

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1530024                        | CAMP MATAUCHA       | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 270 SMITH POND ROAD              |                     |                | 1          |            |                |

Towns Served: WATERTOWN

## Monitoring Requirements

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

|   |   |                          |                          |
|---|---|--------------------------|--------------------------|
| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b>         |                          |                          |
| <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 | 7/1/25 - 7/31/25                          |                          | Complete                 |
|   | 10/1/25 - 12/31/25                        |                          | Complete                 |
|   | 1/1/26 - 3/31/26                          |                          |                          |
|   | 4/1/26 - 6/30/26                          |                          |                          |
| <b>Total Coliform (3100)</b>                    | <b>3 repeat (RP) per period</b>           |                          |                          |
| <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 | 7/24/25 - 7/29/25                         |                          | Complete                 |
|   | 8/21/25 - 8/26/25                         |                          | Complete                 |
| <b>Total Coliform (3100)</b>                    | <b>3 temporary routine (TR) per month</b> |                          |                          |
| <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                 |
| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b>         |                          |                          |
| <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 | 7/1/25 - 9/30/25                          |                          | Complete                 |
|   | 10/1/25 - 12/31/25                        |                          |                          |
|   | 1/1/26 - 3/31/26                          |                          |                          |
|   | 4/1/26 - 6/30/26                          |                          |                          |

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

|   |                                |                          |                          |
|---|--------------------------------|--------------------------|--------------------------|
| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
| <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: 22523)

|   |                                    |                          |                          |
|---|------------------------------------|--------------------------|--------------------------|
| <b>E. Coli (3014)</b>                     | <b>1 triggered (TG) per period</b> |                          |                          |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>           | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL (2)                                  | 7/23/25 - 7/29/25                  |                          | Complete                 |
|   | 8/20/25 - 8/26/25                  |                          | Complete                 |

## Other Compliance Schedules

| Compliance Schedule Activity   | Due Date  | Achieved Date |
|--------------------------------|-----------|---------------|
| SAMPLING SITE PLAN             | 12/3/2025 |               |
| 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 Status | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|-------------------|-------|
|                          |                       |                   |                            |                       |                             |                    |                   |       |

*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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1530024                        | CAMP MATAUCHA       | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 270 SMITH POND ROAD              |                     |                | 1          |            |                |

Towns Served: WATERTOWN

## 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|----------|-------------|------|
|                          |                       |                   |                            |        | Y              | Rule Tier            | WQD      | DBPR        |      |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              | A                    | A        | A           | A    |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |          |             |      |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |          |             |      |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                      |          |             |      |
| 22523                    | WELL                  | 2                 | WELL                       | A      |                |                      |          |             |      |
| 61555                    | ATMOSPHERIC STORAGE   |                   |                            |        |                |                      |          |             |      |
| 61557                    | TREATMENT PLANT       |                   |                            |        |                |                      |          |             |      |

## Contact Information

|                          |                          |                    |              |                           |
|--------------------------|--------------------------|--------------------|--------------|---------------------------|
| Name                     | Organization             | Job Title          |              |                           |
| Mr. Adam Dubois          | YMCA Camp Mataucha       | Outdoor Center Dir |              |                           |
| Mailing Address Line One | Mailing Address Line Two | City               | State        | Zip Code                  |
| 136 West Main Street     |                          | Waterbury          | CT           | 06702                     |
| Business Phone           | Extension                | Fax                | Mobile Phone | Emergency Phone           |
| 203-754-9622             | 118                      |                    |              | 860-706-6036              |
|                          |                          |                    |              | Email Address             |
|                          |                          |                    |              | adubois@waterburyymca.org |

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

**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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1530054                        | 720 THOMASTON ROAD  | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |

Towns Served: WATERTOWN

## 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       |                   |                   |

## 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                     |                             |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 23084                    | WELL                  | 2                 | WELL                       | A                     |                             |                    |                  |

## Contact Information

|                          |                          |                     |
|--------------------------|--------------------------|---------------------|
| Name                     | Organization             | Job Title           |
| Mr. John M. Daddona      |                          |                     |
| Mailing Address Line One | Mailing Address Line Two | City                |
| 7 Beal Drive             |                          | State               |
| Business Phone           | Extension                | Zip Code            |
| 203-985-5622             |                          |                     |
|                          | Fax                      | Mobile Phone        |
|                          |                          | Emergency Phone     |
|                          |                          | Email Address       |
|                          |                          | JMDADDONA@GMAIL.COM |

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

*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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1530054                        | 720 THOMASTON ROAD  | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |

Towns Served: WATERTOWN

**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 |
|----------------------------------|---------------|----------------|------------|------------|----------------|
| CT1530064                        | SUNSET GRILLE | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service       | Residential    | Commercial | Industrial | Combined       |
| 834 NORTHFIELD ROAD              | Connections   |                | 1          |            |                |

Towns Served: WATERTOWN

### 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         |                   |                   |
|   |  | 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 |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT |          | 3/1/2026      |

| 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 |
| 00600  | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                           |          |            |       |
|  |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                           |          |            |       |
|  |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                           |          |            |       |
|  |                       | WTNREST001        | UPPER KITCHEN SINK 1       | A      | Y              |                           |          |            |       |
|  |                       | WTNREST002        | UPPER KITCHEN SINK 2       | A      | Y              |                           |          |            |       |
|  |                       | WTNREST003        | UPPER MENS BATHRM          | A      | Y              |                           |          |            |       |
|  |                       | WTNREST004        | UPPER LADIES BATHRM        | A      | Y              |                           |          |            |       |
|  |                       | WTNREST005        | UPPER BAR SINK 1           | A      | Y              |                           |          |            |       |
|  |                       | WTNREST006        | UPPER BAR SINK 2           | A      | Y              |                           |          |            |       |
|  |                       | WTNREST007        | LOWER BAR SINK 1           | A      | Y              |                           |          |            |       |
|  |                       | WTNREST008        | LOWER MENS BATHRM          | A      | Y              |                           |          |            |       |
|  |                       | WTNREST009        | LOWER LADIES BATHRM        | A      | Y              |                           |          |            |       |
|  |                       | WTNREST010        | LOWER KITCHEN SINK 1       | A      | Y              |                           |          |            |       |
|  |                       | WTNREST011        | LOWER KITCHEN SINK 2       | 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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1530064                        | SUNSET GRILLE       | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 834 NORTHFIELD ROAD              |                     |                | 1          |            |                |

Towns Served: WATERTOWN

## 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|--------------------|-------------|------|
|                          |                       |                   |                            |        |                |                      |                    |             |      |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                      |                    |             |      |
| 22767                    | WELL                  | 2                 | WELL                       | A      |                |                      |                    |             |      |
| 61559                    | TREATMENT PLANT       |                   |                            |        |                |                      |                    |             |      |

## Contact Information

|                          |                             |                       |
|--------------------------|-----------------------------|-----------------------|
| Name                     | Organization                | Job Title             |
| <b>Watertown</b>         |                             |                       |
| Mailing Address Line One | Mailing Address Line Two    | City State Zip Code   |
| Town Hall Annex          | 424 Main Street             | Watertown CT          |
| Business Phone           | Extension                   | Fax                   |
| 860-945-5255             |                             |                       |
| Mobile Phone             |                             | Emergency Phone       |
|                          |                             | Email Address         |
|                          |                             |                       |
| Contact Role(s):         | <b>Legal Contact, Owner</b> |                       |
| Name                     | Organization                | Job Title             |
| <b>Mr. Michael Ganem</b> | Town of Watertown           | Director              |
| Mailing Address Line One | Mailing Address Line Two    | City State Zip Code   |
| 61 Echo Lake Road        |                             | Watertown CT 06795    |
| Business Phone           | Extension                   | Fax                   |
| 860-945-5246             |                             |                       |
| Mobile Phone             |                             | Emergency Phone       |
|                          |                             | Email Address         |
|                          |                             | ganem@watertownct.org |

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

**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 |
|----------------------------------|--------------------------------------|----------------|------------|------------|----------------|
| CT1530074                        | CRESTBROOK PARK PRO-SHOP/MAINTENANCE | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                              | Residential    | Commercial | Industrial | Combined       |
| 834 NORTHFIELD ROAD              | Connections                          |                | 2          |            |                |

Towns Served: WATERTOWN

**Monitoring Requirements**

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

| <b>Total Coliform (3100)</b>                    |  | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|--|-----------------------------------|--------------------------|--------------------------|
| <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 |  | 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                  |                          |                          |

  

| <b>Physical Parameters (PPS)</b>                |  | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|--|-----------------------------------|--------------------------|--------------------------|
| <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 |  | 7/1/25 - 9/30/25                  |                          | Complete                 |
|   |  | 10/1/25 - 12/31/25                |                          |                          |
|   |  | 1/1/26 - 3/31/26                  |                          |                          |
|   |  | 4/1/26 - 6/30/26                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          |  | <b>1 routine (RT) per year</b> |                          |                          |
|---|--|--------------------------------|--------------------------|--------------------------|
| <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              |                          |                          |

**Other Compliance Schedules**

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      |                 | 3/1/2026             |

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>WQP 2 DBPR</i> | <i>Stage</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|-----------------------|----------------------------------|-----------------|-------------------|--------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | CRESTBK001               | MAINT LOWER SINK                  | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | CRESTBK002               | MAINT BATH UPPER                  | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | CRESTBK003               | PRO SHOP MENS                     | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | CRESTBK004               | PRO SHOP LADIES                   | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | CRESTBK005               | SNACK SHACK                       | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                       |                                  |                 |                   |              |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                       |                                  |                 |                   |              |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                       |                                  |                 |                   |              |
| 22833                           | PRO-SHOP / MAINTENANCE WELL  | 2                        | PS / MA WELL                      | A             |                       |                                  |                 |                   |              |
| 62065                           | IRON REMOVAL TREATMENT       |                          |                                   |               |                       |                                  |                 |                   |              |

*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 |
|----------------------------------|--------------------------------------|----------------|------------|------------|----------------|
| CT1530074                        | CRESTBROOK PARK PRO-SHOP/MAINTENANCE | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                              | Residential    | Commercial | Industrial | Combined       |
| 834 NORTHFIELD ROAD              | Connections                          |                | 2          |            |                |

Towns Served: WATERTOWN

## Contact Information

| Name                     | Organization             | Job Title    |              |                               |
|--------------------------|--------------------------|--------------|--------------|-------------------------------|
| Mr. Robert M Scannell    | Town of Watertown        | Town Manager |              |                               |
| Mailing Address Line One | Mailing Address Line Two | City         | State        | Zip Code                      |
| Town Manager             | 424 Main Street          | Watertown    | CT           | 06795                         |
| Business Phone           | Extension                | Fax          | Mobile Phone | Emergency Phone Email Address |
| 860-945-5255             |                          |              |              | RSCANNELL@WATERTOWNCT.ORG     |

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

| Name                     | Organization             | Job Title |              |                               |
|--------------------------|--------------------------|-----------|--------------|-------------------------------|
| Mr. Michael Ganem        | Town of Watertown        | Director  |              |                               |
| Mailing Address Line One | Mailing Address Line Two | City      | State        | Zip Code                      |
| 61 Echo Lake Road        |                          | Watertown | CT           | 06795                         |
| Business Phone           | Extension                | Fax       | Mobile Phone | Emergency Phone Email Address |
| 860-945-5246             |                          |           |              | ganem@watertownct.org         |

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

**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 |
|----------------------------------|----------------------|----------------|------------|------------|----------------|
| CT1530094                        | 1030 LITCHFIELD ROAD | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections  | Residential    | Commercial | Industrial | Combined       |

Towns Served: WATERTOWN

## 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 quarter         |                    |                   |                   |
|------------------------------------|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 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 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 |
|------------------------------|----------|---------------|
| SAMPLING SITE PLAN           |          | 3/31/2025     |

| 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 |
| 00600  | DISTRIBUTION SYSTEM   | 101               | UTILITY 3 BAY SINK         | A      | Y              |                           |
|  |                       | 102               | COUNTER SINK               | A      | Y              |                           |
|  |                       | 103               | DELI SINK                  | A      | Y              |                           |
|  |                       | 104               | BATHROOM SINK              | A      | Y              |                           |
|  |                       | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                           |
|  |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                           |
|  |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                           |
| 00700  | ENTRY POINT           | 3                 | ENTRY POINT                | 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 |
|----------------------------------|----------------------|----------------|------------|------------|----------------|
| CT1530094                        | 1030 LITCHFIELD ROAD | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections  | Residential    | Commercial | Industrial | Combined       |
|                                  |                      | 1              |            |            |                |

Towns Served: WATERTOWN

## 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|--------------------|------------------|
|                          |                       |                   |                            |        |                |                      |                    |                  |
| 22988                    | WELL #1               | 2                 | WELL #1                    | A      |                |                      |                    |                  |

## Contact Information

|                          |                          |  |
|--------------------------|--------------------------|--|
| Name                     | Organization             | Job Title                                      |
| Mr. Rubel Choudhry       |                          |  |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code                            |
| 19 East Mall             |                          | Plainview NY 11803                             |
| Business Phone           | Extension                | Fax Mobile Phone Emergency Phone Email Address |
| 631-492-0341             |                          | rubel288@gmail.com                             |

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

*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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1539024                        | VFW POST 5157       | NC             | 27         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 866 THOMASTON ROAD               |                     |                | 1          |            |                |

Towns Served: WATERTOWN

## 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       |                   |                   |

## Public Notification Requirements

| Violation/Situation          | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                              |                   |             | Required            | Performed | Due to DPH       | Received |
| E. Coli                      | 7/10/17 - 10/3/17 | 3           | 10/3/2018           |           | 10/13/2018       |          |
| Total Coliform M&R Violation | 1/1/25 - 3/31/25  | 3           | 10/1/2026           |           | 10/11/2026       |          |

## 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               | A                     |                             |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 52168                    | WELL 1                | 2                 | WELL 1                     | A                     |                             |                    |                  |

## Contact Information

|                          |                          |     |              |                 |               |       |          |
|--------------------------|--------------------------|-----|--------------|-----------------|---------------|-------|----------|
| Name                     | Organization             |     |              |                 | Job Title     |       |          |
| Mr. Robert Neuman        | VFW Post 5157            |     |              |                 |               |       |          |
| Mailing Address Line One | Mailing Address Line Two |     |              | City            |               | State | Zip Code |
| P.O. Box 338             | 866 Thomaston Road       |     |              | Watertown       |               | CT    | 06795    |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone | Email Address |       |          |
| 860-274-1573             |                          |     |              | 860-274-1573    |               |       |          |

*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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT1539024                        | VFW POST 5157       | NC             | 27         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 866 THOMASTON ROAD               |                     |                | 1          |            |                |

Towns Served: WATERTOWN

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

| Name                     | Organization             | Job Title                                      |
|--------------------------|--------------------------|--|
| Water Oak Post           |                          |  |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code                            |
| Thomaston Rd             |                          | Watertown CT 06795-0000                        |
| Business Phone           | Extension                | Fax Mobile Phone Emergency Phone Email Address |
|                          |                          |  |

Contact Role(s): **Owner**

| Name                     | Organization             | Job Title                                      |
|--------------------------|--------------------------|--|
| Mr. George Reardon       | VFW 5157                 |  |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code                            |
| P.O. Box 338             | 866 Thomaston Road       | Watertown CT 06795                             |
| Business Phone           | Extension                | Fax Mobile Phone Emergency Phone Email Address |
| 860-274-1573             |                          | 203-232-6114                                   |

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**