

# 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	Agricultural
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 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			
		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		State	Zip Code
107 Rice Road						Meriden		CT	06450
Business Phone		Extension	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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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
15 OAKLAND AVENUE			7		
Towns Served: LYME					
		203-464-0745	jenniferamantea@yahoo.com		
Contact Role(s): <b>Legal Contact</b>					
Name		Organization		Job Title	
<b>Mr. Jeff McBride</b>		Camp Claire Inc.		Facility Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
P. O. Box 702				Old Lyme	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-213-0913					jeff@campclaire.org
Contact Role(s): <b>Administrative Contact</b>					

**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***

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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	
CT0750104	1 FERRY ROAD			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1 FERRY ROAD			Connections				2	
Towns Served: LYME								

### Monitoring Requirements

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

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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
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### Water System Facility and Sampling Point Inventory

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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	State	Zip Code
161 Daniel Peck Road						East Haddam	CT	06423
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-526-3188			860-271-6505		hadlymecountrysmarket@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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