

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0760014	CAMP LAURELWOOD	NC	400	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
463 SUMMER HILL ROAD			1		

Towns Served: MADISON

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		
	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	10/1-11/5	
	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	3/1/2026	

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			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
21322	WELL #2	2	WELL	A			
51858	WELL #3	2	WELL #3	A			
51860	WELL #4	2	WELL #4	A			
51862	WELL #5	2	WELL #5	A			
57515	ATMOSPHERIC STORAGE						

Contact Information

Name	Organization	Job Title		
Mr. Jonathan Leff	Camp Laurelwood	Operations Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
463 Summer Hill Road		Madison	CT	06443
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-421-3736		203-421-3570		jonathan@camplaurwood.org

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
CT0760014	CAMP LAURELWOOD	NC	400	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
463 SUMMER HILL ROAD			1		

Towns Served: MADISON

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

Name	Organization	Job Title		
Mr. Benjamin Chaback	Camp Laurelwood	Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
463 Summer Hill Rd		Madison	CT	06443
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-421-3736				Email Address ben@campl Laurelwood.org

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

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
CT0760024	CIRCLE PIZZA	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1278 DURHAM ROAD			1		

Towns Served: MADISON

Monitoring Requirements

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

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		

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)

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: 21323)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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 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
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					
21323	WELL	2	WELL	A					
60670	TREATMENT PLANT								

Contact Information

Name	Organization	Job Title
Mr. Robert P. Sassi	Circle Pizza	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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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
CT0760024	CIRCLE PIZZA	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1278 DURHAM ROAD			1		

Towns Served: MADISON

234 N Parker Hill Rd					Killingworth	CT	06419
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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

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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
CT0760034	KLEINS GOLF RANGE	NC	31	P	GW
Local Address (where applicable)	391 DURHAM ROAD	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: MADISON

Monitoring Requirements

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

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		

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)

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: DUG WELL (WSF ID: 21324)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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 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
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					
21324	DUG WELL	2	WELL	A					
48155	TREATMENT PLANT								

Contact Information

Name	Organization	Job Title
Mr. David Klein	Klein Family Lp	Member
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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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
CT0760034	KLEINS GOLF RANGE	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
391 DURHAM ROAD		1			

Towns Served: MADISON

391 Durham Road					Madison	CT	06443
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-245-1139			860-908-3176	860-572-9744	dklein@kleinsgolf.com		

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

Name		Organization			Job Title		
Kleins Golf Range LLC / Klein Family Lp							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
391 Durham Road					Madison	CT	06443
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-245-1139							

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.
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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
CT0769153	CHRIST CHAPEL	NC	30	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1185 DURHAM ROAD	Connections	1			

Towns Served: MADISON

Monitoring Requirements

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

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		

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)

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 EXEMPTION	3/1/2016	
RESPOND TO SANITARY SURVEY	10/31/2021	
CROSS CONNECTION EXEMPTION	3/1/2025	

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 Tier	Stage Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	001	NEW LADIES ROOM	A	2	
		002	NEW MENS ROOM	A	2	
		003	UP STAIRS KIT. SINK	A	Y	2
		004	DOWNSTAIRS KITCHEN	A	2	
		005	JANITOR CLOSET	A	2	
		4	GENERIC DISTRIBUTION	A	Y	
	DOWNSTREAM	WITHIN 5 SERVICE CON		A		
	UPSTREAM	WITHIN 5 SERVICE CON		A		
00700	ENTRY POINT	3	ENTRY POINT	A		
10758	WELL	2	WELL	A		
46413	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
CT0769153	CHRIST CHAPEL	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1185 DURHAM ROAD	1				

Towns Served: MADISON

Contact Information

Name	Organization	Job Title		
Christ Chapel Board of Trustees				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
C/O Christ Chapel Board of Trustees	1185 Durham Road	Madison	CT	06443
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-421-4667				churchoffice1185@gmail.com

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

Name	Organization	Job Title		
Miss Dorothy Becker				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1185 Durham Road		Madison	CT	06443
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-710-4342				churchoffice1185@gmail.com

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

Please note the following:

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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

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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
CT0769204	CHURCH OF LATTER DAY SAINTS, MADISON	NC	172	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
275 WARPAS ROAD			1		

Towns Served: MADISON

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	2/8/2026	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	5/9/2026	

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
00501	WELL #1	2	WELL #1	A			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNTSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
61496	ATMOSPHERIC STORAGE						

Contact Information

Name	Organization				Job Title		
Mr. Roy B. McDaniel	Natural Resources-Special Proj				Manager		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code		
50 East North Temple St	Mfd 12Th Floor		Salt Lake City	UT	84150		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
801-240-4656		801-240-2913			mcdanielrb@churchofjesuschrist.org		

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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
CT0769204	CHURCH OF LATTER DAY SAINTS, MADISON	NC	172	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
275 WARPAS ROAD			1		

Towns Served: MADISON

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title		
Ms. Christine Spencer	Church of Jesus Christ of Lds	Hartford Admin Asst		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
130 South St		Cromwell	CT	06516

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
959-230-1116	2	860-835-4036			spencerca@churchofjesuschrist.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

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