

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620044	BROOKSVALE PARK-VETERANS' MEMORIAL BLDG			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE				1			
Towns Served: HAMDEN							

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21076)

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
E. Coli M&R Violation	7/1/25 - 9/30/25	3	12/31/2026		1/10/2027	
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	12/31/2026		1/10/2027	
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	12/31/2026		1/10/2027	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620044	BROOKSVALE PARK-VETERANS' MEMORIAL BLDG			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE		Connections		1			
Towns Served: HAMDEN							

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SP5	-BROOKVALE VET M #1	A	Y			
		SP6	-BROOKVALE FHT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21076	WELL	2	WELL	A				
57912	TREATMENT PLANT							

### Contact Information

Name			Organization			Job Title		
<b>Ms. Lauren Garrett</b>			Town of Hamden			Mayor		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
2750 Dixwell Ave.						Hamden	CT	06578
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-287-7100				203-214-6213	lgarrett@hamden.com			

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

Name			Organization			Job Title		
<b>Mr. Alex Eager</b>			Hamden Rec - Brooksvale Park			Park Ranger		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
524 Brooksvale Avenue						Hamden	CT	06518
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-287-2669					brooksvale@hamden.com			

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 inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0620064	YMCA - CAMP MOUNTAIN LAUREL			NC	180	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
2700 DOWNES ROAD			Connections		1			
Towns Served: HAMDEN								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL (WSF ID: 21078)**

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21078	WELL	2	WELL	A				
62549	TREATMENT PLANT							

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620064	YMCA - CAMP MOUNTAIN LAUREL			NC	180	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2700 DOWNES ROAD				1			

Towns Served: HAMDEN

### Contact Information

Name				Organization			Job Title		
Central CT Coast YMCA									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1240 Chapel Street						New Haven		CT	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-777-9622					info@cccymca.org				

Contact Role(s): **Owner**

Name				Organization			Job Title		
Mr. Timothy Bartlett				Central CT Coast YMCA			Supervisor/Coo		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1240 Chapel St						New Haven		CT	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-777-9622	2104				tbartlett@cccymca.org				

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

Name				Organization			Job Title		
Ms. Erin Kelly				YMCA					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1240 Chapel St						New Haven		CT	06511
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-804-1620						203-804-1620	ekelly@cccymca.org		

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

#### Please note the following:

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

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

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620074	BROOKSVALE PARK - FIELD HOUSE			NC	25	L	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE		Connections		1			
Towns Served: HAMDEN							

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Out of Service
	9/1/25 - 9/30/25		Out of Service
	10/1/25 - 10/31/25		Out of Service
	11/1/25 - 11/30/25		Out of Service
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Out of Service
	9/1/25 - 9/30/25		Out of Service
	10/1/25 - 10/31/25		Out of Service
	11/1/25 - 11/30/25		Out of Service
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-11/30	Out of Service
	1/1/26 - 12/31/26	4/1-11/30	
	1/1/27 - 12/31/27	4/1-11/30	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SP4	-BROOKVALE FHT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22892	WELL #1	2	WELL #1	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0620074	BROOKSVALE PARK - FIELD HOUSE			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE				1				

Towns Served: HAMDEN

### Contact Information

Name				Organization		Job Title	
<b>Ms. Lauren Garrett</b>				Town of Hamden		Mayor	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
2750 Dixwell Ave.					Hamden	CT	06578
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-287-7100				203-214-6213	lgarrett@hamden.com		

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

Name				Organization		Job Title	
<b>Mr. Alex Eager</b>				Hamden Rec - Brooksvale Park		Park Ranger	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
524 Brooksvale Avenue					Hamden	CT	06518
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-287-2669					brooksvale@hamden.com		

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

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0621014	CHURCH OF THE ASCENSION			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1040-1050 DUNBAR HILL RD			Connections		1			
Towns Served: HAMDEN								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/7/2021	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00500	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

### Contact Information

Name				Organization			Job Title		
Mr. William Ianniello				Christ Bread of Life Parish			Business Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
322 Circular Ave.						Hamden		CT	06514
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-288-1652						billisr@aol.com			
Contact Role(s): Legal Contact									

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0621014</b>	<b>CHURCH OF THE ASCENSION</b>	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1040-1050 DUNBAR HILL RD			1			

Towns Served: **HAMDEN**

Name	Organization	Job Title
<b>Reverend Cornelius K Anyanwu</b>	Christ Bread of Life Parish	Pastor

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
322 Circular Ave.		Hamden	CT	06514

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-288-1652					frkelechia@hotmail.com

Contact Role(s): **Owner**

Name	Organization	Job Title
<b>Ms. Carrie Stewart</b>		Parish Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
2819 Whitney Ave.		Hamden	CT	06518

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-248-0141	101				c.stewart@hamdencatholic.org

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

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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

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**End of schedule**

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