN UPST	STREAM REAM 3 2 Cor O Jc g Addres	Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 Itact Info rganization g Properties s Line Two	ON SYSTEM ERVICE CON ERVICE CON NT Trmation LLC Emergency Ph	A A A A	Portland	City	ule Tier	Job Title State CT	WQP 2 DBPR

(Connectic	ut Depa	irtme	ent of	Public	Health	ı D	rinking	g Water	Section	l	
	Wa	ter Qua	lity N	Ionit	oring a	nd Con	np)	liance S	Schedul	le		
PWS ID	WS Name						Cla	ssification	Population	Owner Type	Pri	mary Source
CT0429254 C	OBALT VETERIN	NARY CLINIC					NC		33	Р		GW
Local Address (wh	ial Industri	al Combin	ed	Agricultural								
9 MIDDLE HADDAM ROAD Connections								1				
Towns Served: EA	ST HAMPTON									,		
Name				Or	ganization					Job Titl	e	
Mr. Jonathan Gu	stavson			Jcg	Properties	LLC						
Mailing Address L	ine One		Mailing	Address	Line Two				City	State		Zip Code
455 Portland - Co	balt Road							Portlar	nd	СТ		06480
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email A	Address			
860-538-0384		860-342-	0699			860-342	-339	9 jcgusta	vson2003@	gmail.com		
Contact Role(s):	Legal Contact		,									

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End of schedule