

# 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
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 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	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
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
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	Lead and Copper Rule	Asbestos Rule Tier	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
Ms. Lauren Garrett	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
Mr. Alex Eager	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

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

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

**End of schedule**

**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
CT0620064	YMCA - CAMP MOUNTAIN LAUREL	NC	180	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
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: 21078)

E. Coli (3014)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
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							

*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
CT0620064	YMCA - CAMP MOUNTAIN LAUREL	NC	180	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
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): <b>Owner</b>							
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): <b>Legal Contact</b>							
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.*

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

**End of schedule**

**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
CT0620074	BROOKSVALE PARK - FIELD HOUSE	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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			

*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
CT0620074	BROOKSVALE PARK - FIELD HOUSE	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
524 BROOKSVALE AVENUE			1		

Towns Served: HAMDEN

## Contact Information

Name	Organization	Job Title		
Ms. Lauren Garrett	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		
Mr. Alex Eager	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

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

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

**End of schedule**

**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
CT0621014	CHURCH OF THE ASCENSION	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1040-1050 DUNBAR HILL RD			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	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR	Stage
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
322 Circular Ave.		State
		Zip Code
Business Phone	Extension	Fax
203-288-1652		
		Mobile Phone
		Emergency Phone
		Email Address
		billisr@aol.com
Contact Role(s):	Legal Contact	

*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
CT0621014	CHURCH OF THE ASCENSION				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			
Reverend Cornelius K Anyanwu		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			
Ms. Carrie Stewart					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								

**Please note the following:**

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

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

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

**End of schedule**