

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0750014	CAMP CLAIRE, INC.	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
15 OAKLAND AVENUE	Connections		7		

Towns Served: LYME

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
	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
	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
CROSS CONNECTION SURVEY REPORT	3/1/2031	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		CC01	KITCHEN HANDWASH	A	Y		
		CC02	BOYS LAV SINK	A	Y		
		CC03	DIRECTORS CABIN SINK	A	Y		
		CC04	COOKS CABIN SINK	A	Y		
		CC05	NURSES SINK	A	Y		
		CC06	GIRLS LAV SINK	A	Y		
		CC07	ARTS CRAFTS TAP	A	Y		
	DOWNSTREAM	WITHIN 5 SERVICE CON		A			
	UPSTREAM	WITHIN 5 SERVICE CON		A			
00700	ENTRY POINT	3	ENTRY POINT	A			
21317	WELL	2	WELL	A			

Contact Information

Name	Organization	Job Title
Ms. Jennifer Amantea	Camp Claire, Inc	Board Member
Mailing Address Line One	Mailing Address Line Two	City
107 Rice Road		State
Business Phone	Extension	Zip Code
	Fax	
	Mobile Phone	
	Emergency Phone	Email Address

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.

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15 OAKLAND AVENUE			7		

Towns Served: LYME

203-464-0745

jenniferamantea@yahoo.com

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

Name	Organization	Job Title
Mr. Jeff McBride	Camp Claire Inc.	Facility Manager
Mailing Address Line One	Mailing Address Line Two	City
P. O. Box 702		State
Business Phone	Extension	Zip Code
203-213-0913		Old Lyme CT 06371
Mobile Phone		
Emergency Phone		Email Address
		jeff@campclaire.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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0750104	1 FERRY ROAD	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1 FERRY ROAD					2

Towns Served: LYME

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		

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Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
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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 and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00501	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. Joe Hickey	Hadlyme Market	Owner
Mailing Address Line One	Mailing Address Line Two	City
161 Daniel Peck Road		State
Business Phone	Extension	Zip Code
860-526-3188		East Haddam
		CT
		06423
Mobile Phone	Emergency Phone	Email Address
860-271-6505		hadlymecountrymarket@gmail.com

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

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