Connecticut Depa	rtment o	f Public F	lealth	Drink	ing V	Vater 9	Section	n	
Water Qua									
Ţ.	iity Moiii	toring an		<u> </u>				a Duina au	. Caaa
PWS ID PWS Name CT0610192 LITTLE CITY CAMPGROUND				NC	ion Pol	oulation C	wher typ P	e Primary G\	
		Service	Resident		nercial	Industrial	Combi		vv cultural
Local Address (where applicable) 733 LITTLE CITY ROAD		Connections	1	lai Comm	lerciai	illuustilai	Combi	neu Agn	cuiturai
Towns Served: HADDAM		Commedians	1						
Towns served. This British	Monit	oring Requ	ıiramaı	ntc					
Water System Facility: DISTRIBUTION S Y			ill Cillei	113					
Total Coliform (3100)	1316101 (0031 1	D. 00000j				1 .	outine (RT) per q	uarter
Sampling Point (Sampling Point ID)			Monitorir	na Period	Colle	ction Perio	_	npliance S	
Select from Inventory of Active Sampling	Points		4/1/25 -		Cone	ction rem	ou con	Complet	
Select from inventory of Active Sampling	FOIITCS			-				Complet	
			7/1/25 -					•	
			10/1/25 -					Complet	e
Dhariaal Dagamataga (DDC)			4/1/26 -	6/30/26		4 -	4! //) T)	
Physical Parameters (PPS)			Monitori	an Doring	Calla	ا 1 ction Perio	_	RT) per q	
Sampling Point (Sampling Point ID)	Deliate		Monitorin		Colle	ction Perio	<u> </u>	mpliance S	
Select from Inventory of Active Sampling	Points		4/1/25 -					Complet	
			7/1/25 -					Complet	
			10/1/25 -					Complet	e
			4/1/26 -	6/30/26					
Water System Facility: ENTRY POINT (V	/SF ID: 00/00)								
Nitrate And Nitrite (NOX)								e (RT) pe	•
Sampling Point (Sampling Point ID)			Monitorin		Colle	ction Perio	od Coi	mpliance S	
ENTRY POINT (3)			1/1/24 - 1					Complet	
			1/1/25 - 1	· · · ·				Complet	е
			1/1/26 - 1	12/31/26					
	Other C	ompliance	Sched	ules					
Compliance Schedule Activity				ue Date		Achiev	ed Date		
RESPOND TO SANITARY SURVEY			4,	/15/2012					
RESPOND TO SANITARY SURVEY			6,	/12/2016					
RESPOND TO SANITARY SURVEY			9,	/18/2021					
	Public No	tification R	equire	ments					
	(Compliance	Notice	Pub	lic Notif	<u>ication</u>	PN	<u>Certificati</u>	on
Violation/Situation		Period	Tier	Requi		erformed			ceived
Physical Parameters M&R Violation	4/1	/04 - 6/30/04	3	11/7/2	2004		11/17/2	004	
Water S	ystem Facil	ity and Sar	mpling	Point I	nvent	ory			
Water					Total	Lead a	nd		
	Sampling Point		nt		Colifor				Stage
Facility ID	ID	Description		Status	Rule	Rule T	ier Asbes	tos WQP	2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
	DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
	UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT							

Α

WELL

2

20053 WELL

(Connectic	ut Depa	rtment o	of Public	Health	Dr	inking	Water	Sec	ction	
	Wa	ter Qua	lity Moni	toring a	nd Con	npli	ance S	Schedu	le		
PWS ID F	WS Name					Class	ification	Population	Owne	er Type	Primary Source
CT0610192 L	ITTLE CITY CAM	PGROUND					NC	30		Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial (tial Commercial		ial C	ombine	ed Agricultural
733 LITTLE CITY R	DAD			Connection	ns 1						
Towns Served: HA	DDAM			<u>'</u>	,	,		,			
			Coi	ntact Info	rmation	1					
Name			C	Organization						Job Titl	e
Mr. Al Oktavec			L	ittle City Cam	ty Campground						
Mailing Address L	ine One		Mailing Addres	ss Line Two			City		State	Zip Code	
741 Little City Roa	ıd						Higgan	um		СТ	06441
Business Phone	Extension	Fax	Mob	oile Phone	Emergence	y Phon	e Email A	Address			
860-345-8469					860-345	-4886					
Contact Role(s):	Legal Contact, (Owner		,							
Name			C	Organization						Job Titl	e
Ms. Cheryl Oktav	ec		L	ittle City Cam	pground						
Mailing Address L	ine One		Mailing Addres	ss Line Two						State	Zip Code
741 Little City Roa	ıd						Higgan	um		СТ	06441

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-345-8469

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.

Emergency Phone Email Address

oktavecc@yahoo.com

860-345-4886

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

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

End of schedule

	Co		*	rtment of					0			ection		
PWS ID	PW	/S Name		10111	8						_	ner Type	Primary So	 ource
CT061005		AINERD MEM	ORIAL LIBRA	RY				NC		25		L	GW	
Local Addr	ess (whe	re applicable)			Service	Residen	tial	Comm	ercial	Industr	ial	Combine	d Agricu	ltural
920 SAYBR	OOK ROA	۱D			Connection	S		1					_	
Towns Ser	ved: HAD	DAM												
				Monit	oring Rec	ıuireme	nts							
Water Sys	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF I										
Total Col	iform (3	3100)								;	1 rou	itine (RT) per qua	rter
Samp	ling Poin	t (Sampling P	oint ID)			Monitori	ing P	eriod	Colle	ction Pe	eriod	Comp	liance Sta	ıtus
Selec	t from Inv	entory of Acti	ve Sampling	Points		4/1/25 -	6/30	0/25				C	omplete	
						7/1/25 -	9/30	0/25				C	omplete	
						10/1/25 -	12/3	31/25				C	omplete	
						1/1/26 -	3/31	1/26						
						4/1/26 -	6/30	0/26						
•		ers (PPS)) per qua	
		t (Sampling P	•			Monitori			Colle	ction Pe	eriod		liance Sta	ıtus
Selec	t from Inv	entory of Acti	ve Sampling	Points		4/1/25 -							omplete	
						7/1/25 -							omplete	
						10/1/25 -						C	omplete	
						1/1/26 -								
						4/1/26 -	6/30	0/26						
		•	POINT (W	SF ID: 00700)										
Nitrate A													(RT) per y	-
		t (Sampling P	oint ID)			Monitori			Colle	ction Pe	eriod		liance Sta	itus
ENTR	Y POINT (3)				1/1/24 -							omplete	
						1/1/25 -						C	omplete	
						1/1/26 -			_	_				
			Water Sy	stem Facil	ity and Sa	ampling	Poi	int In	ivent	ory				
Water									Total					
System	-	stem Facility		Sampling Point ID		oint			Colifor	-	•	Anhanta		tage
Facility ID		ITIONI CVCTEN	<u> </u>		Description	DAL CVCTER A		<u>Status</u>	Rule	Ruie	rier	Aspestos	s WQP 2	DBPK
00600	DISTRIBU	JTION SYSTEM		4	DISTRIBUTION			A	Υ					
				DOWNSTREAM				A						
00700	ENITRY D	OINT		UPSTREAM	WITHIN 5 SE		N	A						
00700	ENTRY P	JINI		3	ENTRY POIN	11		A						
21027	WELL	ENIT DI ANIT		2	WELL			Α						
62280	IREATM	ENT PLANT			_									
				Con	tact Info	rmation)							
Name				0	rganization							Job Title		
Haddam														
Mailing Ad	ldress Lin	e One		Mailing Addres	s Line Two					City		State	Zip Cod	de
Business	Phone	Extension	Fax	Mobi	ile Phone	Emergency	/ Pho	ne Em	ail Add	ress				
Contact Ro	ole(s): O	wner												

	Connectic	ut Depa	rtme	nt of	Public	Health	n Dri	nking	Water S	Section	
	Wa	ter Qua	lity M	Ionit	oring a	nd Cor	nplia	ance S	Schedule	<u>.</u>	
PWS ID	PWS Name										Primary Sourc
CT0610054	BRAINERD MEM	IORIAL LIBRA	RY					NC	25	L	GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommercia	al Industrial	Combin	ed Agricultura
920 SAYBROOK R	OAD				Connectio	ns		1			
Towns Served: H.	ADDAM										
Name				Or	ganization					Job Titl	е
Ms. Lizz Milardo				Bra	Brainerd Memorial Library				First Selectr	man	
Mailing Address I	Line One		Mailing	Address	ress Line Two City				City	State	Zip Code
30 Field Park Driv	/e							Haddar	n	СТ	06438
Business Phone	e Extension	Fax		Mobil	le Phone	Emergenc	y Phon	e Email A	ddress	,	
860-345-8531		860-345-3	3730		firstselectman@haddam.org						
Contact Role(s):	Administrative	Contact, Ow	ner					·			
Name				Or	ganization					Job Titl	е
Mr. Thomas Piez	zo			Bra	ainerd Men	norial Librai	ry		Director		
Mailing Address I	Line One		Mailing	Address	Line Two				City	State	Zip Code
920 Saybrook Ro	ad							Haddar	n	СТ	06438
Business Phone	e Extension	Fax		Mobil	le Phone	Emergenc	y Phon	e Email A	ddress		
860-345-2204		860-345-	7735					tpiezzo	@brainerdlib	rary.org	
Contact Role(s):	Legal Contact										
Name				Or	ganization					Job Titl	е
Ms. Marijean Co	nrad			Bra	ainerd Men	norial Libraı	ry				
Mailing Address I	Line One		Mailing	Address	Line Two				City	State	Zip Code
920 Saybrook Ro	ad							Haddar	n	СТ	06438
Business Phone	e Extension	Fax		Mobil	le Phone	Emergenc	gency Phone Email Address				
860-345-2204		860-345-	7735					conrad	marijean@gm	nail.com	
Contact Role(s):	Legal Contact										

Please note the following:

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

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

End of schedule

	Connecticut De	enartment of	Public H	ealth	Drink	ing W	ater Se	ction	
		uality Monit						ction	
PWS ID		uanty Monit	or mg am		_			or Type D	rimany Course
CT061007	PWS Name CAMP BETHEL				NC		25	P P	rimary Source GW
	ress (where applicable)		Service	Resident			dustrial	Combined	
	P BETHEL ROAD		Connections	Resident	7		laastiiai	Combined	Agricultural
	ved: HADDAM				,				
		Monite	oring Requ	iremer	nts				
Water Sy	stem Facility: DISTRIBUTIO								
Total Co	liform (3100)						2 rou	ıtine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		1	Monitorin	ng Period	Collect	ion Period	Compl	iance Status
Selec	t from Inventory of Active Samp	oling Points		4/1/25 -	6/30/25			Co	mplete
				7/1/25 - 9	9/30/25			Co	mplete
				4/1/26 -	6/30/26				
Physical	Parameters (PPS)						2 rou	ıtine (RT)	per quarter
	oling Point (Sampling Point ID)			Monitorin		Collect	ion Period		iance Status
Selec	t from Inventory of Active Samp	oling Points		4/1/25 -					mplete
				7/1/25 - 9				Co	mplete
				4/1/26 -	6/30/26				
	stem Facility: ENTRY POIN	r - WEST (WSF ID:	00700)						
	And Nitrite (NOX)							-	RT) per year
	oling Point (Sampling Point ID)			Monitorin		Collect	ion Period		iance Status
ENTR	RY POINT (3-WEST)			1/1/24 - 1					mplete
				1/1/25 - 1				Cc	mplete
		()		1/1/26 - 1	12/31/26				
	stem Facility: ENTRY POINT	I - EAST (WSF ID: I	00701)						
	And Nitrite (NOX)				an Danta d	C-114		-	RT) per year
	oling Point (Sampling Point ID)			Monitorin		Collect	ion Period		iance Status
ENTR	RY POINT - EAST (3-EAST)			1/1/24 - 1					mplete
				1/1/25 - 1				CC	mplete
	•••			1/1/26 - 1	· ·				
	Wate	r System Facili	ity and San	npling	Point Ir	nvento	ry		
Water	Markey Contains Freelites	Committee of Delicat	Communities on Design			Total	Lead and		-
System Facility ID	Water System Facility	Sampling Point ID	Description	it		Coliform Rule	Copper Bula Tion	Achastas	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4-EAST	DISTRIBUTION	CVCTENA	<u>Status</u>	Y	Kule Hei	Aspestos	WQF 2 DDFK
00000	INTELECTION STOLENI	4-EAST 4-WEST	DISTRIBUTION		A A	Υ Υ			
		DOWNSTREAM				'			
		UPSTREAM	WITHIN 5 SER						
00700	ENTRY POINT - WEST	3-WEST	ENTRY POINT		A				
00701	ENTRY POINT - EAST	3-EAST	ENTRY POINT	- FAST	A				
21029	WELL WEST	2	WELL	_,	A				
22844	WELL EAST	2	WELL 2		A				
61271	ATMOSPHERIC TANKS (WEST	<u>-</u>	.,						
	WELL)								
61272	ATMOSPHERIC TANKS (EAST								

Schedule Generation Date: 12/12/2025

WELL)

		. D		CD 111	TT 1.1	ъ.	1 .	TAT .	0		
(Connectic	ut Depa	rtment	of Public	Health	ı Drii	nking	g Water	Section	n	
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	nce S	Schedul	le		
PWS ID F	PWS Name					Classif	ication	Population	Owner Typ	e Pr	imary Source
СТ0610074	CAMP BETHEL					N	IC	25	Р		GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combi	ned	Agricultural
124 CAMP BETHE	L ROAD			Connectio	ns		78				
Fowns Served: HADDAM											
			Co	ontact Info	ormation	1					
Name				Organization					Job Ti	tle	
Mr. Stephen Gep	hard			Camp Bethel Association, Inc. Chairman Env. Comm.							
Mailing Address L	ine One		Mailing Addr	ess Line Two				State	ة	Zip Code	
7 High Street						Deep River			СТ		06417
Business Phone	Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email A	Address			
860-966-9344							sgepha	rd@gmail.c	om		
Contact Role(s):	Administrative	Contact									
Name				Organization					Job Ti	tle	
Camp Bethel Asso	ociation, Inc.										
Mailing Address Line One Mailing Add				ess Line Two			City		State	ة	Zip Code
124 Camp Bethel Road						Haddaı	m	СТ		06438	
Business Phone	Extension	Fax	Mo	obile Phone	Emergence	y Phone	Email A	Address			
860-345-2290											

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.

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

End of schedule

Conn	ecticut Department of	f Public H	[ealth	Dr	inki	nσ V	Vater	٠ ٥٥	ction	
Com	↑					_			Ction	
DIA/C ID	Water Quality Monit	ornig and	u Con	-				1	T F	
PWS ID PWS Nan CT0610154 FIRST CO	ne NGREGATIONAL CHURCH OF HADD	A N //		Clas	NC	on Po	40	Owr	P P	rimary Source GW
Local Address (where app		Service	Residen	tial		orcial	40 Industri	ial	Combined	
905 SAYBROOK ROAD	iicabie)	Connections	Residen	itiai	1		muustri	Iai	Combined	Agricultural
Towns Served: HADDAM										
Towns Served: This Britis	Monite	oring Requ	iromo	ntc						
Water System Facility:	DISTRIBUTION SYSTEM (WSF II			11113						
Total Coliform (3100)							1	1 rou	tine (RT)	per quarter
Sampling Point (Sam	npling Point ID)		Monitori	ing Po	eriod	Colle	ction Pe	riod	Compl	iance Status
Select from Inventor	y of Active Sampling Points		4/1/25 -	- 6/30)/25				Co	omplete
			7/1/25 -	9/30)/25				Co	omplete
			10/1/25 -	- 12/3	31/25				Co	omplete
			1/1/26 -	- 3/31	1/26					
			4/1/26 -	- 6/30)/26					
Physical Parameters (•		0.0 te	D		6-11-				per quarter
Sampling Point (Sam			Monitori			Colle	ection Pe	rioa		iance Status
Select from inventor	y of Active Sampling Points		4/1/25 -		-					omplete
			- 7/1/25 - 10/1/25							omplete omplete
		•	1/1/26 -						C	ompiete
			4/1/26 -							
Water System Facility:	ENTRY POINT (WSF ID: 00700)		7/ 1/ 20	0,30	720					
Nitrate And Nitrite (N								1	routine (RT) per year
Sampling Point (Sam	•		Monitori	ing Pe	eriod	Colle	ction Pe		-	iance Status
ENTRY POINT (3)			1/1/24 -			_				omplete
,			1/1/25 -							omplete
			1/1/26 -	12/3	1/26					
Mo	nthly Water System Facil	ity (WSF) I	evel N	Vlon	itorii	ng Re	equire	mei	nts	
	ENTRY POINT (WSFID: 00700)						•			
Analyte	Monitoring Requirement (Summa	ary Type)	Ope	ratin	g Limit			:	Samples R	eq/Month
рН	Entry Point pH Monitoring (PHRD))	Min	imum	n: 7.0 P	PΗ				4
Start Date: 4/1/2016		Complia	nce Histo	ory:		Opera	ting Lim	it	Monito	ring
		Monitor	ing Perio	d		Comp	liance St	atus:	Compli	ance Status:
		7/1/202	5 - 7/31/2	2025						
		8/1/202								
		9/1/202								
		10/1/20		-						
		11/1/20	25 - 11/3	0/202	25					
		ompliance								
Compliance Schedule Acti				Due L			Achie	eved l	Date	
CROSS CONNECTION EXEM				3/1/2						
	Water System Facili	ity and Sar	npling	Poi	int In	vent	•			
Water System Water System Facility ID	Facility Sampling Point ID	Sampling Poil Description	nt	(Status	Total Colifor Rule	т Сор	per	Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION	SYSTEM 4	DISTRIBUTION	I SYSTEM		A	Υ				

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0610154	FIRST CONGREGATIONAL CHURCH OF HADDA	AM			NC	40	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
905 SAYBROOK	ROAD	Connections			1			

Towns Served: HADDAM

Wa	ter System Facil	ity and Sampling P	oint Ir	nvento	ry			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPF
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
	FCCTAP	WS2612-2	Α	Υ				
	FCCTAP1	00600	Α	Υ				
	FCCTAP-1	KITCHEN SINK R	Р	Υ	1			
	FCCTAP2	00600	Α	Υ				
	FCCTAP-2	KITCHEN SINK L	Р	Υ	1			
	FCCTAP3	00600	Α	Υ				
	FCCTAP-3	DOWNSTAIRS MENS RM	Р		1			
	FCCTAP4	00600	Α	Υ				
	FCCTAP-4	DOWNSTAIRS LADIES RM	Р		1			
	FCCTAP5	00600	Α	Υ				
	FCCTAP-5	UPSTAIRS MENS RM	Р		1			
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
10966 WELL	2	WELL	Α					
57379 TREATMENT STATION								

57379 TREATMENT STATION

Certified Operator Information

Water System Facility: TREATMENT STATION (WSF ID: 57379)

Facility Classification: CLASS 1	TREATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
SEHL, ROBERT	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2028

			C	ontact into	ormation				
Name				Organization		Job Title			
Mr. Alan Chadwick				United Cong	Chruch of Haddam	Property Chairman			
Mailing Address Lin	Mailing Address Line One Mailing Add			ress Line Two			City	State	Zip Code
P.O. Box 215					Haddam		CT	06438	
Business Phone	Extension	Fax	M	obile Phone Emergency Phone Email Address					

860-345-2742 alanchadwickllc@snet.net

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

	Water Syste	em Facili	ity and Sa	1/1/25 - 1 1/1/26 - 1	12/31/2	6	torv		Complete
	Water Syste	em Facili	ity and Sa	ampling	Point	Inven	tory		
Water	714(3) 373(1 46111	, and se	8,,,,,	. 5.111		<u>-</u>	1	
Water Water System	English Com	uliuu Daint	Committee D	-1-4		Tota		1	. .
System Water System	Facility Sam	pling Point	Sampling Po	oint		Colifo	rm Copper		Stage
Facility ID		ID	Description		Stat	D. J		r Asbesto	s WQP 2 DBPF
	CVCTTA 4		-		Stat	us		ASDESIO	3 WQF Z DBFF
00600 DISTRIBUTION	SYSTEM	101	EXTERIOR FA	AUCET	Α	. Y			
00000 DISTRIBUTION	STSTEIVI								
		4	DISTRIBUTIO	ON SYSTEM	Α	. Y			
	201					-			
	DOV	VNSTREAM	WITHIN 5 SE	RVICE CON	l A				
	UF	PSTREAM	WITHIN 5 SE	ERVICE CON	l A	ı			
00700 ENTRY BOINT		2	ENITRY DOIN		۸				
00700 ENTRY POINT		3	ENTRY POIN	IT	A	1			
21027 WELL		2	\\/F		۸				
21037 WELL		2	WELL		A	·			
		Con	tact Info	rmation					
		Con	tact Info	rmation					
		Con	tact Info	rmation					
		Con	tact Info	rmation					
		Con	tact Info	rmation					
		Con	tact into	mation					
				mation					
Name		0.	rganization					Ioh Titlo	
Name		Or	ganization					Job Title	!
Name		Or	ganization					Job Title	!
Name		Or	ganization					Job Title	
Name		Or	ganization					Job Title	
Name		Or	rganization					Job Title	
Name		Or	ganization					Job Title	
Name		Of	ganization						
							<u> </u>		
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							s s: :: =		
Mr. Dovid Coolse:				ing Unit			Cupy Civil F		
Mr. David Cooley		Do	en-Engineer	ing Init			Suny Civil Eng	ineer	
Mr. David Cooley		De	ep-Fngineer	ing (Init			Supy Civil End	ineer	
Mr. David Coolev		De	eep-Engineer	ing Unit			Supv Civil Eng	gineer	
Mr. David Cooley		De	eep-Engineer	ing Unit			Supv Civil Eng	gineer	
Mr. David Cooley		De	eep-Engineer	ing Unit			Supv Civil Eng	gineer	
ivir. David Cooley		De	ep-Engineer	ing Unit			Supv Civil Eng	gineer	
-	T			ing Unit			Supv Civil Elig		
-	L .			.6 5					
-	n.a.:								7in Cada
Mailing Address Line One	Mai	ling Address	S Line Two				City	State	7in Code
Mailing Address Line One	Mai	ling Address	s Line Two				City	State	Zip Code
Iviailing Address Line One	Mai	ing Address	s Line Two				City	State	Zip Code
	. ividi	mig Audi ess	LINE I WU				City		
		J 300				, .	/		
163 Great Hill Book						Dortland		СТ	06490
163 Great Hill Road						Portland		CT	06480
163 Great Hill Road						Portland		CT	06480
163 Great Hill Road						Portland		CT	06480
TOO GLEAT HIII KOAU						ı oı tıalıd		CI	00400
			1					Ci	50-100
	anaian =	84.11	la Dhaire	Г	Dla	Figs = 11 A - 1	duana		
Rusiness Phone Evi	ension Fav	Mohi	le Phone	Fmergency	Phone	Fmail Add	dress		-
Business Phone Ext	ension Fax	Mobi	le Phone	Emergency	Phone	Email Add	dress		
DUSINESS FITORIE EXT	CH3IOH FdX	IVIUDI	ie riione	rmergency	FHORE	Liliali Au	u1 C33		
	000 044 0500	000							
	860-344-2560	860-2	205-7552	860-424-3	3333	david.coc	oley@ct.gov		
060 242 2215	800-344-2560	860-2	203-7352	800-424-	3333	uavid.coc	ney@ct.gov		
000 242 2245	860-344-2560	860-2	205-7552	860-424-	3333	david.coc	ney@ct.gov		
860-342-2215							,		

(Jonnecuc	ut Depa	ii tiiieiit oi	Public	пеани	ושו	HIIKIII	g water	Secu	OII	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID F	WS Name					Cla	ssification	Population	Owner T	ype P	rimary Source
CT0610184 H	HADDAM MEAD	OWS S.P.					NC	780	S		GW
Local Address (wh	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Con	bined	Agricultural
ROUTE 154 HADD	AM			Connection	1						
Towns Served: HA	ADDAM				'				1		
Name			Or	ganization					Job	Title	
Ms. Andrea M. La	ine		Sta	ate of CT De	ер						
Mailing Address L	ine One		Mailing Address	Line Two				City	St	ate	Zip Code
163 Great Hill Roa	ıd						Portlar	nd	(CT	06480
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	ne Email A	Address			
860-977-9739					860-424-	-3333	3 andrea	.lane@ct.gc	V		
Contact Role(s):	∆dministrative	Contact	"								

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

Co	onnectic	ut Depa	artme	nt o	f Public	Health	Dr	inkii	ng V	Vate	r Se	ction	
	Wa	ter Qua	lity M	Ionit	toring a	nd Con	npli	iance	e Scl	hedu	le		
PWS ID PW	/S Name						Class	sificatio	n Poj	pulation	Owi	ner Type P	rimary Sour
CT0610194 HA	DDAM NECK	CONGREGAT	TIONAL C	HURCH	1			NC		25		Р	GW
Local Address (whe	re applicable)				Service	Residen	tial (Comme	rcial	Industr	ial	Combined	Agricultur
408 QUARRY HILL R	OAD				Connection	ıs		1					
Towns Served: HAD	DAM												
			N	lonit	oring Red	quireme	nts						
Water System Fac	cility: DISTR	IBUTION S	YSTEM ((WSF I	D: 00600)								
Total Coliform (3	3100)										1 rou	itine (RT)	per quarte
Sampling Poin	t (Sampling P	oint ID)				Monitor	ing Pe	eriod	Colle	ction Pe	eriod	Compl	iance Status
Select from Inv	entory of Act	ve Sampling	Points			4/1/25 -	6/30,	/25				Co	mplete
						7/1/25 -	9/30,	/25				Co	mplete
						10/1/25 -	12/3	1/25					
						1/1/26 -	3/31,	/26					
						4/1/26 -	6/30,	/26					
Physical Paramet							_						per quarte
Sampling Poin						Monitor			Colle	ction Pe	eriod		iance Status
Select from Inv	entory of Act	ve Sampling	Points			4/1/25 -							mplete
						7/1/25 -						Co	mplete
						10/1/25 -							
						1/1/26 -							
	1111	/ DOINE //				4/1/26 -	6/30,	/26					
Water System Fac	•	POINT (V	VSF ID: ()0/00)									
Nitrate And Nitri	• •											-	RT) per yea
Sampling Poin		oint ID)				Monitor			Colle	ction Pe	eriod		iance Status
ENTRY POINT (3)					1/1/24 -							mplete
						1/1/25 -						C	mplete
					••	1/1/26 -							
			Otl	her C	ompliand	ce Sched	lules	S					
Compliance Schedu							Due D			Achi	eved	Date	
RESPOND TO SANIT	ARY SURVEY						2/5/2	.006					
		Water S	ystem	Facil	ity and Sa	ampling	Poi	nt Inv	vent	ory			
Water									Total		l and		
	stem Facility		Sampling ID		Sampling P Description			C	Colifor	-	per	0 - 1 1	Stag
Facility ID	ITIONI CVCTEN	<u> </u>			•			<u>tatus</u>	Rule	Kuie	rier	Aspestos	WQP 2 DBI
00600 DISTRIBU	JTION SYSTEM		4		DISTRIBUTION			A	Υ				
					WITHIN 5 S			A					
00700 ENTRY D	OINT		UPSTR		WITHIN 5 S		V	Α					
00700 ENTRY P	OINT		3		ENTRY POIN	N I		Α					
21038 WELL			2		WELL			Α					
					ntact Info	rmation						= :	
Name	•				rganization					.		Job Title	
Reverend James A.					addam Neck	Congreg'l C	hurch	1	N	linister		6	7. 0 :
Mailing Address Lin			Mailing	Addres	s Line Two					City		State	Zip Code
305 Rock Landing R				8.4.1	ti- Di	F	. D!		dam N			СТ	06424
Business Phone	Extension	Fax			ile Phone	Emergency					-1. 1		
860-301-4124				860-	301-4124	860-267-	4255	jame	es4056	@sbcgl	opal.	net	

Connecticut Department of Public Health Drinking Water Section												
	Wat	er Qua	lity Mon	itoring a	nd Con	npl	iance S	Schedul	e			
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source		
CT0610194	HADDAM NECK C	ONGREGA [*]	TIONAL CHUR	СН			NC	25	Р	GW		
Local Address (w	here applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
408 QUARRY HIL	L ROAD			Connection	ns		1					
Towns Served: H	ADDAM											
Contact Role(s):	Legal Contact											
Name				Organization					Job Title	е		
Mr. James Yuille	Sr.			Trustee								
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code		
203 Injun Hollow	<i>r</i> Rd						Haddaı	m Neck	СТ	06424		
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	/ Pho	ne Email A	Address				
860-301-6037	,				860-301	-4994	l jeyuille	@yahoo.cor	n			
Contact Role(s): Administrative Contact												

Please note the following:

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

End of schedule

	Connectic	ut Departn	nent o	f Public	Health	Drin	king	Wat	er Se	ection	
	Wa	ter Quality	Moni	toring ar	nd Com	plia	nce S	ched	ule		
PWS ID	PWS Name					Classifi	cation P	opulati	on Ow	ner Type F	Primary Source
CT0610254	HIGGANUM CON	NGREGATIONAL C	HURCH			N	2	25		Р	GW
Local Address (v	where applicable)			Service	Resident	ial Cor	mmercial	Indu	strial	Combined	d Agricultural
23 PARSONAGE	ROAD			Connections	S		1				
Towns Served: I	HADDAM										
			Monit	oring Req	uireme	nts					
Water System	Facility: DISTR	IBUTION SYSTE	M (WSF	ID: 00600)							
Total Coliforn	n (3100)								1 ro	utine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitorin	ng Perio	d Co	llection	Period	Comp	liance Status
Select from	n Inventory of Act	ive Sampling Poin	ts		4/1/25 -	6/30/2	5			C	omplete
					7/1/25 -	9/30/2	5			C	omplete
					10/1/25 -	12/31/2	25				
					1/1/26 -	3/31/20	5				
					4/1/26 -	6/30/2	5				
Physical Para	meters (PPS)								1 ro	utine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitorin	ng Perio	od Co	llection	Period	Comp	liance Status
Select from	n Inventory of Act	ive Sampling Poin	ts		4/1/25 -						omplete
					7/1/25 -	9/30/2	5			C	omplete
					10/1/25 -						
					1/1/26 -						
					4/1/26 -	6/30/2	5				
Water System	Facility: ENTRY	Y POINT (WSF I	D: 00700)								
Nitrate And N	litrite (NOX)								1	routine (RT) per year
Sampling I	Point (Sampling P	oint ID)			Monitorin			llection	Period	Comp	liance Status
ENTRY POI	NT (3)				1/1/24 - 1	2/31/2	4			C	omplete
					1/1/25 - 1	2/31/2	5			C	omplete
					1/1/26 - 1	2/31/2	6				
			Other C	Complianc	e Sched	ules					
Compliance Sch	nedule Activity										
	,				E	ue Dat	e	Ac	hieved	Date	
CROSS CONNEC	TION SURVEY REP	ORT						Ac	hieved	Date	
CROSS CONNEC	TION SURVEY REP	ORT Water Syste	m Facil	lity and Sa	3	oue Dat /1/202	7		hieved	Date	
CROSS CONNEC	TION SURVEY REP		m Facil	lity and Sa	3	oue Dat /1/202	7	itory	hieved ad and		
Water	TION SURVEY REP	Water Syste		: Sampling Po	ampling	oue Dat /1/202	7 : Inver	itory			Stage
Water	TION SURVEY REP	Water Syste		•	ampling	oue Dat /1/202	Tot Colife	itory al Le	ad and		Stage WQP 2 DBPR
Water System Wate Facility ID	TION SURVEY REP	Water Syste	oling Point	: Sampling Po	ampling	Oue Dat /1/202 Point	7 : Inver Tot Colife	ntory ral Le orm C le Ri	ad and		
Water System Wate Facility ID	TION SURVEY REP	Water Syste	oling Point ID 4	: Sampling Po Description	ampling pint DN SYSTEM	Point Star	7 : Inver Tot Colife	ntory ral Le orm C le Ri	ad and		
Water System Wate Facility ID	TION SURVEY REP	Water Syste	oling Point ID 4	Sampling Po Description	ampling pint ON SYSTEM ERVICE CON	Oue Dat /1/202 Point Star A	Tot Colife	ntory ral Le orm C le Ri	ad and		
Water System Water Facility ID 00600 DIST	TION SURVEY REP	Water Syste	oling Point ID 4 /NSTREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SE	ampling pint ON SYSTEM ERVICE CON	Oue Dat /1/202 Point Star A	Tot Colifor	ntory ral Le orm C le Ri	ad and		
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Water Syste	oling Point ID 4 /NSTREAM STREAM	DISTRIBUTION WITHIN 5 SE	ampling pint ON SYSTEM ERVICE CON	Point Star A A	Tot Colife	ntory ral Le orm C le Ri	ad and		
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Water Syste	oling Point ID 4 /NSTREAM STREAM 3 2	E Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	ampling Dint DN SYSTEM ERVICE CON ERVICE CON	Point Star A A A	Tot Colife	ntory ral Le orm C le Ri	ad and		
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Water Syste	oling Point ID 4 //NSTREAM STREAM 3 2	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	ampling Dint DN SYSTEM ERVICE CON ERVICE CON	Point Star A A A	Tot Colife	ntory ral Le orm C le Ri	ad and		
Water System Water Facility ID 00600 DIST	er System Facility RIBUTION SYSTEM	Water Syste	oling Point ID 4 //NSTREAM STREAM 3 2 Cor	DISTRIBUTION I WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL TACT Information	ampling DIN SYSTEM ERVICE CON ERVICE CON T	Point Star A A A A	Tot Colife	atory al Le orm C le Ri	ad and	Asbestos Job Title	
Water System Water Facility ID 00600 DIST 00700 ENTF 21044 WEL	er System Facility RIBUTION SYSTEM RY POINT	Samp DOW UP	oling Point ID 4 /NSTREAM STREAM 3 2 Cor	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL Tract Information	ampling DIN SYSTEM ERVICE CON ERVICE CON T	Point Star A A A A	Tot Colife	atory al Le orm C le Ri	ad and opper ule Tier	Asbestos Job Title	
Water System Water Facility ID 00600 DIST 00700 ENTE 21044 WEL Name Mr. Sam Crum Mailing Address	er System Facility RIBUTION SYSTEM RY POINT	Samp DOW UP	oling Point ID 4 /NSTREAM STREAM 3 2 Cor	DISTRIBUTION I WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL Tract Information Disganum Congress Line Two	ampling DIN SYSTEM ERVICE CON ERVICE CON T	Point Star A A A A	Tot Colife	al Leorm Colle Rich	ad and opper ule Tier	Asbestos Job Title	WQP 2 DBPR
Water System Water Facility ID 00600 DIST 00700 ENTE 21044 WEL Name Mr. Sam Crum Mailing Address	er System Facility RIBUTION SYSTEM RY POINT L S Line One gregational Church	Samp DOW UP	oling Point ID 4 //NSTREAM 3 2 Cor H ing Address	DISTRIBUTION DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL DISTRIBUTION WELL	ampling DIN SYSTEM ERVICE CON ERVICE CON T	Point Star A A A Church	Tot Colifor Rus Y	al Leorm Colle Richard Board City	ad and opper ule Tier	Job Title	WQP 2 DBPR

	Connecticu	t Depa	rtment	of Public	Health	D	rinking	Water	Section	
	Wate	er Qua	lity Mon	itoring a	nd Con	np]	liance S	Schedul	e	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0610254	HIGGANUM CONG	REGATION	NAL CHURCH				NC	25	Р	GW
Local Address (wi	nere applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
23 PARSONAGE R	OAD			Connection	ns		1			
Towns Served: H	ADDAM				'					
Contact Role(s):	Legal Contact									
Name				Organization					Job Title	9
Mr. Alan Chadwi	ck			United Cong C	Chruch of Ha	adda	ım	Property (Chairman	
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
P.O. Box 215							Haddaı	n	СТ	06438
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Pho	one Email <i>A</i>	ddress		
860-345-2742							alanch	adwickllc@s	net.net	
Contact Role(s):	Administrative Co	ntact	,							

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

End of schedule

	Connecticut Departmen				_			ection	
	Water Quality M	onitoring an	d Con	_			_		
PWS ID	PWS Name			Cla	assification	Population	O	wner Type I	Primary Source
CT0610294	HIGGIES FOOD AND ICE CREAM, LLC				NC	25		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerci	ial Industr	ial	Combined	d Agricultural
236 SAYBROOK	ROAD	Connections			1				
Towns Served:	HADDAM						_		
	M	onitoring Requ	iireme	nt	S				
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	m (3100)						1 1	routine (R1) per month
	Point (Sampling Point ID)		Monitori			Collection Pe	?rio	d Comp	liance Status
Select fror	n Inventory of Active Sampling Points		7/1/25 -	7/3	31/25			С	omplete
			8/1/25 -	8/3	31/25				omplete
			9/1/25 -						omplete
		:	10/1/25 -	•	•			С	omplete
			3/1/26 -						
			4/1/26 -						
			5/1/26 -						
			6/1/26 -	6/3	30/26				_
Total Coliforn	•			_				•) per period
	Point (Sampling Point ID)		Monitori			Collection Pe	?rio		liance Status
	m Inventory of Active Sampling Points		6/26/25	- 7,	/1/25				omplete
-	meters (PPS)			_				' - ') per month
	Point (Sampling Point ID)		Monitori			Collection Pe	?rio	-	liance Status
Select fror	n Inventory of Active Sampling Points		7/1/25 -						omplete
			8/1/25 -						omplete
			9/1/25 -						omplete
		:	10/1/25 -					C	omplete
			3/1/26 -						
			4/1/26 -						
			5/1/26 -						
M/-1	Facility Politic (NACE ID O	2700\	6/1/26 -	6/3	30/26				
-	Facility: ENTRY POINT (WSF ID: 00	0700)							
Nitrate And I	• •		0.0 11 1	•	Daniel 6	S-1141 D		-	RT) per year
ENTRY PO	Point (Sampling Point ID)		Monitori			Collection Pe	?rio		of Service
ENTRY PO	iivi (3)		1/1/24 -		-	2/1 10/2	1		
			1/1/25 - 1/1/26 -			3/1-10/3		C	omplete
Mator System	Facility: WELL (WSF ID: 21048)		1/1/20-	14/	21/20	3/1-10/3	T		
•	, , ,							aaanad /T	\\ max mania.i
E. Coli (3014	•		Monitori	in ~	Dariad C				i) per period
	Point (Sampling Point ID)		<i>Monitori</i> 6/25/25			Collection Pe	:110		liance Status
WELL (2)	Public	Notification R						L L	omplete
	Tuone	Compliance	Notice	_		otification		DN Co	rtification
Violation/Situa	ntion	Period	Tier		Required	Performe	ed	Due to DPF	
E. Coli TT Violat		6/1/25 - 6/30/25	1		9/13/2025			9/23/2025	
			+						

1

9/13/2025

6/1/25 - 6/30/25

Schedule Generation Date: 12/12/2025

E. Coli MCL Violation

9/23/2025

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source
CT0610294	HIGGIES FOOD AND ICE CREAM, LLC				NC	25	Р		GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed	Agricultural
236 SAYBROOK	ROAD	Connections			1				
Towns Served: HADDAM									

Connecticut Department of Public Health Drinking Water Section

	١	Nater System Facili	ity and Sampling F	Point Ir	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	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					
21048	WELL	2	WELL	Α					

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. James Flaws				Higgie's Food	d & Ice Cream		Administra	tor	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
236 Saybrook Road						Higganuı	m	СТ	06441
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-919-3500					203-238-1136	ctlocksm	ith369@gm	ail.com	
Contact Role(s): Le	gal Contact, (Owner							
Name				Organization				Job Title	ļ.
Mr. John Astarita									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
236 Saybrook Rd						Higganuı	m	СТ	06441
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		

Contact Role(s): Administrative Contact

Please note the following:

860-345-7660

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

End of schedule

johna13@sbcglobal.net

		Commontiant Dom		Duklia I	I a a l L la	Dadala	: ~ T A7	atom Co	ation	
		Connecticut Dep							ection	
		Water Qua	ality Monit	oring an	d Com	pliand	ce Sch	edule		
PWS ID		PWS Name				– Classificat	ion Popu	ulation Ow	ner Type P	rimary Source
CT061030)4	GAS PLUS				NC		30	Р	GW
Local Addi	lress (w	here applicable)		Service	Resident	ial Comn	nercial I	ndustrial	Combined	Agricultural
210 SAYBF	ROOK F	ROAD		Connections			1			
Towns Ser	rved: H	IADDAM								
			Monite	oring Requ	uiremer	nts				
Water Sy	/stem	Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)						
Total Co	liform	(3100)						1 ro	utine (RT)	per quarter
Samp	pling P	oint (Sampling Point ID)			Monitorin	g Period	Collec	tion Period	Compl	iance Status
Selec	ct from	Inventory of Active Samplin	g Points		4/1/25 - 6	5/30/25			Co	mplete
					7/1/25 - 9	9/30/25			Co	mplete
					10/1/25 - :	12/31/25				
					1/1/26 - 3	3/31/26				
					4/1/26 - 6	6/30/26				
Physical	Paran	neters (PPS)						1 ro	utine (RT)	per quarter
_		oint (Sampling Point ID)			Monitorin	g Period	Collect	tion Period	Compl	iance Status
Selec	ct from	Inventory of Active Samplin	g Points		4/1/25 - 6	5/30/25			Co	mplete
					7/1/25 - 9	9/30/25			Co	mplete
					10/1/25 - :	12/31/25				
					1/1/26 - 3	3/31/26				
					4/1/26 - 6	5/30/26				
Water Sy	/stem	Facility: ENTRY POINT (WSF ID: 00700)							
		itrite (NOX)						1	routine (I	RT) per year
		oint (Sampling Point ID)			Monitorin	a Period	Collect	tion Period	· - ·	iance Status
	RY POIN	<u> </u>		_	1/1/24 - 1					mplete
					1/1/25 - 1					mplete
					1/1/26 - 1					.
Water Sy	/stem	Facility: WELL (WSF ID:	21049)		_,_,					
E. Coli (3								1 ro	utine (RT)	per quarter
Samp	pling P	oint (Sampling Point ID)			Monitorin	g Period	Collec	tion Period		iance Status
WELL	L (2)				4/1/25 - 6	6/30/25			Co	mplete
					7/1/25 - 9	9/30/25			Co	mplete
					10/1/25 - :	12/31/25				
					1/1/26 - 3	3/31/26				
					4/1/26 - 6	5/30/26				
		Water 9	System Facili	ity and Sar	mpling	Point I	nvento	ry		
Water							Total	Lead and	1	
System		r System Facility	Sampling Point		nt		Coliform			Stage
Facility ID			ID	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTR	RIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
			DOWNSTREAM			Α				
			UPSTREAM	WITHIN 5 SER		Α				
00700	ENTR'	Y POINT	3	ENTRY POINT		Α				

WELL

2

21049 WELL

Schedule Generation Date: 12/12/2025 Page 17

Α

C	onnectic	ut Depa	rtme	ent of Public	Health	Dr	inking \	Water S	Section	
	Wa	ter Qua	lity N	l onitoring a	nd Con	npli	ance Sc	chedule		
PWS ID PY	NS Name					Class	ification Po	opulation O	wner Type	Primary Source
CT0610304 G	AS PLUS						NC	30	Р	GW
Local Address (who	ere applicable)			Service	Residen	tial (Commercial	Industrial	Combin	ed Agricultural
210 SAYBROOK RO	AD			Connectio	ns		1			
Towns Served: HAI	DDAM									
				Contact Info	ormation	1				
Name				Organization					Job Titl	е
Mr. Richard Gosse	lin			Gas Plus				Owner		
Mailing Address Lin	ne One		Mailing	Address Line Two				City	State	Zip Code
210 Saybrook Road	t						Higganun	n	СТ	06441
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Phon	e Email Add	dress		
860-345-3174							gasplus22	2@yahoo.co	m	
Contact Role(s):	dministrative	Contact, Leg	al Conta	act, Owner						
Name				Organization					Job Titl	е
Mr. Mustafa Ayaz				Gas Plus				Owner		
Mailing Address Lin	ne One		Mailing	Address Line Two				City	State	Zip Code
210 Saybrook Road	d						Higganun	n	СТ	06441
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Phon	e Email Add	dress		

Contact Role(s): Owner

860-345-3174

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

End of schedule

	Co	nnecticu Wat	•			Public oring a				_			ction		
PWS ID	PW	S Name						_					ner Type	Prin	nary Source
CT061032	4 40 9	SAYBROOK RO	AD						NC		27		P		GW
Local Addr	ress (wher	e applicable)				Service	Residen	tial	Commerc	cial	Industri	al	Combine	d .	Agricultural
40 SAYBRO	OOK ROAD)				Connection	s 2		1						
Towns Ser	ved: HADI	DAM													
				Mo	nite	oring Req	uireme	nts							
•		ility: DISTRI	BUTION SY												
Total Col	-	•								- "			_		er quarter
		(Sampling Po	-				Monitori			Colle	ection Pe	rıod			ice Status
Selec	t from Inv	entory of Activ	e Sampling	Points			4/1/25 -								plete
							7/1/25 -						(Com	plete
							10/1/25 -								
							1/1/26 - 4/1/26 -								
Physical	Paramet	ers (PPS)									1	l rou	ıtine (RT) pe	er quarter
Samp	oling Point	(Sampling Po	int ID)				Monitori	ing F	Period	Colle	ction Pe	riod	Comp	oliar	ice Status
Selec	t from Inv	entory of Activ	e Sampling	Points			4/1/25 -	6/3	0/25				(Com	plete
							7/1/25 -	9/3	0/25				(Com	plete
							10/1/25 -	12/	31/25						
							1/1/26 -	3/3	1/26						
							4/1/26 -	6/3	0/26						
Water Sys		ility: ENTRY	POINT (W	SF ID: 00	700)							1	routine	(RT) per year
		: (Sampling Po	int ID)				Monitori	ina F	Period	Colle	ection Pe			-	ice Status
	Y POINT (3		,				1/1/24 -			000					plete
21111		-1					1/1/25 -								plete
							1/1/26 -								piece
		1	Water Sy	stem Fa	acili	ity and Sa		_		ent	ory				
Water										Total					
System		stem Facility	9		oint	Sampling Po	oint			olifor					Stage
Facility ID				ID		Description			Status	Rule	Rule	Tier	Asbesto	s M	/QP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4		DISTRIBUTIO			Α	Υ					
						WITHIN 5 SE			A						
				UPSTREA	ΙVΙ	WITHIN 5 SE		N	A						
00700	ENTRY PO	DINT		3		ENTRY POIN	IT		Α						
21051	WELL			2		WELL			Α						
Namo						tact Info	rmation)					Job Title		
Name Mr. Jeffre	v I Schult	7				rganization Saybrook Ro	nad .				o-Owne	<u> </u>	Job Title	-	
Mailing Ac	-			Mailing Ad			Jau			C	City	1	State	-	Zip Code
297 Farm		OHE		iviaiiiiig AU	ui ess	D LINE I WU			Middl	latou	•		CT		06457
Business		Extension	Fax	1	Mohi	le Phone	Emergency	, Dh					CI		UU 4 J/
860-96		LACCIDIUII	Гах	'	VIUUI	ic FHOHE	860-965-				ress z@gmail.	com			
		ministrative C	ontact Loca	d Contact	Own	nor .	000-905-	.100	o jionsc	nultz	<u>L</u> WBIIIdil.	COIII			
COIIIaCL K	ore(s). Au	mmsu auve C	ontact, Legi	ii Cuiitatt,	Own	ici									

	Connectici	ut Depa	rtment (of Public	Health	ı Drii	nkıng	Water	Sec	tion	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	r Type	Primary Source
CT0610324	40 SAYBROOK RO	DAD				N	IC	27	F)	GW
ocal Address (w	here applicable)			Service	Residen	ntial Co	mmercia	l Industri	al Co	ombine	d Agricultural
40 SAYBROOK RO	DAD			Connection	ns 2		1				
Γowns Served: Η	ADDAM			·				·	·		
Name				Organization					Jo	ob Title	2
Ms. Jody A. Schւ	ıltz							Co-Owner	-		
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
10 Saybrook Rd							Haddan	ı		CT	06438
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	ddress			
860-965-1866	j				860-965	-1803	jody.sch	nultz@snet.	net		
Contact Role(s)	Owner										

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

End of schedule

	Connecticu	ıt Departm	ent o	f Public	Health I	Orin	iking V	Water	Section	1	
	Wat	er Quality	Monit	toring a	ind Com	olia	nce Sc	hedul	e		
PWS ID	PWS Name				C	lassifi	cation Po	pulation	Owner Typ	e Pri	mary Source
CT0610374	HADDAM SENIOR	CENTER				N	С	25	L		GW
Local Address (w	here applicable)			Service	Residentia	al Cor	mmercial	Industria	l Combi	ned	Agricultural
923 SAYBROOK F	ROAD			Connectio	ns		1				
Towns Served: H	ADDAM						ı				I
			Monit	oring Re	quiremen	ts					
Water System I	Facility: DISTRI				4						
Total Coliform	(3100)							1	routine (F	RT) p	er quarter
Sampling P	oint (Sampling Po	int ID)			Monitoring	, Perio	od Coll	ection Per	iod Con	nplia	nce Status
Select from	Inventory of Activ	e Sampling Points	5		4/1/25 - 6	/30/25	5			Cor	nplete
					7/1/25 - 9	/30/25	5			Cor	nplete
					10/1/25 - 1	2/31/2	25			Cor	nplete
					1/1/26 - 3	/31/26	6				
					4/1/26 - 6						
Physical Paran	neters (PPS)							1	routine (F	RT) p	er quarter
Sampling Po	oint (Sampling Po	int ID)			Monitoring			ection Per	iod Con		nce Status
Select from	Inventory of Activ	e Sampling Points	5		4/1/25 - 6	/30/25	5			Cor	nplete
					7/1/25 - 9	/30/25	5			Cor	nplete
					10/1/25 - 1	2/31/2	25			Cor	nplete
					1/1/26 - 3	/31/26	6				
					4/1/26 - 6	/30/26	6				
Water System I	Facility: ENTRY	POINT (WSF ID	: 00700)								
Nitrate And Ni	itrite (NOX)								1 routin	e (R	T) per year
Sampling P	oint (Sampling Po	int ID)			Monitoring	, Perio	od Coll	ection Per	iod Con	nplia	nce Status
ENTRY POIN	NT (3)				1/1/24 - 12	2/31/2	.4			Cor	nplete
					1/1/25 - 12	/31/2	:5				
					1/1/26 - 12	2/31/2	:6				
	1	Water Syster	n Facil	ity and S	Sampling P	oint	Invent	tory			
Water							Tota				
- /	r System Facility	Sampl	_	Sampling I			Colifo				Stage
Facility ID			ID	Description		Sta		e Rule 1	Tier Asbes	tos I	NQP 2 DBPR
00600 DISTR	IBUTION SYSTEM		4		ION SYSTEM	А					
					SERVICE CON	А					
		UPS	TREAM		SERVICE CON	Α					
	Y POINT		3	ENTRY POI	NT	Α	1				
21054 WELL			2	WELL		А	\				
					ormation						
Name				rganization					Job Tit	le	
Ms. Melissa J. Sc		T		own of Hado	lam		I	First Select			
Mailing Address				s Line Two				City	State	2	Zip Code
Town Office Buli		30 Fie	ld Park D		T		Haddam		СТ		06438
Business Phon	e Extension	Fax	Mob	ile Phone	Emergency P						
860-345-8531		860-345-3730					mschlag@	haddam.	org		
C	Legal Contact, O	wner									
Contact Role(s):	Legai Contact, O										
Contact Role(s):	Legal Contact, O										

(Connectic Wa	ut Depa ter Qua						_			on	
PWS ID F	WS Name						Cla	ssification	Population	Owner T	ype P	Primary Source
CT0610374 H	IADDAM SENIO	R CENTER						NC	25	L		GW
Local Address (wh	ere applicable)				Service	Resider	ntial	Commerci	al Industri	al Con	bined	I Agricultural
923 SAYBROOK RO	DAD				Connection	S		1				
Towns Served: HA	DDAM					,			'	'		
Name				Org	ganization					Job	Title	
Ms. Debra Talbot				To	wn of Hadda	am			Custodian			
Mailing Address L	ine One		Mailing	Address	Line Two				City	St	ate	Zip Code
30 Field Park Drive	9							Haddar	n	(CT	06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Ph	one Email A	ddress	,		
860-345-8531	208	860-345-	3730				custodian@haddam.org					
Contact Role(s):	Administrative	Contact						l .				

Contact Role(s): Administrative Contact

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End of schedule

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	Connectic	ut Depa	rtment (of Public	Health	Drin	iking	Wate	r Se	ction	
	Wat	ter Oual	litv Mon	itoring a	and Con	nplia	nce So	chedu	le		
PWS ID	PWS Name	Q 01013	11011			_			_	ner Type P	rimary Source
CT061042		STAURANT				N		25		Р	GW
	ress (where applicable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Service	Resider		mmercial		rial	Combined	Agricultural
	IGWORTH ROAD			Connection			1	maasti	101		7 igi redicarai
	rved: HADDAM										
			Nan	itarina Da							
				itoring Re	quireme	nts					
Water Sy	stem Facility: DISTR	IBUTION SY	STEM (WSI	F ID: 00600)							
Total Co	liform (3100)								1 rou	itine (RT)	per quarter
	oling Point (Sampling Po				Monitor	ing Perio	od Col	lection Pe	eriod	Compli	ance Status
Selec	t from Inventory of Acti	ve Sampling	Points		4/1/25	6/30/2	5			Со	mplete
					7/1/25	9/30/2	5			Out	of Service
					10/1/25	12/31/2	25			Со	mplete
					1/1/26	3/31/20	6				
					4/1/26	6/30/26	6				
Physical	Parameters (PPS)								1 rou	itine (RT)	per quarter
Sam	oling Point (Sampling Po	oint ID)			Monitor			lection Pe	eriod	Compli	ance Status
Selec	t from Inventory of Acti	ve Sampling	Points		4/1/25	6/30/2	5			Со	mplete
					7/1/25	9/30/2	5			Out	of Service
					10/1/25					Со	mplete
					1/1/26	3/31/20	6				
					4/1/26	6/30/2	6				
Water Sy	stem Facility: ENTRY	POINT (W	/SF ID: 0070	0)							
Nitrate A	And Nitrite (NOX)								1	routine (F	RT) per year
Samj	oling Point (Sampling Po	oint ID)			Monitor	ing Perio	od Col	lection Pe	eriod	Compli	ance Status
ENTF	RY POINT (3)				1/1/24 -	12/31/2	24			Со	mplete
					1/1/25 -	12/31/2	!5			Co	mplete
					1/1/26 -	12/31/2	26				
			Other	Complian	ce Sched	lules					
Complian	ce Schedule Activity					Due Dat	r _P	Δchi	eved	Date	
	TO SANITARY SURVEY					6/5/201		7.077	CVCG		
	TO SANITARY SURVEY					L2/1/202					
KLSFOND		\\/ - t C.		:1:4				•			
		water Sy	stem Fac	ility and S	Sampling	Point					
Water	Mator Custom Facility		Camplina Dai	nt Sampling	Doint		Toto		d and		Charac
System Facility ID	Water System Facility	3	sampling Poli ID	Descriptio		-	Colifo tus Rul	-	oper o Tier	Achestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4		ON SYSTEM	Sta:	tus	e nuic	e riei	ASDESTOS	WQF Z DDFK
00600	DISTRIBUTION SYSTEM			DISTRIBUT M WITHIN 5							
			UPSTREAM		SERVICE COI						
00700	FAITDY DOINT										
00700	ENTRY POINT		3	ENTRY PO	IINI	A					
21059	WELL		2	WELL		А	`				
			Co	ontact Info	ormation						
Name				Organization						Job Title	
Mr. Joe D	attilo			968 Killingwo	rth Road						
Mailing A	ddress Line One		Mailing Addr	ess Line Two				City		State	Zip Code
	gworth Road						Higganur			CT	06441
Busines	s Phone Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Ad	dress			

Page 23

	Connecticut De	par unem or	I ublic I	icaitii	ע)	311171111	, water	occuon		
	Water Q	uality Monito	oring an	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name				Cla	ssification	Population	Owner Type F	rimary Source	
CT0610424	DINOS PIZZA RESTAURA	NT				NC	25	Р	GW	
Local Address (Local Address (where applicable)				itial	Commerci	al Industri	al Combined	l Agricultural	
968 KILLINGWO	ORTH ROAD		Connections			1				
Towns Served:	HADDAM									
	860-785-8213 joedatt@gmail.com									
Contact Role(s)	: Administrative Contact	, Legal Contact, Own	er							

Connecticut Department of Public Health Drinking Water Section

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End of schedule

	Connecticut De	partment of	Public H	lealth	Drin	king	Wa	ater	Sec	ction		
	Water Qı	iality Monit	oring an	d Con	ıpliaı	nce S	Sche	edul	e			
PWS ID	PWS Name	-			Classific	cation	Popul	ation	Owne	er Type	Primary	Source
CT0610444	ST PETERS CHURCH				NC	2	2	6		Р	G۷	/
Local Addres	s (where applicable)		Service	Residen	tial Cor	nmercia	al In	dustria	al C	ombine	d Agric	ultural
30 ST PETER'	S LANE		Connections			1						
Towns Serve	d: HADDAM											
		Monito	oring Requ	ireme	nts							
Water Syste	em Facility: DISTRIBUTION	I SYSTEM (WSF II	D: 00600)									
Total Colifo	orm (3100)							1	rout	ine (RT	per qu	ıarter
Samplin	ng Point (Sampling Point ID)			Monitori	ng Perio	od Co	ollecti	on Per	iod	Comp	liance S	tatus
Select fr	rom Inventory of Active Sampl	ing Points		4/1/25 -	6/30/25	5				C	omplete	j
				7/1/25 -	9/30/25	5				C	omplete	j
				10/1/25 -								
				1/1/26 -								
				4/1/26 -	6/30/26	5						
Physical Pa	rameters (PPS)							1	rout	ine (RT	per qu	ıarter
-	ng Point (Sampling Point ID)			Monitori			ollecti	on Per	iod		liance S	
Select fr	rom Inventory of Active Sampl	ing Points		4/1/25 -							omplete	
				7/1/25 -						C	omplete	j
				10/1/25 -	12/31/2	25						
				1/1/26 -	3/31/26	5						
				4/1/26 -	6/30/26	5						
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (10	040)							1	rout	ine (RT	per qu	ıarter
Samplin	ng Point (Sampling Point ID)			Monitori	ng Perio	od Co	ollecti	on Per	iod	Comp	liance S	tatus
ENTRY F	POINT (3)			4/1/25 -	6/30/25	5				C	omplete	j
				7/1/25 -	9/30/25	5				C	omplete	<u>;</u>
			<u> </u>	10/1/25 -	12/31/2	25						
				1/1/26 -	3/31/26	5						
				4/1/26 -	6/30/26	5						
Nitrite (10	41)								1 rc	outine (RT) pei	year
-	ng Point (Sampling Point ID)			Monitori			ollecti	on Per	iod		liance S	
ENTRY F	POINT (3)			1/1/24 -							omplete	
				1/1/25 -						C	omplete	<u> </u>
				1/1/26 -	12/31/2	6						
	Water	System Facili	ity and Sar	npling	Point			•				
Water System W	ater System Facility	Sampling Point	Samplina Doi:	nt.			tal	Lead o				Ctass
System W Facility ID	uter system rudnity	Sampling Point ID	Description		Ct. 1		form ule	Copp Rule 1		Asbesto:		Stage 2 DBPR
	ISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	<u>Stat</u> A	.43	Y	nuic I	. 101 /	.55050	, 11Q1 /	- 551 K
00000 DI	ISTRIBUTION STSTEM	DOWNSTREAM					•					
		UPSTREAM	WITHIN 5 SER									
00700 EN	NTRY POINT	3	ENTRY POINT	VICE CON	A							
00700 LI	TOTAL TOTAL	<u></u>	LIVINI I OINI			1						

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WELL

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21061 WELL

	la sa sa a abil a	ut Dana		- A	f Dlalia	II a a l t la	Desi	م مداحا م	- 147-4	Cook		
C	Connectic	•						_			ion	
	Wa	ter Qual	lity M	onit	t <mark>oring</mark> a	nd Con	nplia	ınce S	Schedu	le		
PWS ID P	WS Name						Classi	ication	Population	Owner 7	Гуре Р	rimary Source
CT0610444 S	T PETERS CHUR	СН					ľ	1C	26	Р		GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommerci	al Industri	al Con	nbined	Agricultural
30 ST PETER'S LAN	E				Connection	ıs		1				
Towns Served: HA	DDAM											
				Cor	ntact Info	rmatior	1					
Name				0	rganization					Jok	Title	
Diocese of Norwi	:h											
Mailing Address Li	ne One		Mailing A	Addres	s Line Two				City	S	tate	Zip Code
203 Broadway								Norwic	:h		СТ	06360
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	egal Contact, C	Owner										
Name				0	rganization					Jok	Title	
Ms. Deborah G. S	pitzmacher			Cl	hurch				Secretary			
Mailing Address Li	ne One		Mailing A	Addres	s Line Two				City	St	tate	Zip Code
PO Box 707								Higgan	um		СТ	06441
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phone	Email A	Address			
860-345-8018		860-354-4	1067					stpeter	higganum@	yahoo.c	om	

Contact Role(s): Administrative Contact

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End of schedule

	Connecticut Dep Water Qu		Fublic Health Foring and Con		_		ction	
PWS ID	PWS Name			Classificat	ion Popu	lation Owr	ner Type	Primary Source
CT0610484	986 KILLINGWORTH RD PL	AZA		NC	2	5	Р	GW
Local Address (where applicable)		Service Residen	tial Comn	nercial In	dustrial	Combine	d Agricultural
986 KILLINGWC	ORTH ROAD		Connections	:	L			
Towns Served:	HADDAM							
		Monite	oring Requireme	nts				
Water System	Facility: DISTRIBUTION							
Total Coliforn	m (3100)					1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collecti	ion Period	Comp	liance Status
Select from	n Inventory of Active Sampli	ng Points	10/1/25 -	12/31/25			C	Complete
			1/1/26 -	3/31/26				
			4/1/26 -	6/30/26				
Total Coliforn	n (3100)					1 ro	utine (R	Γ) per month
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collecti	ion Period	Comp	liance Status
Select from	n Inventory of Active Sampli	ng Points	7/1/25 -	7/31/25			C	Complete
			8/1/25 -	8/31/25			C	Complete
			9/1/25 -	9/30/25			C	Complete
Physical Para	meters (PPS)					1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collecti	ion Period	Comp	liance Status
Select from	n Inventory of Active Sampli	ng Points	10/1/25 -	12/31/25			C	Complete
			1/1/26 -	3/31/26				
			4/1/26 -	6/30/26				
Physical Para	meters (PPS)					1 ro	utine (R	Γ) per month
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collecti	ion Period	Comp	liance Status
Select from	n Inventory of Active Sampli	ng Points	7/1/25 -	7/31/25			C	Complete
			8/1/25 -	8/31/25			C	Complete
			9/1/25 -	9/30/25			C	Complete
Water System	Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate And N	Nitrite (NOX)					1	routine	(RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collecti	ion Period	Comp	liance Status
ENTRY PO	INT (3)		1/1/24 -	12/31/24			C	Complete
			1/1/25 -	12/31/25			C	Complete
			1/1/26 -	12/31/26				
	Water	System Facili	ity and Sampling	Point I	nventoi	у		
Water					Total	Lead and		
•	er System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbesto	s WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
			WITHIN 5 SERVICE CON	I A				
		UPSTREAM	WITHIN 5 SERVICE CON	I A				
00700 ENTI	RY POINT	3	ENTRY POINT	Α				
21065 WEL	<u>L</u>	2	WELL	Α				
		Con	tact Information					
Name		Oı	rganization				Job Title	
Mr. Garrett V.	Vesta	No	ortheastern Partners 3,	LC				
Mailing Address	s Line One	Mailing Address	s Line Two		Ci	ty	State	Zip Code
108 Wildcat Bo	ad	DO Roy 1202		NA:	adicon		СТ	06443

	Connectic	ut Depa	artment o	of Public	: He	alth	Dri	nking	Water	Se	ction		
	Wa	ter Qua	lity Mon	itoring a	and (Con	ıplia	nce S	chedul	le			
PWS ID	PWS Name						Classif	ication [opulation	Own	er Type	Primary	/ Source
СТ0610484	986 KILLINGWO	RTH RD PLAZ	ZA				N	IC	25		Р	G۱	W
Local Address (wh	nere applicable)			Service	Re	esiden	tial Co	mmercia	l Industri	al	Combine	d Agri	icultural
986 KILLINGWOR	TH ROAD			Connectio	ons			1					
Towns Served: H													
190 Williat Roat	į		PU BUX 1302					iviauisui	ı		CI	00-	14 3
Business Phone	Extension	Fax	Mo	bile Phone	Emer	rgency	Phone	Email Ad	ddress				
201-280-8874								Northea	sterngrp@	iclou	d.com		
Contact Role(s):	Administrative	Contact, Leg	gal Contact										
Name				Organization							Job Title		
Northeastern Pa	rtners 3, LLC												
Mailing Address L	ine One		Mailing Addre	ess Line Two					City		State	Zip (Code
PO Box 1302								Madisor	1		СТ	064	443
Business Phone	Extension	Fax	Мо	bile Phone	Emer	rgency	Phone	Email Ad	ddress				
								Northea	sternmgm	t@icl	oud.com		
Contact Role(s):	Owner												

Please note the following:

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

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

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

End of schedule

0		CD 111 Y	v 1.1 v	1				
Connecticut Dep	oartment of	t Public F	lealth I)rink	ing W	ater Se	ection	
Water Ou	ality Monit	oring an	d Comr	oliano	e Sch	edule		
PWS ID PWS Name	arrey 1.101111	or mg an					ner Type Di	rimary Source
CT0610494 THREE OAKS PLAZA			C	NC	-	25	P	GW
		Comico	Dasidantia				•	
Local Address (where applicable)		Service Connections	Residentia			ndustrial	Combined	Agricultural
ROUTE 81		Connections		1	L			
Towns Served: HADDAM								
		oring Requ	uiremen	ts				
Water System Facility: DISTRIBUTION	SYSTEM (WSFT	D: 00600)						
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
Select from Inventory of Active Sampli	ng Points		4/1/25 - 6,	/30/25			Со	mplete
			7/1/25 - 9,	/30/25			Co	mplete
			10/1/25 - 1	2/31/25			Co	mplete
			1/1/26 - 3,	/31/26				
			4/1/26 - 6,	/30/26				
Physical Parameters (PPS)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period		ance Status
Select from Inventory of Active Sampli	ng Points		4/1/25 - 6,				•	mplete
,	<u> </u>		7/1/25 - 9					mplete
			10/1/25 - 1					mplete
			1/1/26 - 3,					mpiete
			4/1/26 - 6					
Malac Carlos Facility FAITDY DOINT	(14/65 15, 00700)		4/1/20 - 0/	/30/26				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)							· -	T) per year
Sampling Point (Sampling Point ID)		-	Monitoring		Collect	ion Period		ance Status
ENTRY POINT (3)			1/1/24 - 12	/31/24			Со	mplete
			1/1/25 - 12	/31/25				
			1/1/26 - 12	/31/26				
Water System Facility: WELL (WSF ID:	21066)							
E. Coli (3014)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period		ance Status
WELL (2)			4/1/25 - 6,					mplete
			7/1/25 - 9					mplete
			10/1/25 - 1	-				mplete
			1/1/26 - 3,					Implete
			4/1/26 - 6,	•				
Water	System Facili	ity and Sai	mpling P	oint Ir	rvento	ry		
Water					Total	Lead and	1	
System Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α				
	UPSTREAM	WITHIN 5 SER	RVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				

WELL

2

21066 WELL

Schedule Generation Date: 12/12/2025 Page 29

Α

(Connectic	ut Depa	rtment	of Public	Health	n Dri	nking	Water	Section				
	Wa	ter Qua	lity Mon	itoring a	nd Cor	nplia	ince S	Schedul	e				
PWS ID F	WS Name					Classif	fication	Population	Owner Type	Primary Source			
CT0610494 1	HREE OAKS PLA	ZA				1	١C	25	Р	GW			
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combine	ed Agricultural			
ROUTE 81				Connectio	ns		1						
Towns Served: HA	DDAM				·								
			Co	ntact Info	rmatio	า							
Name				Organization					Job Titl	е			
Mr. Andrew Beck	er			Three Oaks Pl	aza			Board Me	Board Member				
Mailing Address L	ine One		Mailing Addr	ess Line Two		City			State	Zip Code			
162 West Street							Cromw	ell	СТ	06416			
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress					
860-632-3500	200				860-685	-1183							
Contact Role(s):	Legal Contact, C	Owner											
Name				Organization					Job Titl	е			
Mr. Keith Campb	ell			Three Oaks Pl	aza								
Mailing Address L	ine One	Mailing Addr	ess Line Two				City	State	Zip Code				
415 Killingworth F	load						Higganum		СТ	06441			

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-345-2282

- 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.

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.

Mobile Phone

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

Emergency Phone Email Address

teethbykeith@icloud.com

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

End of schedule

Water System Water Facility ID 00600 DISTRI 00700 ENTRY 21068 WELL Name Ms. Melissa J. Scl Mailing Address L Town Office Bulid Business Phone 860-345-8531	Point (Sampling Politics) IT (3) Tr System Facility IBUTION SYSTEM Of POINT Ching Line One Ching Extension	Mailii 30 Fie Fax 860-345-3730	ling Point ID 4 NSTREAM 3 2 Cor To	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Itact Info Inganization Down of Hadda Is Line Two Irive	oint ON SYSTEM ERVICE CON ERVICE CON IT	12/3 12/3 12/3 Po	31/24 31/25 31/26	Tota Colifor Rule Y	Leam Cope Rul	d and pper e Tier	- Asbesto Job Title	Comp	per year ce Status olete olete Stage QP 2 DBPI
Water System Water Facility ID 00600 DISTRI 00700 ENTRY 21068 WELL Name Ms. Melissa J. Sci Mailing Address L Town Office Bulid Business Phone	Point (Sampling Politics) IT (3) Tr System Facility IBUTION SYSTEM Of POINT Ching Line One Ching Extension	Mater Syste Samp DOW UPS Maili 30 Fie	ling Point ID 4 NSTREAM 3 2 Cor To	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Itact Info Inganization Down of Hadda Is Line Two Irive	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON ERVICE CON TT	12/3 12/3 12/3 Po	31/24 31/25 31/26	Tota Colifor Rule Y	Learm Congress Rule First Sele City	d and pper e Tier	Job Title	Comp	Stage OP 2 DBPI
Water System Water Facility ID 00600 DISTRI 00700 ENTRY 21068 WELL Name Ms. Melissa J. Sci Mailing Address L Town Office Bulid	pint (Sampling Polit (3) Tr System Facility IBUTION SYSTEM POINT hlag Line One	Nater System Samp DOW UPS Mailin 30 Fie	ling Point ID 4 NSTREAM 3 2 Cor To	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Itact Info Inganization Down of Hadda Is Line Two Irive	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON ERVICE CON TT	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26	Tota Colifor Rule Y	Cory I Lead The Rule First Sele City	d and pper e Tier	Job Title	Comp	Stage OP 2 DBPI
Water System Water Facility ID 00600 DISTRI 00700 ENTRY 21068 WELL Name Ms. Melissa J. Sci	pint (Sampling Polit (3) Tr System Facility IBUTION SYSTEM POINT hlag Line One	Nater Syste Samp DOW UPS	ling Point ID 4 NSTREAM STREAM 3 2 Con Tong Addres	Sampling Popular DISTRIBUTION WITHIN 5 SINTRY POIN WELL DETACT Information own of Haddays Line Two	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26	Tota Colifor Rule Y	COry I Lea rm Co Rul	d and pper e Tier	Job Title	Comp	Stage OP 2 DBPI
Water System Water Facility ID 00600 DISTRI 00700 ENTRY 21068 WELL Name Ms. Melissa J. Sci	Point (Sampling Point (Sampling Point (3)) Tr System Facility IBUTION SYSTEM (POINT	Nater Syste Samp DOW UPS	ling Point ID 4 NSTREAM 3 2 Cor	Sampling Popular Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Itact Info Organization Down of Hadda	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	Tota Colifor Rule Y	COry I Lea rm Co Rul	d and pper e Tier	Asbesto Job Title	comp	Stage
Water System Water Facility ID 00700 ENTRY 21068 WELL	oint (Sampling Polit (3) T (3) T System Facility IBUTION SYSTEM	Water Syste	ling Point ID 4 NSTREAM STREAM 3 2 Cor	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Atact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	Tota Colifor Rule Y	C Ory I Lead The Rule Rule	d and pper e Tier	- Asbesto Job Title	Comp	ce Status plete plete Stage
Water System Water Facility ID 00700 ENTRY 21068 WELL	oint (Sampling Pol IT (3) r System Facility IBUTION SYSTEM	Water Syste	ling Point ID 4 NSTREAM STREAM 3 2 Cor	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp ()	Comp	ce Status plete plete Stage
Water System Water Facility ID 00700 ENTRY	oint (Sampling Pol IT (3) r System Facility IBUTION SYSTEM	Water Syste	ling Point ID 4 NSTREAM STREAM 3	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Water System Water Facility ID 00700 ENTRY	oint (Sampling Pol IT (3) r System Facility IBUTION SYSTEM	Water Syste	ling Point ID 4 NSTREAM STREAM 3	Sampling Popular Popul	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Sampling Po ENTRY POIN Water System Water Facility ID 00600 DISTRI	oint (Sampling Pol IT (3) r System Facility IBUTION SYSTEM	Water Syste	ling Point ID 4 NSTREAM STREAM	Sampling Popescription DISTRIBUTION WITHIN 5 SI	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 Status A A	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Sampling Po ENTRY POIN Water System Water Facility ID	oint (Sampling Pool	Water Syste	ling Point ID 4 NSTREAM	Sampling Population DISTRIBUTION WITHIN 5 SI	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON SYSTEM ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 sint In Status A	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Sampling Po ENTRY POIN Water System Water Facility ID	oint (Sampling Pool	Water Syste	ling Point ID 4 NSTREAM	Sampling Population	1/1/24 - 1/1/25 - 1/1/26 - ampling oint	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Sampling Po ENTRY POIN Water System Water Facility ID	oint (Sampling Pool	Water Syste	ling Point ID	Sampling Popularies	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In	IVEN Tota Colifor Rule	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Sampling Po ENTRY POIN Water System Water	pint (Sampling Pol IT (3)	Water Syste	ling Point	Sampling P	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In	ivent Tota Colifor	: Ory I Lead	d and	Comp	Olian Comp	ce Status plete plete Stage
Sampling Po ENTRY POIN	pint (Sampling Pol IT (3)	Water Syste			1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3	31/24 31/25 31/26 int In	vent	ory	eriod d and	Comp	olian Comp	ce Status plete plete
Sampling Po ENTRY POIN	pint (Sampling Pol IT (3)		m Facil	ity and Sa	1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	31/24 31/25 31/26	nvent	ory	eriod	Comp	olian Comp	ce Status olete
Sampling Po	pint (Sampling Pol IT (3)		m Facil	ity and S	1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	31/24 31/25 31/26				Comp	olian Comp	ce Status olete
Sampling Po	oint (Sampling Po	int ID)			1/1/24 - 1/1/25 -	12/3 12/3	31/24 31/25	Colle	ection P		Comp	olian Comp	ce Status olete
Sampling Po	oint (Sampling Po	int ID)			1/1/24 -	12/3	31/24	Colle	ection P		Comp	olian Comp	ce Status olete
Sampling Po	oint (Sampling Po	int ID)						Colle	ection P		Comp	olian	ce Status
	•	int ID)			Monitori	na P	Period	Colle	ection P				
										1	routine	(RT)	ner vear
Nitrate And Nit	•	(
Water System F	acility: ENTRY	POINT (WSF II): 00700)		, ,==	, ,							
					4/1/26 -								
					1/1/26 -								
					10/1/25 -								olete
Jeiect II OIII	ventory of Activ	C Jumping Fullt	J		7/1/25 -								olete
	Inventory of Activ		S		<i>Monitori</i> 4/1/25 -			Colle	ection P	eriod			olete
Physical Param	neters (PPS) pint (Sampling Pol	int ID)			Monitori	na F	Pariod	Coll	ection P		=		r quarter
Dharata I D	(DDC)				4/1/26 -	6/3	0/26			4	/5-	٠,	
					1/1/26 -								
					10/1/25 -						(omp	olete
					7/1/25 -		-						olete
Select from	Inventory of Activ	e Sampling Point	S		4/1/25 -								olete
	oint (Sampling Po				Monitori			Colle	ection P	eriod			ce Status
Total Coliform										1 ro	utine (RT) pe	r quarter
Water System F	acility: DISTRII	BUTION SYSTEM	и (WSF I	D: 00600)									
			Monit	oring Red	quireme	nts							
Towns Served: HA	ADDAM												
30 FIELD PARK DE	RIVE			Connection	IS		1						
Local Address (wh	here applicable)			Service	Residen	tial	Comm	ercial	Indust	rial	Combine	d A	Agricultura
	HADDAM TOWN	OFFICE BUILDING	;				NC		25		L		GW
	PWS Name			0							ner Type	Prim	nary Source
	PWS Name				iiu Goii	ıqı	ianc	e Sc	neat	110			
		er Quality	Monit	oring a	nd Con	1		0	hadı	مار			

	Connectic	ut Depa	irtme	nt or	Public	Health	עו	rinking	g water	Section	1	
	Wa	ter Qua	lity M	lonit	oring a	nd Con	np	liance S	Schedul	e		
PWS ID	PWS Name						Cla	ssification	Population	Owner Type	Pri	imary Source
CT0610514	HADDAM TOWN	OFFICE BUI	LDING					NC	25	L		GW
Local Address (w	here applicable)				Service	Residen	ntial	Commerci	al Industri	al Combin	ed	Agricultural
30 FIELD PARK DI	ARK DRIVE				Connection	IS		1				
Towns Served: H	ADDAM											
Name				Or	ganization					Job Tit	le	
Ms. Debra Talbo	t			To	wn of Hadda	am			Custodian			
Mailing Address I	ine One		Mailing	Address	Line Two				City	State		Zip Code
30 Field Park Driv	⁄e							Haddaı	n	СТ		06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Ph	one Email A	Address			
860-345-8531	208	860-345-	3730					custod	ian@haddar	n.org		
Contact Role(s)	Administrative	Contact										

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Wat Water Quality Monitoring and Compliance Scheo	
	ion Owner Type Primary Source
CT0614024 201 SAYBROOK ROAD NC 25	P GW
	ustrial Combined Agricultural
Connections 1	
Towns Served: HADDAM	
Monitoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection	Period Compliance Status
Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25	Complete
7/1/25 - 9/30/25	Complete
10/1/25 - 12/31/25	Complete
1/1/26 - 3/31/26	
4/1/26 - 6/30/26	
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection	•
Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25	Complete
7/1/25 - 9/30/25	Complete
10/1/25 - 12/31/25	Complete
1/1/26 - 3/31/26	
4/1/26 - 6/30/26	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate (1040)	
·	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection	Period Compliance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3) Monitoring Period Collection 4/1/25 - 6/30/25	Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25	Complete Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25	Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 1/1/26 - 3/31/26	Complete Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26	Compliance Status Complete Complete Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26 4/1/26 - 6/30/26	Compliance Status Complete Complete Complete Complete 1 routine (RT) per year
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Monitoring Period Collection	Compliance Status Complete Complete Complete Complete Complete Complete Complete Complete Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/25 - 12/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Monitoring Period Collection ENTRY POINT (3) 1/1/24 - 12/31/24	Compliance Status Complete Complete Complete Complete Complete Complete 1 routine (RT) per year Period Compliance Status Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Monitoring Period Collection ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/25 - 12/31/25	Compliance Status Complete Complete Complete Complete Complete Complete Complete Complete Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/25 - 12/31/26 4/1/26 - 3/31/26 4/1/26 - 6/30/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Monitoring Period Collection ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26	Compliance Status Complete Complete Complete Complete Complete Complete 1 routine (RT) per year Period Compliance Status Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/25 - 12/31/26 4/1/26 - 3/31/26 Witrate And Nitrite (NOX) Monitoring Period Collection ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules	Compliance Status Complete Complete Complete Complete Complete Complete Compliance Status Complete Complete Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection	Compliance Status Complete Complete Complete Complete Complete Complete 1 routine (RT) per year Period Compliance Status Complete
Sampling Point (Sampling Point ID) Monitoring Period Collection	Compliance Status Complete Complete Complete Complete Complete Complete Compliance Status Complete Complete Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date A CROSS CONNECTION SURVEY REPORT 3/1/2030 Water System Facility and Sampling Point Inventory	Compliance Status Complete Complete Complete Complete Complete Complete Complete Compliance Status Complete Complete Complete Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date A CROSS CONNECTION SURVEY REPORT Water Water Water Total Li Collection A/1/25 - 6/30/26 A/1/26 - 6/30/26 Monitoring Period Collection Collection A/1/26 - 12/31/26 Collection A/1/26 - 12/31/26 Compliance Schedules Compliance Schedule Activity Due Date A Total Li Compliance Schedule Activity Due Date A Total Compliance Schedule Schedule Schedules Compliance Schedule Activity Due Date A Total Compliance Schedule Schedule Schedules Compliance Schedule Activity Due Date A Total Compliance Schedule Schedule Schedules	Compliance Status Complete Complete Complete Complete Complete Complete Compliance Status Complete Complete Complete Complete Complete Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date ACROSS CONNECTION SURVEY REPORT Water System Facility and Sampling Point Sampling Point Collection Collection Collection And Nitrite (NOX) 1/1/26 - 12/31/26 Description Value Date ACColiform of Collection Collection Collection Collection Collection Collection And Nitrite (NOX) Sampling Point Inventory Water System Facility and Sampling Point Coliform of Collection And Nitrite (NOX) Sampling Point Sampling Point Inventory Collection C	Complete Complete Complete Complete Complete Complete Complete Complete Complete Compliance Status Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date ACROSS CONNECTION SURVEY REPORT Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Status Rule Received Proceedings Rule Received Processing Point Status Rule Received Processing Point Status Rule Received Processing Point Received Processing Point Rule Received Processing Processing Point Rule Received Processing Pr	Compliance Status Complete Complete Complete Complete Complete 1 routine (RT) per year Period Compliance Status Complete Complete Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date ACROSS CONNECTION SURVEY REPORT Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Status Rule Rule	Compliance Status Complete Complete Complete Complete Complete Complete Compliance Status Complete Complete Complete Complete Complete Complete Status Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 10/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date ACROSS CONNECTION SURVEY REPORT Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Coliform of Status Note of St	Complete Complete Complete Complete Complete Complete Complete Complete Complete Compliance Status Complete
Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 7/1/25 - 9/30/25 10/1/25 - 12/31/25 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Other Compliance Schedules Compliance Schedule Activity Due Date ACROSS CONNECTION SURVEY REPORT Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Facility ID Description Status Rule Rul	Complete Complete Complete Complete Complete Complete Complete Complete Complete Compliance Status Complete

	Connection	cut Department of	Public H	lealth	Dri	nking	, Water	Sect	ion	
	Wa	ater Quality Monite	oring an	d Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name				Classi	ification	Population	Owner	Type P	rimary Source
CT061402	4 201 SAYBROOK	(ROAD			1	NC	25	Р		GW
Local Addı	ress (where applicable))	Service	Residen	tial C	ommerci	al Industri	al Co	mbined	Agricultural
			Connections			1				
Towns Ser	ved: HADDAM									
		Water System Facili	ty and Sar	npling	Poir	nt Inve	ntory			
Water						To	otal Lead	and		
System	Water System Facility			nt		Coli	form Cop	per		Stage
Facility ID		ID	Description		St	tatus R	ule Rule	Tier As	sbestos	WQP 2 DBPR
52981	TREATMENT PLANT									
		Cont	tact Inforr	nation	1					

			Co	ontact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Ralph Vynalek							Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
827 Higganum Rd						Durham		СТ	06422
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	e Email Ad	ldress	,	
860-349-8652					860-349-8652				
Contact Role(s): Le	gal Contact, O	wner			<u>'</u>				
Name				Organization				Job Title	
Mr. Marc Koss				Great Americ	can Donut		Vp of Opera	ations	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
100 East Maine Stre	et					Plainville	<u>)</u>	СТ	06062
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-539-4338					860-539-4338	marc.kos	ss@gadonut	.com	
Contact Role(s): Ac	dministrative C	ontact	1		1	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.

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

End of schedule

Connecticut Depa Water Qua								ection	
	nty Monit	ornig ar							
PWS ID PWS Name							on Ow		rimary Source
CT0614064 HADDAM VOLUNTEER FIRE S	TATION #1			NC		25		L	GW
Local Address (where applicable)		Service	Resident	ial Com	mercial	Indus	trial	Combined	Agricultural
439 SAYBROOK RD		Connections	5					1	
Towns Served: HADDAM									
	Monito	oring Req	uiremei	nts					
Water System Facility: DISTRIBUTION SY	STEM (WSF II	D: 00600)							
Total Coliform (3100)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	ng Period	d Coll	lection	Period	Compl	ance Status
Select from Inventory of Active Sampling	Points		4/1/25 -	6/30/25				Co	mplete
			7/1/25 -	9/30/25				Сс	mplete
			10/1/25 -	12/31/2	5			Сс	mplete
			1/1/26 -						
			4/1/26 -						
Physical Parameters (PPS)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Period	d Coll	lection			ance Status
Select from Inventory of Active Sampling	Points		4/1/25 -	6/30/25				Co	mplete
			7/1/25 -	9/30/25				Сс	mplete
			10/1/25 -	12/31/2	5			Сс	mplete
			1/1/26 -	3/31/26					
			4/1/26 -	6/30/26					
Water System Facility: ENTRY POINT (W	SF ID: 00700)								
Nitrate And Nitrite (NOX)							1	routine (I	RT) per year
Sampling Point (Sampling Point ID)			Monitorii	na Period	d Coll	lection i		-	ance Status
ENTRY POINT (3)			1/1/24 - 1						mplete
			1/1/25 - 1						mplete
			1/1/26 - 1						
	Othor C	a manlia na							
	Other C	omplianc							
Compliance Schedule Activity				Due Date		Acl	nieved	Date	
CROSS CONNECTION SURVEY REPORT				3/1/2026					
Water Sy	stem Facili	ity and Sa	mpling	Point	Inven	tory			
Water					Tota	al Lea	nd and		
*	Sampling Point		int		Colifo		pper		Stage
Facility ID	ID	Description		Stati	_{IS} Rul	e Ru	le Tier	Asbestos	WQP 2 DBPR
00500 WELL #1	2	WELL #1		Α					
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ				
	DOWNSTREAM	WITHIN 5 SE	RVICE CON	Α					
	DOWNSTREAM UPSTREAM	WITHIN 5 SE WITHIN 5 SE							
00700 ENTRY POINT			RVICE CON						
00700 ENTRY POINT 58277 WELL #2	UPSTREAM	WITHIN 5 SE	RVICE CON	Α					
	UPSTREAM 3 2	WITHIN 5 SE ENTRY POIN WELL #2	RVICE CON T	A A					
58277 WELL #2	UPSTREAM 3 2 Con	WITHIN 5 SE ENTRY POIN' WELL #2 tact Infor	RVICE CON T	A A				loh Title	
58277 WELL #2 Name	UPSTREAM 3 2 Con	WITHIN 5 SE ENTRY POIN WELL #2 tact Infor	RVICE CON T mation	A A		First Se	lectma	Job Title	
58277 WELL #2 Name Ms. Melissa J. Schlag	UPSTREAM 3 2 Con Or To	WITHIN 5 SE ENTRY POIN WELL #2 tact Inforganization wn of Hadda	RVICE CON T mation	A A		First Se	lectma	n	Zip Code
Name Ms. Melissa J. Schlag Mailing Address Line One	UPSTREAM 3 2 Con	WITHIN 5 SE ENTRY POINT WELL #2 tact Information own of Hadda s Line Two	RVICE CON T mation	AAA	Haddam	First Se City	lectma		Zip Code 06438

(Connectic	ut Depa	irtme	ent of	Public	Health	ı Drir	ıking	g Water	Section	ı.
	Wa	ter Qua	lity N	Monit	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0614064	HADDAM VOLUI	NTEER FIRE S	TATION	V #1			N	С	25	L	GW
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultura
439 SAYBROOK RI	D				Connection	ıs				1	
Towns Served: HA	ADDAM										
860-345-8531		860-345-3	3730					mschla	g@haddam	.org	
Contact Role(s):	Legal Contact, C	Owner									
Name				Oı	rganization					Job Titl	e
Ms. Debra Talbot	į			To	wn of Hadda	am			Custodian	l	
Mailing Address L	ine One		Mailing	g Address	s Line Two				City	State	Zip Code
30 Field Park Driv	е							Haddaı	m	СТ	06438
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	y Phone	Email A	ddress	·	
860-345-8531	208	860-345-3	3730					custod	ian@haddar	m.org	
Contact Role(s):	Administrative	Contact			·						

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147-4 -

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

	Connecticut De	epartment of	f Public H	lealth	Dri	nking	g Wa	ater	Se	ction		
		uality Monit				_						
PWS ID	PWS Name		0							er Type F	rimary S	ource
CT0614084	THE HADDAM NECK FAI	R ASSOCIATION, INC	·•			NC	2			P	GW	
Local Addr	ess (where applicable)		Service	Residen	tial Co	ommerci	al In	dustria	al (Combined	Agricu	ıltural
26 QUARR	Y HILL ROAD		Connections			2						
Towns Serv	ved: HADDAM										'	
		Monit	oring Requ	uireme	nts							
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Col	iform (3100)							2	rou	tine (RT)	per qua	arter
Samp	ling Point (Sampling Point ID)			Monitori	ng Per	iod C	ollecti	ion Per	iod	Compl	iance Sta	atus
Select	from Inventory of Active Sam	pling Points		4/1/25 -	6/30/2	25				Co	omplete	
				7/1/25 -	9/30/2	25				Co	omplete	
				4/1/26 -	6/30/2	26						
Physical	Parameters (PPS)							2	rou	tine (RT)	per qua	arter
-	ling Point (Sampling Point ID)			Monitori	ng Per	riod C	ollecti	on Per			iance Sto	
Select	from Inventory of Active Sam	pling Points		4/1/25 -	6/30/2	25				Co	omplete	
				7/1/25 -	9/30/2	25				Co	omplete	
				4/1/26 -	6/30/2	26						
Water Sys	stem Facility: ENTRY POIN	T WELL #2 COW BA	ARN WELL (V	VSF ID: 0	0700)							
Nitrate A	nd Nitrite (NOX)								1 r	outine (RT) per	vear
	ling Point (Sampling Point ID)			Monitori	ng Per	iod C	ollecti	ion Per		=	iance Sta	-
ENTR'	Y POINT WELL #2 COW BARN V	VELL (3)		1/1/24 -	12/31/	/24				Co	mplete	
				1/1/25 -	12/31/	/25				Co	mplete	
				1/1/26 -	12/31/	/26						-
Water Sys	stem Facility: ENTRY POIN	T WELL #1 OFFICE	WELL (WSF I	D: 00701	L)							
Nitrate A	nd Nitrite (NOX)								1 r	outine (RT) per	year
Samp	ling Point (Sampling Point ID)			Monitori	ng Per	iod C	ollecti	ion Per	iod	Compl	iance Sta	atus
ENTR'	Y POINT WELL #1 OFFICE WELL	. (3)	_	1/1/24 -	12/31/	/24				Co	omplete	
				1/1/25 -	12/31/	/25				Co	omplete	
				1/1/26 -	12/31/	/26						
	Wate	er System Facil	ity and Sai	mpling	Poin	nt Inve	nto	У				
Water			-			To	otal	Lead (and			
System	Water System Facility	Sampling Point	Sampling Poi	int		Coli	iform	Сорр	er		S	Stage
Facility ID		ID	Description		Sto	atus R	ule	Rule	Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α						
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	1	Α						
		UPSTREAM	WITHIN 5 SER	RVICE CON	1	Α						
00700	ENTRY POINT WELL #2 COW BARN WELL	3	ENTRY POINT	WELL #2		A						
	ENTRY POINT WELL #1 OFFICE WELL	3	ENTRY POINT	WELL #1		A						
59436	WELL #2 COW BARN WELL	2	WELL #2 COV	V BARN W	EL.	Α						
61262	WELL #1 OFFICE WELL	2	WELL #1 OFFI	ICE WELL		Α						
		Con	tact Infori	mation								
Name			rganization							Job Title		
	eck Fair Association											
Mailing Ad	dress Line One	Mailing Address	s Line Two				Ci	ty		State	Zip Co	de
		P O Box 48				Middle	Hadd	am		СТ	0645	6

	Connectic	ut Depa	rtment of	Public	Health	Dri	nking	, Water	Sect	ion	
	Wa	ter Qua	lity Monito	oring a	nd Con	nplia	ince S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	Type P	rimary Source
CT0614084	THE HADDAM N	ECK FAIR ASS	SOCIATION, INC.			N	IC	25	Р		GW
Local Address (wh	nere applicable)			Service	Residen	itial Co	mmerci	al Industri	al Cor	mbined	Agricultural
26 QUARRY HILL I	ROAD			Connectio	ns		2				
Towns Served: HA	ADDAM				'				1		'
D : DI	F	_	. O DOX 10	D.	_	D.	- · · · · ·			· ·	00.00
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	/ Phone	e Email A	laaress			
Contact Role(s):	Owner										
	Owner									L TOLL	
Name				ganization					JOI	b Title	
Ms. Diane Darcy			Нас	ddam Neck	k Fair Associa	ation		President			
Mailing Address L	ine One		Mailing Address	Line Two				City	S	itate	Zip Code
26 Quarry Hill Ro	ad						Haddar	n Neck		CT	06424
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	/ Phone	Email A	ddress			
860-227-0501							DIANE.	DARCY@HA	DDAMN	ECKFAI	R.COM
Contact Role(s):	Legal Contact										
Name			Org	ganization					Jol	b Title	
Ms. Kendall Knox	(Нас	ddam Neck	k Fair Associa	ation		Director			
Mailing Address L	ine One		Mailing Address	Line Two				City	S	itate	Zip Code
26 Quarry Hill Ro	ad						Haddar	n Neck		СТ	06424
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	/ Phone	Email A	ddress			
860-884-1652							KENDA	LL.KNOX@H	IADDAM	INECKF	AIR.COM
Contact Role(s)	Administrative	Contact									

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- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Connectio	•								ction	
	Wa	ter Qua	lity Moni	toring ar	nd Com	_			_		
PWS ID	PWS Name							-	Owr	ner Type P	rimary Sou
CT0614114	66 KILLINGWOR		GGANUM			N	_	25		Р	GW
	(where applicable)			Service	Resident	tial Co	mmercial	Industr	rial	Combined	Agricultu
66 KILLINGWO				Connection	S					1	
Towns Served	: HADDAM										
				oring Req	uireme	nts					
Water System	m Facility: DISTR	RIBUTION SY	STEM (WSF	ID: 00600)							
Total Colifo	• •								1 rou		per quart
	g Point (Sampling P				Monitori			lection P	eriod	Compl	ance Statu
Select fro	om Inventory of Act	ive Sampling	Points		4/1/25 -	6/30/2	5				
					7/1/25 -	9/30/2	5			Co	mplete
					10/1/25 -						
					1/1/26 -						
					4/1/26 -	6/30/2	6				
-	rameters (PPS)										per quart
	g Point (Sampling P				Monitorii			lection P	eriod	Compl	ance Statu
Select fro	om Inventory of Act	ive Sampling	Points		4/1/25 -						
					7/1/25 -					Cc	mplete
					10/1/25 -						
					1/1/26 -						
					4/1/26 -	6/30/2	6				
Water System	m Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And	Nitrite (NOX)								1	routine (F	RT) per ye
Sampling	g Point (Sampling P	Point ID)			Monitori			lection P	eriod	Compl	ance Statu
ENTRY PO	OINT (3)				1/1/24 - 1	12/31/2	24			Co	mplete
					1/1/25 - :					Cc	mplete
					1/1/26 - 3	12/31/2	26				
			Other C	Complianc	e Sched	ules					
Compliance S	chedule Activity				L	Due Da	te	Achi	eved	Date	
RESPOND TO	SANITARY SURVEY				S	9/8/202	23				
		Water Sy	ystem Facil	lity and Sa	mnling	Poin	t Inven	tory			
			•	,	annpinig						
Water				•	. 0		Tota	al Lead	d and		
System Wo	ater System Facility	,	Sampling Point	t Sampling Po	. 0		Colifo	rm Cop	oper		Sta
System Wo Facility ID			ID	t Sampling Po Description	oint	Sta	Colifo tus Rul	rm Cop	oper	Asbestos	Stag WQP 2 DE
System Wo Facility ID	ater System Facility	1	1D 4	t Sampling Po Description	oint ON SYSTEM	Sta	Colifo tus Rul	rm Cop	oper	Asbestos	
System Wo Facility ID		1	4 DOWNSTREAM	E Sampling Po Description DISTRIBUTION WITHIN 5 SE	oint ON SYSTEM ERVICE CON	Sta ,	Colifo tus Rul	rm Cop	oper	Asbestos	
System Wo Facility ID 00600 DIS	STRIBUTION SYSTEM	1	4 DOWNSTREAM UPSTREAM	DISTRIBUTION WITHIN 5 SE	DIN SYSTEM ERVICE CON	Sta /	Colifo A Rul A Y	rm Cop	oper	Asbestos	
System Wo Facility ID 00600 DIS		1	4 DOWNSTREAM	E Sampling Po Description DISTRIBUTION WITHIN 5 SE	DIN SYSTEM ERVICE CON	Sta ,	Colifo A Rul A Y	rm Cop	oper	Asbestos	
System Wo Facility ID 00600 DIS 00700 EN	STRIBUTION SYSTEM	1	4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	DIN SYSTEM ERVICE CON ERVICE CON	Sta	Colifo Rul A Y A A	rm Cop	oper	Asbestos	
System Wo Facility ID 00600 DIS 00700 EN	STRIBUTION SYSTEN	1	4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	DIN SYSTEM ERVICE CON ERVICE CON	Sta	Colifo Rul A Y A A	rm Cop	oper	Asbestos	
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System Wo Facility ID 00600 DIS 00700 EN 60985 WE Name Name Name Name Name	TRY POINT ELL 1 CKenzie	1	4 DOWNSTREAM UPSTREAM 3 2 COR	DISTRIBUTION OF THE POINT OF TH	DIN SYSTEM ERVICE CON ERVICE CON IT	Sta	Colifo Rul A Y A A	rm Cop	oper		
System Wo Facility ID 00600 DIS 00700 EN 60985 WE Name Mr. Merle Mc	TRY POINT ELL 1 EKenzie ess Line One	1	DOWNSTREAM UPSTREAM 3 2 COP	DISTRIBUTION OF THE STATE OF TH	DIN SYSTEM ERVICE CON ERVICE CON IT	Sta	Colifo Rul A Y A A	city	oper	Job Title	WQP 2 DE
System Work Facility ID 00600 DIS 00700 EN 60985 WE Name Mr. Merle Mork Mailing Addre	TRY POINT ELL 1 EKenzie ess Line One h Road	1	DOWNSTREAM UPSTREAM 3 2 Cor N Mailing Address	DISTRIBUTION DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1 DISTRIBUTION WELL	DIN SYSTEM ERVICE CON ERVICE CON IT	Sta / / / / / wing	Colifo Rul A Y A A A Higganur	City	oper	Job Title State	WQP 2 DE

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

PWS ID	PWS Name			Classificati	on P	opulation	Owner Type	Primary Source
CT0614114	66 KILLINGWORTH ROAD HIGGANUM			NC		25	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Comm	ercial	Industri	al Combine	ed Agricultural
66 KILLINGWOR	TH ROAD	Connections					1	

Towns Served: HADDAM

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