	Connecticut Department of	f Public H	lealth	D	rinking	Water	Section	on			
	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e				
PWS ID	PWS Name			Cla	ssification	Population	Owner Ty	pe Pi	rimary Source		
CT0419172	WOLFS DEN CAMPGROUND-SYSTEM #3:BACKUP				NC	25	Р		GW		
Local Address (v	ocal Address (where applicable) Service			tial	Commerci	al Industri	al Com	oined	Agricultural		
259 TOWN STRE	EET	Connections	1								
Towns Served: E	EAST HADDAM						·				
Monitoring Requirements											
Water System	Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)									
Total Coliform	n (3100)					1	routine	(RT)	per quarter		
Sampling F	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod C	ompli	ance Status		
Select from	n Inventory of Active Sampling Points		4/1/24 -	- 6/3	30/24						
			7/1/24 -	- 9/3	30/24						
Physical Para	meters (PPS)					1	routine	(RT)	per quarter		
Sampling F	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod C	ompli	ance Status		
Select from	n Inventory of Active Sampling Points		4/1/24 -	- 6/3	30/24						
			7/1/24 -	- 9/3	30/24						
Water System	Facility: ENTRY POINT (WSF ID: 00700)										
/											
Nitrate And N	litrite (NOX)						1 rout	ne (R	T) per year		

water system racincy. Entries of the correct			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other C	Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date									
SEASONAL START UP COMPLETION	4/1/2024										
CROSS CONNECTION SURVEY REPORT	3/1/2025										

	Water System Facility and Sampling Point Inventory												
Water					Total	Lead and							
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage				
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		REC	REC HALL FAUCET	Α	Υ								
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20056	WELL	2	WELL	Α									
60527	SYSTEM 3 ATMOSPHERIC STORAGE												

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Ms. Carolyn Stratto	n			Wolfs Den Cg Spe LLC			Manager		
Mailing Address Line One Mailing Address				ess Line Two			City	State	Zip Code
256 Town Street						East Hac	ldam	СТ	06424
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	ldress		
860-873-9681						wolfsder	ncamp@msn	.com	
Contact Role(s): A	lministrative (Contact Ow	nor						

(Connecticu	t Depa	irtment of	f Public	Health	Drii	nking	Water	Section		
	Wate	er Qua	lity Monit	coring a	nd Con	nplia	nce S	chedul	le		
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0419172 \	WOLFS DEN CAMP	GROUND	-SYSTEM #3:BAG	CKUP		N	IC	25	Р	GW	
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural	
259 TOWN STREE	59 TOWN STREET				1						
Towns Served: EA	ST HADDAM										
Name			0	Organization					Job Titl	e	
Mr. Isaiah Terry			W	Wolf's Den Cg Spe LLC				Manager			
Mailing Address L	ine One		Mailing Addres	s Line Two			City		State	Zip Code	
256 Town Street							East Ha	ddam	СТ	06423	
Business Phone	Extension	Fax	Mob	ile Phone	Emergenc	y Phone	Email A	ddress			
860-973-9781					860-942	-6576	isaiah@	wolfsdenfa	milycampgro	und.com	
Contact Role(s):	Legal Contact		•				•				

- 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 schedule.

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

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

End of schedule

ater Section	1
nedule	
oulation Owner Type	e Primary Source
25 P	GW
Industrial Combin	ned Agricultural
,	
1 routine (R	T) per quarter
ction Period Con	npliance Status
	Complete
	Complete
-	T) per quarter
ction Period Con	npliance Status
	Complete
	Complete
	1 >
	e (RT) per year
ction Period Con	npliance Status
	Complete
	Complete
	<u>Certification</u>
erformed Due to D	
1/8/202	
4/9/202	
4/9/202	
4/9/202	
ory	
Lead and n Copper	Stage
	tos WQP 2 DBPR
Kule Her Asbest	.vs wqr 2 DBPR

				Contact Inf	ormation				
Name				Organization			Job Title		
Mr. Joseph Janecek				Sanibel Farms Store, LLC					
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
328 Town St						East Had	dam	СТ	06423
Pusiness Phone	Extension	Fav		Mahila Dhana	Emergency Phone	Email Ad	drocc		

	Connectic	ut Depa	rtme	ent of	Public	Health	Drii	nking	g Water	Section	
	Wa	ter Qua	lity N	<u>Ioni</u> to	oring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0410094	SANIBEL FARMS	STORE					N	IC	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
328 TOWN STREE	T (ROUTE 82)				Connection	ns		1			
Γowns Served: Ε	-					·	,		·	-	
business Filone	EXCENSION	гах		IVIODIN	FIIONE	Lineigency	PHOHE	LIIIaii F	ruuress		
860-873-9083								sanibe	lmarket@gn	nail.com	
Contact Role(s):	Administrative	Contact, Leg	al Conta	act							
Name				Org	Organization Job Title				9		
Maximilian Jane	cek, LLC										
Mailing Address	Line One		Mailing	Address	Line Two				City	State	Zip Code
45 Bridge Street								Deep F	River	СТ	06417
Business Phone	e Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	Address	, ,	
Contact Role(s):	Owner										

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End of schedule

	Connecticut Department	of Public H	leaith	ועו	rinking	, water	Section	
	Water Quality Mon	itoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0410124	ST. BRIDGET OF KILDARE CHURCH				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
75 MOODUS I	FESVILLE ROAD	Connections			1			

when and of Dublic Hoolth Dwinding Makey Cootic

75 MOODUS LEESVILLE ROAD
Towns Served: EAST HADDAM

TOWNS SCIVEG. EAST HADDAIN					
Monito	ring Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)				
Total Coliform (3100)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Physical Parameters (PPS)	1 routine (RT) per quar				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				
Other Co	mpliance Schedules				

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 10/6/2019

	Water System Facility and Sampling Point Inventory											
Water	Makes Contain Facility	Committee Boint	Compelies Daint		Total	Lead and			<u> </u>			
System	,	, ,	Sampling Point		Coliform	Copper	_		Stage			
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		GDS1	DIST. LODGE LAUNDRY	Α	Υ	N						
		GDS2	DIST. BATH MENS SINK	Α	Υ	N						
		GDS3	DIST. CABIN 27 SINK	Α	Υ	N						
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20738	WELL	2	WELL	Α								
61554	GALVANIZED HYDROPNEUMATIC											

61554 GALVANIZED HYDROPNEUMATIC TANK

	Contact Information				
Name	Organization			Job Title	
Pastor Darius Dudzik	St. Bridget of Kildare Church	Pa	astor		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
17 Mast High St	C/O St Datrick Church	Fact Hamn		СТ	06424

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.

	*					_			n			
PWS Name					Classif	ication	Population	Owner Ty	oe Pr	rimary Source		
TO410124 ST. BRIDGET OF KILDARE CHURCH NC 25 P GW												
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural												
SVILLE ROAD		Connectio	ons			1						
AST HADDAM					'							
	C/O 3	t. Patrick Church				Last Ha	impton	C		00424		
Extension	Fax	Mobile Phone	En	nergency	Phone	Email A	Address					
						stbridg	etofkildare	@yahoo.co	m			
	Water PWS Name ST. BRIDGET OF there applicable) SVILLE ROAD AST HADDAM	Water Quality PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) SVILLE ROAD AST HADDAM E Extension Fax	Water Quality Monitoring a PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) SVILLE ROAD AST HADDAM COUNTY FAITHER CHURCH CONNECTION E Extension Fax Mobile Phone	Water Quality Monitoring and PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) SVILLE ROAD AST HADDAM C/O St. Fatrick Church Extension Fax Mobile Phone En	Water Quality Monitoring and Computer Name ST. BRIDGET OF KILDARE CHURCH here applicable) SVILLE ROAD AST HADDAM COUST. Father Church Extension Fax Mobile Phone Emergency	Water Quality Monitoring and Complia PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) SVILLE ROAD AST HADDAM COUNTY FAITHER CHURCH Extension Fax Mobile Phone Emergency Phone	Water Quality Monitoring and Compliance St. BRIDGET OF KILDARE CHURCH here applicable) SVILLE ROAD AST HADDAM C/O St. Fattick Church E Extension Fax Mobile Phone Emergency Phone Email A	Water Quality Monitoring and Compliance Scheduler PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) Service Residential Commercial Industrial Connections Connections	Water Quality Monitoring and Compliance Schedule PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) Service Connections SVILLE ROAD AST HADDAM COUNTY TYPE COUNTY TYPE COUNTY TYPE Residential Commercial Industrial Comb Connections 1 AST HADDAM COUNTY TYPE Residential Commercial Industrial Comb Connections 1 AST HADDAM COUNTY TYPE Residential Commercial Industrial Comb Connections 1 AST HADDAM COUNTY TYPE Residential Commercial Industrial Comb COUNTY TYPE RESIDENTIAL COMB COUNTY TYPE RESIDENTIAL COMB COUNTY TYPE Residential Commercial Industrial Comb COUNTY TYPE RESIDENTIAL COMB COUNTY TYPE COUNTY TYPE COUNTY TYPE COUNTY TYPE COUNTY TYPE COUNTY TYPE COUNTY TY	PWS Name ST. BRIDGET OF KILDARE CHURCH here applicable) Service Residential Commercial Industrial Combined SVILLE ROAD AST HADDAM COSt. Father Church Extension Fax Mobile Phone Emergency Phone Email Address		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Connect	cicut Departr	nent of	f Public Heal	th Di	rink	ing W	ater Se	ection	
		Vater Quality								
PWS ID	PWS Name	· acor Quarrey	1 101110		_				ner Type F	rimary Source
CT041014	4 ST STEPHENS	S EPISCOPAL CHURCI				NC		25	Р	GW
	ress (where applicat		<u>-</u>	Service Resi	dential		nercial	Industrial	Combined	_
31 MAIN S		•		Connections			1			
Towns Ser	rved: EAST HADDAM	1								
			Monit	oring Requirer	nents	;				
Water Sy	stem Facility: DI	STRIBUTION SYSTE	M (WSF I	D: 00600)						
Total Co	liform (3100)							1 ro	utine (RT)	per quarter
Sam	pling Point (Samplin	ng Point ID)		Moni	toring P	Period	Collec	ction Period	Compl	iance Status
Selec	ct from Inventory of	Active Sampling Poir	nts	10/1/	23 - 12/	31/23			Co	mplete
				1/1/	24 - 3/3	1/24			Co	mplete
				4/1/	24 - 6/3	0/24				
				7/1/	24 - 9/3	0/24				
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Samj	pling Point (Samplin	ng Point ID)		Moni	toring P	Period	Collec	ction Period	Compl	iance Status
Selec	ct from Inventory of	Active Sampling Poir	nts	10/1/	23 - 12/	31/23			Co	omplete
				1/1/	24 - 3/3	1/24			Co	omplete
					24 - 6/3					
				7/1/	24 - 9/3	0/24				
Water Sy	stem Facility: EN	ITRY POINT (WSF	ID: 00700)							
Nitrate A	And Nitrite (NOX)							1	routine (RT) per year
Samj	pling Point (Samplin	ng Point ID)		Moni	toring P	Period	Collec	ction Period	Compl	iance Status
ENTF	RY POINT (3)			1/1/2	23 - 12/3	31/23			Co	omplete
				1/1/2	24 - 12/3	31/24			Co	omplete
				1/1/2	25 - 12/3	31/25				
		Water Syste	em Facil	ity and Sampli	ng Po	int l	nvento	ory		
Water							Total	Lead and	1	
	Water System Faci	ility Sam		Sampling Point			-	n Copper		Stage
Facility ID)		ID	Description		Status	Rule	Rule Tie	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYS		4	DISTRIBUTION SYST		Α	Υ			
				WITHIN 5 SERVICE	CON	Α				
		UI	PSTREAM	WITHIN 5 SERVICE	CON	Α				
00700	ENTRY POINT		3	ENTRY POINT		Α				
20739	WELL		2	WELL		Α				
61572	TREATMENT PLAN	Т								
			Con	tact Informati	on					
Name			0	rganization					Job Title	
Mr. Adam	ı Yates		St	Stephen's Episcopa	Church	1	Re	ector		
Mailing Ad	ddress Line One	Mai	ling Addres	s Line Two			-	City	State	Zip Code

Mr. Adam Yates

Mailing Address Line One

Mailing Address Line One

Mailing Address Line Two

City

State

Zip Code

PO Box 464

East Haddam

CT

06423

Business Phone

Extension

Fax

Mobile Phone

Emergency Phone

Emergency Phone

Email Address

860-873-9547

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.

(Connecticu	it Depa	rtment	of Public	Health	n Drii	nking	Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0410144 S	T STEPHENS EPI	SCOPAL CH	URCH			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
31 MAIN STREET				Connection	ns		1			
Towns Served: EA	ST HADDAM			1	'	-		'	'	'
Name				Organization					Job Titl	е
Reverend Erin L. I	linn			St. Stephen's I	Episcopal C	hurch		Priest-In-0	Charge	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
31 Main St							East Ha	ıddam	СТ	06423
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	ddress		
860-873-9547					860-966	-3742	office@	ststeves.or	g	
Contact Role(s):	Administrative C	Contact	•							

Contact Role(s): Administrative Contac

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

End of schedule

	Connecticut De	partment of	Public H	lealth	Drinl	king V	Water	Section	1
		uality Monit							
PWS ID	PWS Name		011119 01111						Primary Source
CT041017	4 GRANDVIEW CAMP RES	ORT & COTTAGES			NC		29	Р	GW
Local Add	ress (where applicable)		Service	Resident	tial Com	mercial	Industria	l Combin	ed Agricultur
	I MOODUS RD -EAST HADDAM F	RD	Connections			1			
Towns Ser	rved: EAST HADDAM							l	
		Monito	oring Requ	ıiremeı	nts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100)						1	routine (R	T) per quarte
Sam	pling Point (Sampling Point ID)			Monitori	ng Period	l Coll	ection Per	iod Com	pliance Status
Selec	ct from Inventory of Active Samp	oling Points		10/1/23 -	12/31/2	3			Complete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Physical	Parameters (PPS)						1	routine (R	T) per quarte
Samı	pling Point (Sampling Point ID)			Monitorin	ng Period	d Coll	ection Per	iod Com	pliance Status
Selec	ct from Inventory of Active Samp	oling Points	:	10/1/23 -	12/31/2	3			Complete
				4/1/24 -					
				7/1/24 -	9/30/24				
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)							1 routine	(RT) per yea
Samı	pling Point (Sampling Point ID)			Monitorii	ng Period	d Coll	ection Per	iod Com	pliance Status
ENTR	RY POINT (3)			1/1/23 - 2	12/31/23	1			Complete
				1/1/24 - 3	12/31/24	<u> </u>			
				1/1/25 - 3	12/31/25	<u> </u>			
		Other C	ompliance	Sched	ules				
Complian	ce Schedule Activity			<u> </u>	Due Date		Achie	ved Date	
SEASONAI	L START UP COMPLETION			4	1/1/2024				
	Wate	r System Facili	ity and Sar	npling	Point	Inven	tory		
Water						Tota	ıl Lead	and	
System	Water System Facility	Sampling Point		nt		Colifo			Stag
Facility ID)	ID	Description		Stati	_{is} Rul	e Rule	Tier Asbest	os WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A				
		UPSTREAM	WITHIN 5 SER	VICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT		Α				
20741	WELL	2	WELL		Α				
		Con	tact Inform	mation					
Name		O	rganization					Job Tit	le
Mr. Paul N	Nedovich	G	randview Camr	Resort			Manager/	Owner	

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Paul Nedovich				Grandview C	amp Resort		Manager/O	wner	
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
89 North Moodus R	oad					Moodus		СТ	06469
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
413-478-3275						PDougla	s10@sbcglol	bal.net	
Contact Role(s): O	wner		*		-				

C	Johneene	ut Depa	i unent (or Fublic	. Hearth	ווועו	ikilig	water	Secu	1011	
	Wat	ter Qua	lity Mon	itoring a	and Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner '	Type P	rimary Source
CT0410174 G	RANDVIEW CA	MP RESORT	& COTTAGES			N	С	29	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Cor	nbined	Agricultural
89 NORTH MOOD	US RD -EAST HA	DDAM RD		Connection	ons		1				
Towns Served: EA	ST HADDAM							,			
Name				Organization	1				Jol	b Title	
89 North Moodus	Road LLC										
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
10 Lake Dr							Moodu	S		СТ	06469
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress			
Contact Role(s):	Legal Contact, C	Owner									
Name				Organization	1				Jol	b Title	
Mr. Donald Berge	ron			Grandview C	amp Resort			Owner			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
89 North Moodus	Road						East Ha	ddam		CT	06469
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress			
860-608-8481							valarie	@grandview	vcampin	gresort	.com
Contact Role(s):	Administrative (Contact									

Connecticut Department of Dublic Health Drinking Water Section

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End of schedule

		Connaction	ut Dono	ntm ont	of Dublic	Haalth	Dwin	alring	Mata	va C	ation	
		Connectic	•	lity Mon							ection	
PWS ID		PWS Name	ter Quar	iity Moii	itoring a	iiu Con					mer Tyne	Primary Source
CT041021		NATHAN HALE P	ΙΔ7Δ ΙΙΓ				N		25)11 OW	P	GW
		here applicable)	LALA, LLC		Service	Residen		mmercial	1	trial	Combine	
		ROUTE 149)			Connectio			1	maas	ciiai	Combine	, ignicalitatat
	<u> </u>	AST HADDAM										
TOWNS SC	TVCU. E	101 11/100/11/1		Moni	toring Re	quireme	nts					
Water Sy	ystem I	acility: DISTR	IBUTION SY	STEM (WSF	: ID: 00600)							
Total Co	liform	(3100)								1 ro	utine (RT)	per quarter
Sam	pling P	oint (Sampling Po	oint ID)			Monitori	ing Peri	od Col	lection I	Period	Comp	liance Status
Sele	ct from	Inventory of Acti	ve Sampling	Points		10/1/23 -	- 12/31/	/23			C	omplete
						1/1/24	- 3/31/2	24			С	omplete
						4/1/24	- 6/30/2	24				
						7/1/24 -	- 9/30/2	24				
Physical	l Paran	neters (PPS)								1 ro	utine (RT)	per quarter
Sam	pling P	oint (Sampling Po	oint ID)			Monitori	ing Peri	od Col	lection I	Period	Comp	liance Status
Sele	ct from	Inventory of Acti	ve Sampling	Points		10/1/23 -	- 12/31/	/23			C	omplete
						1/1/24 -	- 3/31/2	24			C	omplete
						4/1/24 -	- 6/30/2	24				
						7/1/24 -	- 9/30/2	24				
Water Sy	ystem I	acility: ENTR	POINT (W	/SF ID: 0070	0)							
Nitrate .	And Ni	trite (NOX)								1	routine (RT) per year
Sam	pling P	oint (Sampling Po	oint ID)			Monitori	ing Peri	od Col	lection I	Period	Comp	liance Status
ENTI	RY POIN	IT (3)				1/1/23 -	12/31/2	23			C	omplete
						1/1/24 -	12/31/2	24			С	omplete
						1/1/25 -	12/31/2	25				
			Water Sy	stem Fac	ility and S	ampling	Poin	t Inven	tory			
Water								Tot	al Lea	ad and	1	
System		r System Facility	9	Sampling Poir				Colife		opper		Stage
Facility IL	ס			ID	Description	n	Sta	itus Ru	le Ru	le Tie	r Asbestos	WQP 2 DBPR
00600	DISTR	IBUTION SYSTEM		4		ION SYSTEM		A Y				
				DOWNSTREA	M WITHIN 5	SERVICE COI	N A	А				
				UPSTREAM	WITHIN 5	SERVICE COI	N A	A				
00700	ENTR	POINT		3	ENTRY POI	NT	A	A				
20745	WELL			2	WELL		A	A				
				Co	ntact Info	ormation	1					
Name					Organization						Job Title	
Mr. Savva	as Aspri	s			Nathan Hale I	Plaza LLC			Owner			
Mailing A	ddress	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
140 Wass	suc Road	t l						South Gl	astonbu	ıry	СТ	06073
Busines	ss Phon	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Ad	dress			

bobaspris@gmail.com

860-873-1416

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

C	onnectici	ut Depa	rtment	of Public	Health	ı Drir	nking	, Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0410214 N	ATHAN HALE P	LAZA, LLC				N	IC	25	Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
26 FALLS ROAD (RO	OUTE 149)			Connection	ns		1			
Towns Served: EAS	T HADDAM				'				'	,
Name				Organization					Job Titl	e
Ms. Maria Aspris				Nathan Hale P	Plaza LLC			Owner		
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
Village Pizza Box 4	31						Sosuth	Glastonbur	у СТ	06073
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	Address	,	
860-873-1416										
Contact Role(s):	egal Contact. O	wner	-				1			

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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 schedule.

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 (NC 25 P GW Cassification Population Owner Type Primary Source Residential NC 25 P GW Cassification Population Owner Type Primary Source Residential NC 25 P GW Cassification Population Owner Type Primary Source Residential NC 25 P GW Cassification Population Owner Type Primary Source Residential NC 25 P GW Cassification Population Owner Type Primary Source Residential Residential Industrial Combined Agricultural Collection Period Complication Compliance Status Al1/24 - 6/30/24 Al1/24 - Al1/24 Al1													
Water Quality Monitoring and Compliance Schedule PWS ID PWS Name CT0410224 WOLFS DEN CAMPGROUND-SYSTEM #2:MAIN Local Address (where applicable) Service Connections Service Residential Commercial Industrial Combined Agricultural Commercial Industrial Combined Compliance Status Select From Inventory of Active Sampling Point ID Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Point Sampling Point (Sampling Point Sampling Point Satus Status Status Rule Tier Asbestos WQP 2 DBPR South Status Water System Facility Bownstream Within S Service Con A Poomiting Point Sampling Point Satus Rule Tier Asbestos WQP 2 DBPR South Status Status Rule Tier Asbestos WQP 2 DBPR South Status Status Rule Tier Asbestos WQP 2 DBPR South Status Stat		Connecticut De	partment of	Public H	lealth	Dı	rinkiı	ng V	Vater	· Se	ection		
PWS ID PWS Name Classification Population Owner Type Primary Source CT0410224 WOLFS DEN CAMPGROUND-SYSTEM #2:MAIN NC 25 P GW Local Address (where applicable) Service Connections			•					_					
CT0410224 WOLFS DEN CAMPGROUND-SYSTEM #2:MAIN NC 25 P GW	PWS ID		201109 1 101110	011118 0111							ner Type	Primary Sou	urce
Towns Served: EAST HADDAM Monitoring Requirements	CT041022	4 WOLFS DEN CAMPGROUI	ND-SYSTEM #2:MA	IN									
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points A/1/24 - 6/30/24 7/1/24 - 9/30/24 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Collectio	Local Add	ress (where applicable)		Service	Residen	tial	Comme	rcial	Industr	ial	Combine	d Agricult	ural
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00600 DISTRIBUTION SYSTEM 147 SITE 147 A Y 4 DISTRIBUTION SYSTEM A A Y DOWNSTREAM WITHIN 5 SERVICE CON A A UPSTREAM WITHIN 5 SERVICE CON A A 00700 ENTRY POINT 3 ENTRY POINT A A 20746 WELL 2 WELL A A 56744 6,800 GALLON ATMOSPHERIC A					nt				-	•	Achasta		_
4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20746 WELL 2 WELL A 56744 6,800 GALLON ATMOSPHERIC	-			•					Nuie	Hei	ASDESTO	VVQPZD	DFN
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20746 WELL 2 WELL A 56744 6,800 GALLON ATMOSPHERIC	00000	DISTRIBUTION STSTEIN			I CVCTENA								
UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20746 WELL 2 WELL A 56744 6,800 GALLON ATMOSPHERIC A A								ī					
00700 ENTRY POINT 3 ENTRY POINT A 20746 WELL 2 WELL A 56744 6,800 GALLON ATMOSPHERIC													
20746 WELL 2 WELL A 56744 6,800 GALLON ATMOSPHERIC	00700	FNTRY POINT				•							
56744 6,800 GALLON ATMOSPHERIC													
			<u>-</u>				- •						
	337.17												
59495 HYDROPNEUMATIC TANK	59495	HYDROPNEUMATIC TANK											
Contact Information			Con	tact Infor	nation								
Name Organization Job Title	Name										Job Title		

Name Organization Job Title Mr. Bruce Gustine Vice President Gustine Properties, Inc Mailing Address Line One Mailing Address Line Two City State Zip Code 71 Mott Hill Road East Hampton CT06424 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-267-5363 860-267-5312 888-883-7957 gustinesrV@msn.com Contact Role(s): 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 Departi	ment of	Public !	Health	Drin	iking	Water	Sect	ion	
Water Quality	y Monito	oring ar	nd Com	plia	nce S	chedul	e		
PWS ID PWS Name				Classifi	cation I	opulation	Owner	Type P	rimary Source
CT0410224 WOLFS DEN CAMPGROUND-SYS	TEM #2:MAI	N		N	С	25	Р		GW
Local Address (where applicable)		Service	Resident	ial Co	mmercia	l Industria	al Co	mbined	Agricultura
259 TOWN STREET		Connection	S		1				
Towns Served: EAST HADDAM			·						
Name	Or	ganization					Jo	b Title	
Miss Colynn Hodge	Gu	stine Proper	ties Inc						
Mailing Address Line One Ma	iling Address	Line Two				City	9	State	Zip Code
71 Mott Hill Road					East Ha	mpton		СТ	06424
Business Phone Extension Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-267-5364 860-267-5312	2 860-8	83-7962	860-883-7	7962	gustines	rv@msn.co	om		
Contact Role(s): Administrative Contact									
Name	Or	ganization					Jo	b Title	
Mr. Isaiah Terry	Wo	olf's Den Cg S	Spe LLC			Manager			
Mailing Address Line One Ma	iling Address	Line Two				City	9	State	Zip Code
256 Town Street					East Ha	ddam		CT	06423
Business Phone Extension Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-973-9781			860-942-6	5576	isaiah@	wolfsdenfa	milycan	npgroui	nd.com
Contact Role(s): Legal Contact									

CD 1.11 - II - 1/1 D - 1 - 1 - 1 - 1 - 1 - C

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 schedule.

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 De	epartment of	Public H	ealth	Drin	ıking	g Wa	ater S	ection	
	Water Q	uality Monit	oring and	d Com	iplia	nce S	Sche	edule		
PWS ID	PWS Name				Classifi	cation	Popu	lation O	wner Type	Primary Source
CT0410254	EAST HADDAM PUBLIC I	LIBRARY			N	С	2	!5	L	GW
Local Address	(where applicable)		Service	Residen	tial Co	mmerci	ial In	dustrial	Combine	ed Agricultural
18 PLAINS ROA	AD.		Connections			1				
Towns Served	EAST HADDAM									
		Monito	oring Requ	ireme	nts					
-	n Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)							
Total Colifor									=) per quarter
	Point (Sampling Point ID)			Monitori			Collecti	ion Perio		oliance Status
Select fro	m Inventory of Active Sam	pling Points		10/1/23 -					(Complete
				1/1/24 -						
				4/1/24 -						
Di di di	(DDC)			7/1/24 -	9/30/2	4		4	/ /	
_	ameters (PPS) Point (Sampling Point ID)			Manitari	na Boric	.d C	Collect	ion Perio	-) per quarter oliance Status
	m Inventory of Active Sam	nling Points		<i>Monitorii</i> 10/1/23 -			.onecti	ion Perio		Complete
Select II C	in inventory of Active Sam	pillig Politis	•	1/1/24 -						complete
				4/1/24 -						
				7/1/24 -						
Water Syster	n Facility: ENTRY POIN	T (WSF ID: 00700)		7, =, = :	5, 55, 5	•				
•	Nitrite (NOX)	(1101 121 007 007							1 routine	(RT) per year
	Point (Sampling Point ID)			Monitori	na Perio	od C	Collecti	ion Perio		oliance Status
ENTRY PO				1/1/23 -						Complete
	, , ,			1/1/24 -						·
				1/1/25 -	12/31/2	25				
Water Syster	n Facility: WELL (WSF I	D: 20748)								
E. Coli (301	1)							1 rc	outine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od C	Collect	ion Perio	d Com	oliance Status
WELL (2)			-	10/1/23 -	12/31/	23			(Complete
				1/1/24 -	3/31/2	4				
				4/1/24 -						
				7/1/24 -	9/30/2	4				
	Wate	r System Facili	ty and Sar	npling	Point	Inve	entor	ry		
Water						Te	otal	Lead an	d	
*	ter System Facility	Sampling Point		nt			iform	Copper		Stage
Facility ID	TRIBLITION: 2::277	ID	Description		Sta	LUS	Rule	Rule Tie	er Asbesto	s WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION				Y			
		DOWNSTREAM								
00700 [8]	TDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CON						
	TRY POINT	3	ENTRY POINT		Δ					
20748 WE	LL	2	WELL		Д	\				
			tact Inforr	nation						
IN I			conization				1		Joh Title	

Rusiness Phone Fxtension Fax Mohile Phone Emergency Phone Email Address

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Job Title

State

Zip Code

City

Organization

Mailing Address Line Two

Name

East Haddam

Mailing Address Line One

C	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity N	Monit	oring a	nd Co	mpli	ance S	Schedul	le		
PWS ID P	WS Name						Class	ification	Population	Owner	Type Pi	rimary Source
CT0410254 E	AST HADDAM I	PUBLIC LIBRA	ARY					NC	25	L		GW
ocal Address (wh	ere applicable)				Service	Reside	ential (ommerci	al Industri	al Co	mbined	Agricultural
18 PLAINS ROAD					Connectio	ns		1				
Towns Served: EAS	ST HADDAM											
Dustriess i none	Exterioron	- Tax		-1710011		z-mer gen	c, - 1101	E EIIIGH 7	1441 655			
Contact Role(s):	Owner					1						
Name Organization Job Title												
Mr. Donald J Ange	ersola			То	wn of East	Haddam			Director o	of Ops		
Mailing Address Li	ne One		Mailing	g Address	ress Line Two				City		State	Zip Code
1 Plains Road			РО Вох	385					IS		СТ	06469
Business Phone	Extension	Fax		Mobil	e Phone	Emergen	cy Phon	e Email A	Address		*	
860-873-6010		860-873-	5025			860-68	2-7107	donald	.angersola@	eastha	ddam.or	g
Contact Role(s):	Administrative	Contact										
Name				Or	ganization					Jo	ob Title	
Robert Smith				То	wn of East	Haddam			First Selec	ctman		
Mailing Address Li	ne One		Mailing	g Address	Line Two				City		State	Zip Code
1 Plains Road			РО Вох	385				Moodu	ıs		СТ	06469
Business Phone	Extension	Fax		Mobil	e Phone	Emergen	cy Phon	e Email A	Address			
860-873-5021								admin	@easthadda	m.org		
Contact Role(s).	egal Contact					-						

- 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

	Conne	cticut Der	partment of Pi	ublic H	ealth	Drin	king '	Wat	ter Se	ectio	n	
	Comme	-	ality Monitor									
PWS ID	PWS Nam			9 u	4 0011					ner Ty	pe Prima	ry Source
CT0410284	FIRST CHU	JRCH OF CHRIST	CONGREGATIONAL			NC	2	89		Р	(GW
Local Addre	ess (where appli	cable)	Se	rvice	Residen	tial Con	mmercial	Indi	ustrial	Comb	ined Ag	ricultural
499 TOWN	STREET (ROUTE	151)	Со	nnections			1					
Towns Serv	ed: EAST HADD	AM										
\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	La company de	DISTRIBUTION	Monitoria		ireme	nts						
	•	DISTRIBUTION	SYSTEM (WSF ID: 0	0600)					4		DT\	
	iform (3100) ling Point (Sam _l	nling Point ID)			Monitori	na Pario	d Col	lection	ı roı n Period		(RT) per (<i>mpliance</i>	-
_		of Active Sampli	ng Points		10/1/23 -			iectioi	ii renou	CC	Comple	
Sciect	monn inventory	or Active Sample	rig i omics	•		3/31/24					Comple	
					4/1/24 -							
						9/30/24						
Physical F	Parameters (P	PS)							1 ro	utine (RT) per	quarter
Sampl	ling Point (Sam _l	oling Point ID)			Monitori	ng Perio	d Col	lectio	n Period	Co	mpliance	Status
Select	from Inventory	of Active Sampl	ng Points	:	10/1/23 -	12/31/2	23				Comple	ete
					1/1/24 -						Comple	ete
					4/1/24 -							
			(7/1/24 -	9/30/24	1					
	•		(WSF ID: 00700)								()	
	nd Nitrite (NO	-			0.4 :	ina Davia	d C-1				ne (RT) p	-
_	ling Point (Sam ₎ (POINT (3)	oling Point ID)			<i>Monitori</i> 1/1/23 -			iectioi	n Period	CC	<i>mpliance</i> Comple	
ENIKI	POINT (5)				1/1/23 -						Comple	
					1/1/25 -						compi	_
	Mor	nthly Water	System Facility					equ	ireme	nts		
Water Sys	tem Facility: 1	ENTRY POINT	(WSFID: 00700)									
Analyte	•		quirement (Summary	 Гуре)	Ope	rating Lii	mit			Samp	les Req/N	/lonth
рН		Entry Point pH	Monitoring (PHRD)		_	imum: 7				·	4	
Start Da	ate: 11/1/2008	1		Complia	nce Histo	ory:	Ope	rating	Limit	Mo	nitoring	
				Monitor	ing Perio	d	-	_	e Status	: Coi	mpliance	Status:
					23 - 11/3							
				12/1/20								
				1/1/202								
				2/1/202								
			Other Com	3/1/202								
- "			Other Com	pliance								
	e Schedule Activ					Due Date		Α	1 /9 /20			
	TO SANITARY SU	RECTIVE ACTION	DIAN			./27/202 ./27/202			1/8/20 1/12/20			
	NECTION/COR		ILAN			3/1/2025			1/12/20	J Z 4		
21.033 CON	***************************************		System Essility	and Sar				tor				
Marks ::		water	System Facility	anu Sar	uhiiug	Point						
Water System	Water System F	acility	Sampling Point Sai	mplina Poi	nt		Tota Colife		ead and Copper			Stage
3,500111	2121 2 ,010	,		,9 . 311	-		20		-opper			Juge

DISTRIBUTION SYSTEM

Rule

Υ

Status

Α

Rule Tier Asbestos WQP 2 DBPR

Description

ID

4

Facility ID

00600 DISTRIBUTION SYSTEM

	Connectic	ut Depai	rtment o	f Public l	Health I	Orin	king	Wate	er So	ection	
		*		toring an			C				
PWS ID	PWS Name	oor Quar	10) 110111	0011118 011						vner Type	Primary Source
CT0410284	FIRST CHURCH (OF CHRIST CO	NGREGATION	AL		NC		89		P	GW
Local Address (w	here applicable)			Service	Residentia	al Con	nmerci	al Indus	trial	Combine	d Agricultura
499 TOWN STREE	T (ROUTE 151)			Connections	5		1				
Towns Served: E	AST HADDAM			'							
		Water Sv	stem Faci	lity and Sa	mpling P	oint	Inve	ntory			
Water System Water Facility ID	System Facility			t Sampling Po		Stat	To Coli	otal Led form Co	ad and opper ile Tie		Stage s WQP 2 DBPF
,			DOWNSTREAM	И WITHIN 5 SE	RVICE CON	<u>Stat</u> A	us				
			FC-1	DISTRIBUTIO		Α					
			UPSTREAM	WITHIN 5 SE	RVICE CON	Α					
00700 ENTRY	POINT		3	ENTRY POIN	Т	А					
10989 WELL	#1		2	WELL		Α					
55372 TREAT	MENT PLANT										
			Certified	d Operator	Informa	tion					
Water System F	acility: TREA	TMENT PLAN									
Facility Classifica	•		•	,							Certification
Operator Name			Operator Ty	pe (Certification((s)					Expiration
KLOBUKOWSKI, S	TEVEN J.		CHIEF OPERAT	OR V	VATER TREAT	TMENT	T PLAN	T OPERAT	OR - C	CLASS IV	6/30/2025
			Со	ntact Infor	mation						
Name			(Organization						Job Title	<u> </u>
Mr. Stan Conove	r			irst Church of	Christ Congr.	•		Board o	of Trus		<u> </u>
Mailing Address	Line One		Mailing Addre					City		State	Zip Code
P. O. Box 445			499 Town Stre	eet			East Ha	addam		СТ	06423-0445
Business Phone	Extension	Fax	Mol	oile Phone	Emergency Pl	hone	Email A	Address			
860-244-3600	125	860-873-2	.010		860-874-28	306	stanco	nover@ya	ahoo.d	com	
Contact Role(s):	Administrative	Contact		,		'					
Name			(Organization						Job Title	<u> </u>
Mr. David Nelso	า		F	irst Church of	Christ Cong.			Chair, E	3d of T	rustee	
Mailing Address Line One Mailing Add			Mailing Addre	ress Line Two				City State Zip C			Zip Code
499 Town St			P.O. Box 445	1			East Ha	addam		СТ	06423-0445
Business Phone		Fax	Mol	oile Phone	Emergency Pl	hone	Email A	Address			
860-873-9084		860-873-2	010								
Contact Role(s):	Legal Contact		T								
Name			(Organization						Job Title	

Contact Role(s): Administrative Contact

Mobile Phone

Mailing Address Line Two

499 Town Street

Fax

Ms. Susan Kinsman

Business Phone

860-575-9205

P.O. Box 445

Mailing Address Line One

Extension

1St Church of Christ Cong.

Board of Trustees

State

CT

City

contact@firstchurcheh.org

East Haddam

Emergency Phone Email Address

Zip Code

06423

C	onnectici	ut Departm	ent of Public	Heal	th Dr	inking	g Water	Section				
	Wat	ter Quality	Monitoring a	and Co	ompl	iance S	Schedul	le				
PWS ID PV	NS Name				Clas	sification	Population	Owner Type	Primary Source			
CT0410284 FI	RST CHURCH O	F CHRIST CONGRI	GATIONAL			NC	89	Р	GW			
Local Address (whe	cal Address (where applicable)			Resi	dential	Commerci	al Industri	al Combine	ed Agricultural			
99 TOWN STREET (ROUTE 151)			Connectio	ons		1						
Towns Served: EAS	T HADDAM		,	,				'	,			
Name			Organization					Job Titl	е			
Mr. Alan Ponanski			1St Church of	f Christ Co	ong.		Moderato	or				
Mailing Address Lir	ne One	Maili	ng Address Line Two				City	State	Zip Code			
P.O. Box 445		499 T	own Street			East Ha	addam	СТ	06423			
Business Phone	Extension	Fax	Mobile Phone	Emerge	ncy Pho	ne Email A	Address					
			860-575-0971	860-8	73-1918	contac	contact@firstchurcheh.org					
Contact Role(s): L	egal Contact		1	1								

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

End of schedule

	Composti sut Do		Duklia II		Dui	م مانات	[17040]	- C		
	Connecticut De	•							ection	
PWS ID	PWS Name	uality Monit	oring an					_	mer Tyne	Primary Source
CT041030		PARK / CASTLE WELL	<u> </u>			ICation P	25	IOW	S S	GW
	Iress (where applicable)	TARRY CASTLE WELL	Service	Resident		mmercial		rial	Combine	_
RIVER RO			Connections	resident	ciui Cc	1	maast	101		/ Igricultura
	rved: EAST HADDAM									
		Monito	oring Requ	ıiremeı	nts					
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)							1 ro	utine (RT) per quarter
Sam	pling Point (Sampling Point ID)			Monitorin	ng Peri	iod Col	lection P	eriod	Com	oliance Status
Seled	ct from Inventory of Active Sam	pling Points		10/1/23 -	12/31	/23			(Complete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Physical	Parameters (PPS)							1 ro	utine (RT) per quarter
Sam	pling Point (Sampling Point ID)			Monitorii	ng Peri	iod Col	lection P	eriod	Com	oliance Status
Selec	ct from Inventory of Active Sam	pling Points		10/1/23 -					(Complete
				4/1/24 -	-					
				7/1/24 -	9/30/2	24				
	ystem Facility: ENTRY POIN	T (WSF ID: 00700)								
	And Nitrite (NOX)									(RT) per year
	pling Point (Sampling Point ID)			Monitorin			lection P			oliance Status
ENTI	RY POINT (3)			1/1/23 - 1			4/1-12/3			Complete
				1/1/24 - 3			4/1-12/3			
		Other C	ompliance	1/1/25 - 1		25	4/1-12/3	1		
Compuliare	sa Cabadula Astivitu	Other C	omphance		uies Due Da		A a b		Date	
•	ONNECTION SURVEY REPORT				3/1/20		Acni	evea	Date	
CROSS CC		r System Fasili	ity and Car				tor.			
144	Wate	er System Facili	ity aliu Sai	IIPIIIII	PUIII		_	,	,	
Water System	Water System Facility	Sampling Point	Samnlina Poi	nt		Tot Colife		d and oper	1	Stage
Facility IL		ID	Description		C+	atus Ru	_		r Asbesto	os WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	101	KITCHEN SINK	(A Y				
		102	BATHROOM S			A Y				
		4	DISTRIBUTION			A Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	l .	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α				
00700	ENTRY POINT	3	ENTRY POINT			A				
20752	WELL	2	WELL			A				
		Con	tact Infori	nation						
Name		Oı	rganization						Job Title	2
Mr. David	d Cooley	De	eep-Engineerin	g Unit			Supv Civ	il Eng	ineer	
Mailing A	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code
163 Great	t Hill Road					Portland			СТ	06480

Emergency Phone Email Address

david.cooley@ct.gov

860-424-3333

Mobile Phone

860-205-7552

Business Phone

860-342-2215

Extension

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

Fax

860-344-2560

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

Training frames and don							
PWS ID PWS Name				ssification	Population	Owner Type	Primary Source
04 GILLETTE CASTLE STATE PARK / CASTLE WELL					25	S	GW
Local Address (where applicable)			ntial Commerc		al Industri	al Combine	ed Agricultural
RIVER ROAD				1			
	PWS Name GILLETTE CASTLE STATE PARK / CASTLE WELL	PWS Name GILLETTE CASTLE STATE PARK / CASTLE WELL	PWS Name GILLETTE CASTLE STATE PARK / CASTLE WELL where applicable) Service Resider	PWS Name Cla GILLETTE CASTLE STATE PARK / CASTLE WELL where applicable) Service Residential	PWS Name Classification GILLETTE CASTLE STATE PARK / CASTLE WELL NC where applicable) Service Residential Commerci	PWS Name GILLETTE CASTLE STATE PARK / CASTLE WELL where applicable) Classification Population NC 25 Service Residential Commercial Industria	GILLETTE CASTLE STATE PARK / CASTLE WELL where applicable) Service Residential Commercial Industrial Combine

Towns Served: EAST HADDAM

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End of schedule

	_						_	_		
	Connecticut D	epartment of	Public H	lealth D	rinki	ng W	/ater	Se	ction	
	Water (Quality Monit	oring and	d Comp	liance	e Sch	redul	e		
PWS ID	PWS Name				ssificatio		Population Ov		ner Type F	Primary Source
CT041032	24 GILLETTE CASTLE STAT	E PARK / CONCESSION	I		NC		25		S	GW
Local Add	lress (where applicable)	<u> </u>	Service	Residential	Comme	ercial	Industria	al	Combined	Agricultural
RIVER RO	AD		Connections	3						
Towns Se	rved: EAST HADDAM		-		1					
		Monito	oring Requ	irements	5					
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)							
Total Co	oliform (3100)						1	rou	tine (RT)	per quarter
	pling Point (Sampling Point ID	-		Monitoring I	Period	Collec	ction Per	iod	Compl	iance Status
Seled	ct from Inventory of Active Sar	npling Points		10/1/23 - 12/						omplete
				1/1/24 - 3/3					Co	omplete
				4/1/24 - 6/3						
				7/1/24 - 9/3	30/24					
-	Parameters (PPS)									per quarter
	pling Point (Sampling Point ID	-		Monitoring I		Collec	ction Per	iod		iance Status
Selec	ct from Inventory of Active Sar	npling Points	:	10/1/23 - 12/						omplete
				1/1/24 - 3/3					Co	omplete
				4/1/24 - 6/3						
Matar C	estam Facility FAITRY BOIL	NT (MCF ID: 00700)		7/1/24 - 9/3	50/24					
	ystem Facility: ENTRY POIN	VI (VV3F ID: 00700)								DT)
	And Nitrite (NOX) pling Point (Sampling Point ID))		Monitoring I	Period	Colle	ction Per		=	RT) per year liance Status
	RY POINT (3)	7		1/1/23 - 12/		Conec	tion rei	iou		omplete
LIVII	1011 (3)			1/1/24 - 12/						omplete
				1/1/25 - 12/						
		Other Co	ompliance		•					
Complian	nce Schedule Activity	Other C	omphance				Achiev	und I	Data	
-	ONNECTION SURVEY REPORT				<i>Date</i> /2025		Acmet	veu i	Date	
CNOSS CO		er System Facili	ty and Sar			vonto	> K) (
144.4	vval	er system racin	ity allu Sai	nping PC	יוווע וווו		•			
Water System	Water System Facility	Sampling Point	Samplina Poi	nt		Total Coliforn	Lead (n Copp			Stage
Facility IE		ID	Description Description		Status	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	CONCESSION	SINK	A	Υ				
		102	VISITOR CENT		Α	Υ				
		4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SER		Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20754	WELL	2	WELL		Α					
		Con	tact Inforr	nation						
Name			ganization						Job Title	
Mr. David	d Cooley		ep-Engineerin	g Unit		Sı	ıpv Civil I	Engi		
	- 1		و	J				٥.		

Zip Code

06480

State

СТ

City

david.cooley@ct.gov

Portland

Emergency Phone Email Address

860-424-3333

Mailing Address Line Two

Mobile Phone

860-205-7552

Mailing Address Line One

Extension

Fax

860-344-2560

163 Great Hill Road

Business Phone

860-342-2215

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Mo	onitoring a	nd Con	npl	liance S	chedul	e					
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0410324 GILLETTE CASTLE STATE PARK / CONCESSION					NC	25	S	GW				
Local Address (where applicable) Service Reside				ntial	Commercia	al Industri	al Combine	ed Agricultural				

Connections

3

Towns Served: EAST HADDAM

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

Please note the following:

RIVER ROAD

- 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

	dominocolour p oper unione of 1 dans from 21 mm 5 11 deer become											
Water Quality Monitoring and Compliance Schedule												
PWS ID	WS ID PWS Name					Population	Owner Type	Pri	mary Source			
CT0410384	12 RAE PALMER ROAD - EAST HADDAM				NC	0	Р					
Local Address	Service	Resider	ntial Commerci		al Industri	al Combin	ed	Agricultural				
		Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HADDAM	1		
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 20759)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		

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.

	Water Quality Monitoring and Compliance Schedule										
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Pri	mary Source		
CT0410384	12 RAE PALMER ROAD - EAST HADDAM				NC	0	Р				
Local Address	Service	Resider	Residential Com		al Industri	al Combin	ed	Agricultural			
		Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HADDAM

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20759)

E. Coli (3014) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** 7/1/24 - 9/30/24

	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	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20759	WELL	2	WELL	Α									
E7212	TDEATMENT DI ANT												

37212 TI(E/(TIVI	2141 1 25 (141										
Contact Information											
Name				Organization				Job Title			
Ms. Jaime L. Farace	:										
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
450 Vineyard Point	Road					Guilford		СТ	06437		
Business Phone Extension Fax			Мо	bile Phone	Emergency Phone	Email Address					
203-458-2376	203-458-2376					jaimef1@	sbcglobal.net				

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.
- 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 schedule.

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End of schedule

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	Connecticut De	*								n		
	Water Q	uality Monit	oring and	d Com	ıpli	ianc	e Sch	edule				
PWS ID	PWS Name				Clas	sificati	on Pop	ulation C	wner Ty	pe Pr	imary S	Source
CT041042	24 GETAWAY HOUSE					NC		25	Р		GW	!
Local Add	lress (where applicable)		Service	Residen	tial	Comm	ercial	Industrial	Comb	ined	Agric	ultural
298 EAST	HADDAM-MOODUS ROAD (ROU	TE 149)	Connections			1						
Towns Se	rved: EAST HADDAM						·		·			
		Monite	oring Requ	ireme	nts							
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	oliform (3100)							1 r	outine (RT) p	er qu	arter
Sam	pling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	od Co	mplic	ince St	atus
Sele	ct from Inventory of Active Samp	oling Points		1/1/24 -	3/31	L/24						
				4/1/24 -	6/30)/24						
				7/1/24 -	9/30)/24						
Physical	Parameters (PPS)							1 r	outine (RT) p	er qu	arter
Sam	pling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	od Co	mplic	ınce St	atus
Sele	ct from Inventory of Active Samp	oling Points		10/1/23 -	12/3	31/23				Cor	nplete	
				1/1/24 -	3/31	L/24						
				4/1/24 -	6/30)/24						
				7/1/24 -	9/30)/24						
Water Sy	ystem Facility: EP - WELL 1 (BATH HOUSE) (W	SF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 routi	ne (R	T) per	year
Sam	pling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	od Co	mplic	ınce St	atus
EP -	WELL 1 (BATH) (3)			1/1/23 -	12/3	1/23				Cor	nplete	
				1/1/24 -	12/3	1/24						
				1/1/25 -	12/3	1/25						
Water Sy	ystem Facility: EP - WELL 2 (POOL HOUSE) (W	SF ID: 00701)									
Nitrate A	And Nitrite (NOX)								1 routi	ne (R	T) per	year
Sam	pling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	od Co	mplic	ınce St	atus
EP -	WELL 2 (POOL) (3)			1/1/23 -	12/3	1/23				Cor	nplete	
				1/1/24 -	12/3	1/24						
				1/1/25 -	12/3	1/25						
		Other C	ompliance	Sched	lule	S						
Complian	nce Schedule Activity			L	Due L	Date		Achieve	ed Date			
CROSS CC	ONNECTION EXEMPTION			3	3/1/2	2027						
	Wate	r System Facili	ty and Sar	npling	Poi	int In	vento	ory				
Water							Total	Lead a	nd			
System	Water System Facility	Sampling Point		nt			Coliforn					Stage
Facility IL	ס	ID	Description		9	Status	Rule	Rule Ti	ier Asbe	stos	WQP 2	! DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α						

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	 Asbestos	Stage WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	EP - WELL 1 (BATH HOUSE)	3	EP - WELL 1 (BATH)	Α			
00701	EP - WELL 2 (POOL HOUSE)	3	EP - WELL 2 (POOL)	Α			
20762	WELL 1	2	WELL	Α			
57218	WELL 2	2	WELL 2	Α			
57234	PRESSURE STORAGE						
62340	ATMOSPHERIC STORAGE						

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name	Population	Owner Typ	e Pr	imary Source							
CT0410424	GETAWAY HOUSE				NC	25	Р		GW			
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combi	ned	Agricultural			
298 EAST HAD	DAM-MOODUS ROAD (ROUTE 149)	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Water System Facility and Sampling Point Inventory Lead and Water **Total** Sampling Point Sampling Point System Water System Facility Coliform Copper Staae ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status 2 WELL 3 62773 WELL 3 **Contact Information** Name Organization Job Title Ms. Karen Gregory Getaway Moodus, LLC Regional Director Mailing Address Line One Mailing Address Line Two Citv State Zip Code 147 Prince Street Brooklyn 11201 CT Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 860-873-2294 518-822-7518 karen.gregory@getaway.house Contact Role(s): Administrative Contact Name Organization Job Title Mr. Rosenzweig Philip Mailing Address Line One Mailing Address Line Two City State Zip Code **Business Phone Emergency Phone Email Address** Extension Fax Mobile Phone

Please note the following:

Contact Role(s): Legal Contact

Towns Served: EAST HADDAM

- 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 schedule.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification | Population | Owner Type | Primary Source **PWS ID PWS Name** CT0410454 **AMERICAN LEGION POST #156** NC 25 GW Industrial Local Address (where applicable) Service Residential Commercial Combined Agricultural

33 NEPTUNE AVENUE		Connections	1	L			
Towns Served: EAST HADDAM			'	1	1	'	
	Monito	oring Requiremen	ts				
Water System Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point ID))	Monitoring	Period	Collect	ion Period	Compliand	e Status
Select from Inventory of Active Sam	pling Points	10/1/23 - 1	2/31/23			Comp	lete
		1/1/24 - 3	/31/24			Comp	lete
		4/1/24 - 6	/30/24				
		7/1/24 - 9	/30/24				
Physical Parameters (PPS)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point ID))	Monitoring	Period	Collect	ion Period	Compliand	e Status
Select from Inventory of Active Sam	pling Points	10/1/23 - 1	2/31/23			Comp	lete
		1/1/24 - 3	/31/24			Comp	lete
		4/1/24 - 6	/30/24				
		7/1/24 - 9	/30/24				
Water System Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT)	per year
Sampling Point (Sampling Point ID))	Monitoring	Collect	ion Period	Compliand	e Status	
ENTRY POINT (3)		1/1/23 - 12	2/31/23			Comp	lete
		1/1/24 - 12	2/31/24			Comp	lete
		1/1/25 - 12	2/31/25				·-
Water System Facility: WELL (WSF	ID: 20764)						
E. Coli (3014)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point ID))	Monitoring	Period	Collect	ion Period	Compliand	e Status
WELL (2)		10/1/23 - 1	2/31/23			Comp	lete
		1/1/24 - 3	/31/24			Comp	lete
		4/1/24 - 6	/30/24				
		7/1/24 - 9	/30/24				
Wate	er System Facili	ity and Sampling P	oint Ir	vento	у		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos Wo	QP 2 DBPF
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				

water System racinty and Sampling rount inventory												
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage			
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20764	WELL	2	WELL	Α	·	·						
56231	FILTER	·										

Contact Information											
Name		Organization		Job Title							
Baron Smith American Legion 15											
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code					

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.

	Connectic	ut Depa	rtment c	of Public	c Heal	th D	rin	king	Water	Section	on	
	Wa	ter Qua	lity Moni	toring	and Co	mp	liaı	nce S	Schedul	e		
PWS ID	PWS Name					Cla	assific	cation	Population	Owner T	ype P	rimary Source
CT0410454	AMERICAN LEGI	ON POST #1	56				NC		25	Р		GW
Local Address (w	here applicable)			Service	Resid	ential	ntial Commerci		al Industri	al Com	bined	Agricultural
33 NEPTUNE AVE	ons			1								
Γowns Served: ΕΑ	AST HADDAM				·				·	·		
Business Phone	Extension	Fax	Mo	bile Phone	Emorgo	acy Dh	ono	Email A	ddrocc			
Dusiness Filone	LATERISION	Idx	10101	oile Phone Emergency Phone		Lillali F	idul E33					
Contact Role(s):	Legal Contact,) Owner										
Name	1		(Organization	1					Job	Title	
Mr. Neil Musig			,	American Le	gion Post	‡156			Adjutant			
Mailing Address I	Line One		Mailing Addre	ss Line Two					City	Sta	ate	Zip Code
P. O. Box 100			33 Neptune A	ve				Moodu	IS	C	CT	06496
Business Phone	Extension	Fax	Mol	bile Phone	Emerge	ncy Ph	one	Email A	ddress			
860-759-6539								amlegio	on156@gma	ail.com		
1 ()												

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

End of schedule

	Connecticut Dep	partment of	Public F	Iealth	Dri	nking	Wa	iter S	Sect	cion	
	Water Qu	ality Monit	oring an	d Com	plia	ance S	che	dule	<u>,</u>		
PWS ID	PWS Name				Classi	ification	Popul	ation (Owner	Type P	rimary Sou
CT0410494	2 NORWICH ROAD				l	NC	25	5	Р	,	GW
Local Addre	ess (where applicable)		Service	Resident	tial C	ommercia	l Ind	dustrial	Co	mbined	Agricultu
2 NORWICE	H ROAD		Connections			1					
Towns Serv	ved: EAST HADDAM				'						
		Monito	oring Requ	uireme	nts						
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coli	iform (3100)							1 :	routir	ne (RT)	per quart
Sampl	ling Point (Sampling Point ID)			Monitori	ng Per	riod Co	llectio	on Peri	od	Compli	ance Stati
Select	from Inventory of Active Sample	ing Points		10/1/23 -	12/31	1/23					
				1/1/24 -	3/31/	24					
				4/1/24 -	6/30/	24					
				7/1/24 -	9/30/	'24					
Physical F	Parameters (PPS)							1 :	routir	ne (RT)	per quart
Sampl	ling Point (Sampling Point ID)			Monitori	ng Per	riod Co	llectio	on Peri	od	Compli	ance Statu
Select	from Inventory of Active Sampl	ing Points		10/1/23 -	12/31	1/23					
				1/1/24 -	3/31/	24					
				4/1/24 -	6/30/	24					
				7/1/24 -	9/30/	24					
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)								1 ro	_	T) per ye
Sampl	ling Point (Sampling Point ID)			Monitorii	ng Per	riod Co	llectio	on Peri	od	Compli	ance Stati
ENTRY	POINT (3)			1/1/23 - :	12/31,	/23				Со	mplete
			_	1/1/24 -	12/31,	/24					
				1/1/25 - :	12/31,	/25					
	Water	System Facili	ity and Sai	mpling	Poir	nt Inver	ntor	у			
Water						То	tal	Lead a	nd		
System	Water System Facility	Sampling Point		int		Colif		Coppe	er		Sta
Facility ID		ID	Description		St	atus Ri	ıle	Rule T	ier A	sbestos	WQP 2 D
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α '	′				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	I	Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	J	Α					
00700	ENTRY POINT	3	ENTRY POINT	•		Α					
29248	DUG WELL	2	WELL1			Α					
61608	TREATMENT PLANT										
		Con	tact Infor	mation							
Name		0	rganization						Jo	ob Title	
Ms. Erica A	andrews		bellas Sweet S	Shop LLC			Owr	ner			
Mailing Add	dress Line One	Mailing Address					Cit	ЗУ		State	Zip Code

Mobile Phone

2 Norwich Road

Business Phone

860-615-6195

Extension

Contact Role(s): Administrative Contact

Fax

East Haddam

labellassweetshop@gmail.com

Emergency Phone Email Address

СТ

06423

C		t Departmen er Quality Mo				_			
PWS ID P	WS Name	or Quality 11			Classif		1		Primary Source
CT0410494 2	NORWICH ROAD	•			N	С	25	Р	GW
Local Address (who	ere applicable)		Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
2 NORWICH ROAD			Connection	ns		1			
Towns Served: EAS	ST HADDAM								
Name			Organization					Job Titl	е
Mr. Damon Ferna	ndez								
Mailing Address Li	ne One	Mailing A	ddress Line Two				City	State	Zip Code
71 Catlin Street		Apt. 39				Meride	en	СТ	06450
Business Phone	Extension	Fax	Mobile Phone	Emergency	Phone	Email A	Address		
			908-884-0237			damor	nfernandez@	hotmail.com	
Contact Role(s):	Owner					1			

- 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 schedule.

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End of schedule

		_							_				
	Co	nnecticut Dep	artment of	Public F	lealth	Dr	inki	ng W	<i>l</i> ater	Se	ction		
		Water Qu	ality Monit	oring an	d Com	ıpli	ianc	e Sch	iedul	e			
PWS ID	PW:	S Name				Clas	sificatio	on Pop	ulation	Owr	ner Type I	Primary	/ Source
CT041050	4 CAV	/E HILL RESORT					NC		25		Р	G'	W
Local Addr	ress (where	e applicable)		Service	Resident	tial	Comme	ercial	Industri	al	Combined	d Agri	icultural
138 LEESV	ILLE ROAD	1		Connections			1						
Towns Ser	ved: EAST	HADDAM											
				oring Requ	uireme	nts							
		lity: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
	liform (3:	•									tine (RT)		
		(Sampling Point ID)			Monitorii			Collec	tion Pe	riod	Comp	liance :	Status
Selec	t from Inve	entory of Active Samplir	ng Points		4/1/24 -	-	-						
		(===)			7/1/24 -	9/30)/24						
-	Paramete	•			0.0 16 1			C-11-			tine (RT)		
		(Sampling Point ID) entory of Active Sampling	a Deints		<i>Monitorii</i> 4/1/24 -			Collec	tion Pe	rioa	Comp	liance s	status
Selec	L ITOITI ITIVE	entory of Active Samplin	ig Points		7/1/24 -		-						
Mator Sv	stom Eaci	lity: ENTRY POINT (\\\SE ID: 00700\		//1/24 -	9/30	J/ Z4						
-	And Nitrit	•	(W3F ID. 00700)							1	routine (DT) pc	rvoor
		(Sampling Point ID)			Monitorii	na Pa	erind	Collec	tion Pe		=	liance S	-
	RY POINT (3	· · · · · · · · · · · · · · · · · · ·			1/1/23 - :			Conce	.cion i ci	100		omplet	
21111	(3	·1			1/1/24 - :							ompie	
					1/1/25 - :								
			Other C	ompliance			-						
Compliand	ce Schedul	e Activity		-	L	Due L	Date		Achie	ved I	Date		
CROSS CO	NNECTION	SURVEY REPORT			3	3/1/2	2022						
SEASONAL	L START UP	COMPLETION			6	30/	2024						
		Water	System Facili	ty and Sa	mpling	Poi	int In	vento	ory				
Water								Total	Lead	and			
System	=	stem Facility	Sampling Point		int		(Coliforn					Stage
Facility ID			ID .	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBO	TION SYSTEM	4	DISTRIBUTION			A	Y					
			DOWNSTREAM UPSTREAM				A						
00700	ENTRY PO	NINT	3	WITHIN 5 SEF		N .	A A						
20767	WELL	/IIN I	2	WELL			A						
57226		STORAGE	۷	VVLLL			~						
57228		STORAGE STORAGE											
31220	r NESSUKI	- JIUNAGE											
				tact Infor	mation								
Namo				ranization				1			Joh Titlo		

			Co	ontact Inf	ormation					
Name		Organization	1	Job Title						
Mr. James Gamber	ale	Cave Hill Res	sort	Manager						
Mailing Address Line One Mailing Addr				ess Line Two		City		State	Zip Code	
138 Leesville Road				Moodus			СТ	06469		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	e Email Address				
860-873-8347						jimgambe@live.com				
Contact Role(s): A	dministrative	Contact. Ow	ner							

C	onnecticut	: Depa	rtment of	Public	Health	Drir	ıking	g Water	Section				
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le				
PWS ID P	WS Name				Classification F		Population	Owner Type	Primary Source				
CT0410504 C	AVE HILL RESORT			N	IC	25	Р	GW					
Local Address (who		Service	Residen	tial Co	mmercial Industria		al Combine	ed Agricultura					
138 LEESVILLE ROA	138 LEESVILLE ROAD				S	1							
Towns Served: EAS	T HADDAM			'	'	'			1	1			
Name			Or	ganization			Job Title						
Ms. Joann G. Para	dy		Ca	ve Hill Resor	t			Owner					
Mailing Address Li	ne One		Mailing Address	Line Two			City	State	Zip Code				
138 Leesville Rd							Moodu	ıs	СТ	06469			
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	e Email Address						
860-873-8347							jimgambe@live.com						
Contact Role(s):	Owner		'				1						

- 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 schedule.

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

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

End of schedule

Co		_	rtment of lity Monit				_		ection	
PWS ID PW	/S Name	ter qua	irey Monne	or mg a					vner Tyne [Primary Source
		INITY CHURC	H OF EAST HAD	DAM		N(25	P	GW
Local Address (when		INIT CHOKE	H OF EAST HAD	Service	Residenti		nmercial	Industrial	Combined	
· ·	e applicable)			Connectio		ai Coi		illuustilai	Combined	Agricultural
50 ORCHARD ROAD				Connectio	113		1			
Towns Served: EAST	HADDAM									
Water System Fac	ility: DISTR	IBUTION SY			quiremen	its				
Total Coliform (3	•		312111 (1131 1	D. 00000,				1 rc	utino (PT)	per quarter
Sampling Poin	-	oint ID)			Monitorin	a Pario	d Call	ection Period		liance Status
			Daints			_		ection Period	-	
Select from Inv	rentory of Act	ive Sampling	POIIILS		10/1/23 - 1				C	omplete
					1/1/24 - 3					
					4/1/24 - 6					
					7/1/24 - 9	9/30/24	4			
Physical Paramet										per quarter
Sampling Poin					Monitorin	_		ection Period		liance Status
Select from Inv	entory of Act	ive Sampling	Points		10/1/23 - 1	12/31/2	23		C	omplete
					1/1/24 - 3	3/31/24	1			
					4/1/24 - 6	5/30/24	4			
					7/1/24 - 9	9/30/24	4			
Water System Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate And Nitri	te (NOX)								1 routine (RT) per year
Sampling Poin	• •	oint ID)			Monitorin	g Perio	d Coll	ection Period	=	liance Status
ENTRY POINT (•			1/1/23 - 1				-	omplete
- '					1/1/24 - 1					
					1/1/25 - 1					-
		Motor C.	etom Fosili	t d C				ham.		
		water sy	stem Facili	ity and S	ampling i	Point		-		
Water				0 11			Tota			_
,	stem Facility		Sampling Point ID				Colifo			Stage
Facility ID		_		Description		Stat		e Kuie He	r Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4		ION SYSTEM	Α				
			DOWNSTREAM			Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY P	TNIC		3	ENTRY POI	NT	Α	1			
23101 DRILLED	WELL #1		2	DRILLED W	/ELL #1	Α	ı			
			Con	tact Info	ormation					
Name				rganization					Job Title	
Ms. Cheryl Josz			O	Partication					JOD TILLE	
-	0 Ono		Mailing Address	s Line Twe				City	Stato	7in Codo
Mailing Address Line	e One		Mailing Address	S LINE I WO			Fa	City	State	Zip Code
50 Orchard Road	F	_		1 51			East Had		СТ	06423
Business Phone	Extension	Fax		le Phone	Emergency F					
860-873-1187			860-2	262-2421			cheryl.jos	sz@comcast.	net	

Contact Role(s): Legal Contact

C	onnecticu	ıt Depa	rtment	of Public	Healt	h Dr	inking	g Water	Section						
	Wat	er Qua	lity Mon	itoring a	nd Co	mpli	iance S	Schedul	le						
PWS ID PY	WS Name			sification	Population	Owner Type	Primary Source								
CT0410514 CI	HRIST COMMUN	ADDAM		NC	25	Р	GW								
Local Address (where applicable)				Service	Resid	ential	Commerci	al Industri	al Combin	ed Agricultural					
50 ORCHARD ROAD				Connection	ns		1								
Towns Served: EAS	T HADDAM					'		1	'						
Name			Organization				Job Title								
Ms. Patricia Matth	news			Christ Commu	inity Chur	ch		Ccc Secre	tary						
Mailing Address Lii	ne One		Mailing Add	ress Line Two				City	State	Zip Code					
50 Orchard Road							Moodu	ıs	СТ	06469					
Business Phone	Extension	Fax	M	obile Phone	Emerger	cy Pho	ne Email A	e Email Address							
860-873-1187							secreta	secretary@ccceasthaddam.org							
Contact Role(s): A	Administrative C	ontact	-												

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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 schedule.

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

End of schedule

	Connecticut Dep						•	_		ection			
D) 4 (C 1 D	Water Qu	anty M	JIIIL	oring and	u Con	_		_					
PWS ID	PWS Name					Cla					imary Source		
CT0410654	RATHBUN FREE MEMORIA	L LIBRARY		T			NC	2.		L	GW		
	where applicable)			Service	Residen	tial	Commerc	ial In	dustrial	Combined	Agricultural		
36 MAIN STREE				Connections			1						
Towns Served:	EAST HADDAM	D/I	oni+	oring Bogu	iromo	nto							
Water System	Facility: DISTRIBUTION			oring Requ	iireme	nts	•						
Total Coliforn	,	31312.01 (1		J. 00000,					1 r	nutine (RT) i	ner quarter		
	Point (Sampling Point ID)				Monitori	ina F	Period (Collecti	on Perio		utine (RT) per quarter Compliance Status		
	n Inventory of Active Sampli	ng Points			10/1/23 -					-	mplete		
30.000 1101	y or rictive bumpin			•	1/1/24 -								
					4/1/24 -								
					7/1/24 -		-						
Physical Dara	meters (PPS)				, , 1, 24	<i>J</i> ₁ <i>J</i>	, 5, 2 - -		1 r	outine (RT) ¡	ner duarter		
-	Point (Sampling Point ID)				Monitori	ina F	Period (Collecti	on Perio		ance Status		
	n Inventory of Active Sampli	ng Points			10/1/23 -			oncor	Complete				
Sciect iroi	in inventory of Active Samplin	16 1 011113		<u> </u>							impiete		
				1/1/24 - 3/31/24 4/1/24 - 6/30/24									
					7/1/24 -								
Water System	Facility: ENTRY POINT	WEE ID: 00	1700\		7/1/24	<i>J</i> , <i>J</i>	10 / Z -						
-	,	W3F ID. 00	7700)							1tima /D	T\		
Nitrate And N	Point (Sampling Point ID)				Monitori	ina I	Pariod (Collocti	on Perio	1 routine (R	ance Status		
ENTRY PO					<i>Monitori</i> 1/1/23 -			.onecu	on Peno		mplete		
ENTRYPO	1111 (5)									CO	ilibiere		
					1/1/24 - 1/1/25 -								
		5 11:	•••										
		Public	Not	ification R	equire	eme	ents						
			C	ompliance	Notice		<u>Public N</u>	-		PN Cert	<u>ification</u>		
Violation/Situa				Period	Tier		Required		formed	Due to DPH	Received		
•	eters M&R Violation			/08 - 9/30/08	3		11/25/2009			12/5/2009			
Total Coliform I				16 - 12/31/16	3		4/13/2018			4/23/2018			
Physical Parame	eters M&R Violation		10/1/	¹ 16 - 12/31/16	3		4/13/2018			4/23/2018			
	Water	System F	acili	ty and Sar	npling	Po	int Inve	entor	У				
Water									Lead an	nd			
*	er System Facility		Point	Sampling Point	nt			liform	Coppe		Stage		
Facility ID		ID		Description			Jiuius	Rule	Rule Ti	er Asbestos	WQP 2 DBPR		
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTION			Α	Υ					
				WITHIN 5 SER			Α						
		UPSTRE	AM	WITHIN 5 SER	VICE CON	V	Α						
00700 ENTI	RY POINT	3		ENTRY POINT			Α						
20777 WEL	L	2		WELL			Α						
			Con	tact Inforr	nation								
Name			Oı	ganization						Job Title			
								_					

City

Emergency Phone Email Address

Zip Code

State

Mailing Address Line Two

Mobile Phone

East Haddam

Mailing Address Line One

Extension

Fax

Business Phone

	Connectic	ut Depa	rtmei	nt of	Public	Health	Drin	nking	Water	Section	
	Wa	ter Qua	lity M	onite	oring ai	nd Com	plia	nce So	chedul	e	
PWS ID	PWS Name						Classif	ication P	opulation	Owner Type	Primary Source
CT0410654	RATHBUN FREE	MEMORIAL	LIBRARY				N	IC	25	L	GW
Local Address (w	here applicable)				Service	Resident	tial Co	mmercial	Industri	al Combine	ed Agricultura
36 MAIN STREET					Connection	S		1			
Towns Served: E	AST HADDAM										
Contact Role(s):	Owner										
Name				Or	ganization					Job Titl	e
Mr. Emmitt Lym	an			To	wn of East H	laddam			First Selec	tman	
Mailing Address	Line One		Mailing A	Address	Line Two				City	State	Zip Code
Town Office Build	ding		7 Main S	treet, P	O Box K			East Had	ldam	СТ	06423
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	Phone	Email Ad	ldress		
860-873-5020		860-873-	5025					admin@	easthadda	m.org	
Contact Role(s):	Legal Contact										
Name				Or	ganization					Job Titl	e
Mr. Ronald Turn	er			To	wn of East H	laddam			Director o	f Ops.	
Mailing Address	Line One		Mailing A	Address	Line Two				City	State	Zip Code
1 Plains Road			P.O. Box	385				Moodus		СТ	06469
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	Phone	Email Ad	ldress		
860-873-5090						<u> </u>		ronald.tı	urner@eas	thaddam.org	· · · · · · · · · · · · · · · · · · ·
Contact Bolo(s):	Administrativa	Contact		-		·			·		·

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.
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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			Clas	ssification	Population	Owner Type	Primary Source		
CT0410664	7-ELEVEN #32526				NC	25	Р	GW		
Local Address (where applicable) Service Resi				itial	Commerci	al Industri	al Combine	ed Agricultural		

1

Connections

4 FALLS ROAD

Towns Served: EAST HADDAM			1
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24	_	
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 20778)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0410664	7-ELEVEN #32526				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	l Industri	al Combine	ed Agricultural
4 FALLS ROAD		Connections			1			

Towns Served: EAST HADDAM

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20778)

E. Coli (3014) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status

7/1/24 - 9/30/24

Public Notification Requirements											
Compliance Notice <u>Public Notification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	5/1/22 - 5/31/22	3	8/31/2024		9/10/2024						
Total Coliform M&R Violation	5/1/22 - 5/31/22	3	8/31/2024		9/10/2024						
Total Coliform M&R Violation	6/1/22 - 6/30/22	3	8/31/2024		9/10/2024						
Physical Parameters M&R Violation	6/1/22 - 6/30/22	3	8/31/2024		9/10/2024						

		Water System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage DBPR
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION SYSTEM	Α	Υ			
		4-1	Front Right Sink	Α	Υ			
		4-2	Front Right Sink	Α	Υ			
		4-3	Front Right Sink	Α	Υ			
		4-4	Front Right Sink	Α	Υ			
		4-5	RIGHT HAND SINK	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20778	WELL	2	WELL	Α				
61573	TREATMENT PLANT							

			Contact Inf	ormation				
Name			Organization				Job Title	
Ron Valentine			7-Eleven, Inc	7-Eleven, Inc. Area Facilities Mgr				
Mailing Address Lin	e One		Mailing Address Line Two		City State Zip (Zip Code
3200 Hackberry Roa	ad				Irving		TX	75063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	ldress		
207-420-1507					ronald.valentinejr@7-11.com			

Contact Role(s): Administrative Contact

	Connecticu	it Department	of Public	Health	Drin	king	Water	Section	
	Wat	er Quality Mor	nitoring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name				Classifi	cation F	opulation	Owner Type	Primary Source
CT0410664 7	-ELEVEN #32526	j			N	С	25	Р	GW
Local Address (wh	ere applicable)		Service	Residen	tial Co	mmercia	Industri	al Combine	d Agricultural
4 FALLS ROAD			Connection	ns		1			
Towns Served: EA	ST HADDAM				,			,	
Name			Organization					Job Title	<u>;</u>
David Mandelbau	m		Mandelbaum 8	& Mandelb	aum		Manager		
Mailing Address Li	ne One	Mailing Add	lress Line Two				City	State	Zip Code
354 Eisenhower P	arkway	Suite 1900				Livingsto	on	NJ	07039
Business Phone	Extension	Fax M	lobile Phone	Emergency	Phone	Email Ad	ddress		
973-325-0011						davidm(@mandelba	aumfirm.com	
Contact Role(s):	Owner	1							

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

End of schedule

	2	· CD III II	. l.l D	1 .	TAT .	0		
	Connecticut Departmen						ction	
	Water Quality Mo	onitoring an	d Comp	liance	Schedul	le		
PWS ID	PWS Name		Cl	assification	Population	Owr	ner Type P	rimary Source
CT0410774	32 MAIN STREET - EAST HADDAM			NC	25		Р	GW
Local Address (where applicable)	Service	Residentia	Commerc	ial Industri	al	Combined	Agricultural
32 MAIN STREE	ET	Connections		1				
Towns Served:	EAST HADDAM							
	Mo	onitoring Requ	iirement	S				
Water System	n Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)						
Total Colifor	m (3100)					1 ro		per month
Sampling	Point (Sampling Point ID)		Monitoring		Collection Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11	./30/23			Co	omplete
			12/1/23 - 12	/31/23			Co	mplete
			1/1/24 - 1/	31/24			Co	omplete
			2/1/24 - 2/	29/24			Co	omplete
			3/1/24 - 3/	31/24			Co	omplete
			4/1/24 - 4/	30/24				
			5/1/24 - 5/	31/24				
			6/1/24 - 6/					
			7/1/24 - 7/					
			8/1/24 - 8/					
			9/1/24 - 9/					
			10/1/24 - 10	/31/24				
_	ameters (PPS)						- '	per month
	Point (Sampling Point ID)		Monitoring		Collection Pe	riod		iance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11					mplete
			12/1/23 - 12					mplete
			1/1/24 - 1/					mplete
			2/1/24 - 2/	•			Co	mplete
			3/1/24 - 3/				Co	mplete
			4/1/24 - 4/					
			5/1/24 - 5/					
			6/1/24 - 6/	*				
			7/1/24 - 7/					
			8/1/24 - 8/					
			9/1/24 - 9/					
			10/1/24 - 10	/31/24				
Water System	n Facility: ENTRY POINT (WSF ID: 00	700)						
	Nitrite (NOX)					1	=	RT) per year
	Point (Sampling Point ID)		Monitoring		Collection Pe	riod		iance Status
ENTRY PO	INT (3)		1/1/23 - 12	/31/23			Co	omplete

1/1/25 - 12/31/25										
Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
RESPOND TO SANITARY SURVEY	8/25/2019									
L1 ASSESSMENT (MULTIPLE TC+)	8/27/2023									

1/1/24 - 12/31/24

Complete

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	Connecticut Department of Water Quality Monit				U			
PWS ID	PWS Name							Primary Source
CT0410774	32 MAIN STREET - EAST HADDAM				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
32 MAIN STRE	ET			1				

Public Notification Requirements										
	Compliance	Notice	Public No	tification	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/28/23 -	2	11/4/2023		11/14/2023					

	Wa	ater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20786	WELL	2	WELL	Α					

				Co	ntact Inf	ormation				
Name					Organization				Job Title	2
Mr. James R. Johnson					J.R. Johnson,	LLC	President			
Mailing Address Lin	e One		Mailing	Addre	ess Line Two			City	State	Zip Code
121 Leesville Road			P.O. Box	x 415			Moodus		СТ	06469-0415
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email Ad	ldress		
860-213-0564		860-873-8	3681	johnsonjimr@yahoo.com					om	

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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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 schedule.

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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	Conne	cticut Dep	artment of	Public H	lealth D	rinki	ing W	/ater	Se	ction	
	,	Water Qua	ality Monit	oring an	d Comp	olianc	e Sch	nedul	le		
PWS ID	PWS Name				Cl		ion Pop		Owr	ner Type Pi	imary Source
CT0410804			CLUB HOUSE WEI	T		NC		30		Р	GW
	ress (where applic	cable)		Service Connections	Residentia			Industri	ial	Combined	Agricultural
1 HOPYAR	ved: EAST HADDA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Connections		_	L				
TOWIIS SEL	veu. LAST HADDA	(IVI	Manita	orina Doau	ii ya wa a wat						
\A/=+== C	akana Faailikuu F	NCT DIDLITION (oring Requ	iirement	.5					
•	stem Facility: [DISTRIBUTION	SYSTEM (WSF II	D: 00600)					•	(DT)	
	liform (3100) Dling Point (Samp	ling Point ID)			Monitoring	Dariod	Colle	ction Pe			per quarter ance Status
_	t from Inventory		g Points		10/1/23 - 12		Cone	LUOII PE	TIOU		mplete
Select	t nom inventory t	of Active Samplin	gronits		1/1/24 - 3/					CO	inpiete
					4/1/24 - 6/						
					7/1/24 - 9/						
Physical	Parameters (PF) 			771/24-37	30/24			1 rou	ıtine (RT)	per quarter
-	oling Point (Samp				Monitoring	Period	Colle	ction Pe			ance Status
	t from Inventory		g Points		10/1/23 - 12		Conc	0000110	7704		mplete
33.33	,		8		1/1/24 - 3/						
					4/1/24 - 6/						
					7/1/24 - 9/						
Water Sys	stem Facility: E	NTRY POINT (WSF ID: 00700)			•					
Nitrate A	And Nitrite (NO	X)							1	routine (R	T) per year
	oling Point (Samp	-			Monitoring	Period	Colle	ction Pe		-	ance Status
ENTR	Y POINT (3)				1/1/23 - 12	/31/23				Со	mplete
					1/1/24 - 12	/31/24					
				_	1/1/25 - 12	/31/25					
	Mon	thly Water	System Facili	ity (WSF) I	Level Mo	nitori	ng Re	quire	me	nts	
Water Sys	stem Facility: E			, , ,				•			
Analyt			uirement (Summa	arv Tvpe)	Operat	ing Limi	t			Samples Ro	eg/Month
рН			onitoring (PHRD		Minimu	um: 7.0	PH			. 4	
Start D	oate: 1/1/2015	, ,			nce History	':	Onera	ting Lim	it	Monitor	ing
				Monitor	ing Period		-	iance St			nce Status:
				11/1/20	23 - 11/30/2	2023	•				
				12/1/20	23 - 12/31/2	2023					
				1/1/202	4 - 1/31/202	24					
				2/1/202	4 - 2/29/202	24					
				3/1/202	4 - 3/31/202	24					
		Water S	System Facili	ty and Sar	mpling P	oint Ir	nvento	ory			
Water							Total	Lead	and		
-	Water System Fo	acility	Sampling Point		nt		Coliforn	-	-		Stage
Facility ID			ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SY	/STEM	4	DISTRIBUTION		Α	Υ				
			DOWNSTREAM			A					
			UPSTREAM	WITHIN 5 SER		A					
	ENTRY POINT		3	ENTRY POINT		A					
22912	WELL #3		2	WELL #3		Α					

59192 TREATMENT PLANT

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID PWS Name				Classification P		Population	Owner Type	Primary Source
CT0410804 FOX HOPYARD GOLF CLUB(CLUB HOUSE WELL)					NC	30	Р	GW
Local Address (w	Service	Residen	esidential Comme		al Industri	al Combine	ed Agricultural	
1 HOPYARD ROAD		Connections			1			

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation						
Name				Organization			Jo	b Title			
Mr. Timothy Van Eլ	ops			Manager							
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City St		State	Zip Code		
One Hopyard Road						m	CT	06423			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Addr	ess	·			
860-662-3039											
Contact Role(s): Le	gal Contact										
Name				Organization			Jo	b Title			
Jeffrey Swanson				Fox Hopyard	Golf Club LLC	Sı	perintendent				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
1 Hopyard Road						East Hadda	m	CT	06423		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Addr	ess	'			
860-213-9653						jswanson@	golfthefox.com)			
Contact Role(s): Ac	dministrative Co	ontact	'								

Please note the following:

Towns Served: EAST HADDAM

- 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 De	epartment of	Public H	ealth	Drir	iking W	Vater S	ection	
		uality Monit				_			
PWS ID	PWS Name	, or or in the same	011118 0111	or GOII				vner Type F	Primary Source
CT041081	4 FOX HOPYARD GOLF CL	JB - PRO SHOP WELI			N		40	P	GW
Local Addr	ress (where applicable)		Service	Resident	tial Co	mmercial	Industrial	Combined	l Agricultura
1 HOPYAR	D ROAD		Connections			1			
Towns Ser	ved: EAST HADDAM		1			I .			l
		Monito	oring Requ	ireme	nts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Col	liform (3100)						1 rc	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitorii	ng Perio	od Colle	ction Period	d Compl	iance Status
Selec	t from Inventory of Active Sam	pling Points	:	10/1/23 -	12/31/	23		C	omplete
				1/1/24 -	3/31/2	4			
				4/1/24 -	6/30/2	4			
				7/1/24 -	9/30/2	4			
Physical	Parameters (PPS)						1 rc	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitorii	ng Perio	od Colle	ction Period	d Compl	iance Status
Selec	t from Inventory of Active Sam	pling Points	:	10/1/23 -	12/31/	23		C	omplete
				1/1/24 -	3/31/2	4			
				4/1/24 -	6/30/2	4			
				7/1/24 -	9/30/2	4			
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						:	1 routine (RT) per year
Samp	oling Point (Sampling Point ID)			Monitorii	ng Perio	od Colle	ction Period	d Compl	iance Status
ENTR	Y POINT (3)			1/1/23 - :	12/31/2	23		C	omplete
				1/1/24 - :	12/31/2	24			
				1/1/25 - :	12/31/2	25			
	Wate	r System Facili	ity and Sar	npling	Point	Invent	ory		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Poil Description	nt	Sta	Total Colifori tus Rule	n Copper	•	Stage WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I /	4			
		UPSTREAM	WITHIN 5 SER	VICE CON	I /	4			
00700	ENTRY POINT	3	ENTRY POINT		Þ	4			
23024	WELL #4	2	WELL #4		Þ	4			
62149	CALCITE FILTER								
62150	WATER SOFTENER								
		Con	tact Inforr	nation					
Name			rganization					Job Title	
Mr. James	Martell		x Hopyard Gol	f Club					
	ddress Line One	Mailing Address					City	State	Zip Code
1 Hopyard						East Hadda		СТ	06423

Emergency Phone Email Address

jamesmartell00@gmail.com

Mobile Phone

860-389-7090

Business Phone

860-434-6644

Extension

306

Contact Role(s): Administrative Contact

Fax

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

		<u> </u>		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0410814	FOX HOPYARD GOLF CLUB - PRO SHOP WELL	-		NC	40	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
1 HOPYARD ROA	AD	Connections		1			
T	ACTILADDANA						

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

End of schedule

	Conno	ecticut Department	of Dublic I	Joaltk	ı D	rinki	na I	Mator	· So	ction		
	Collife	Water Quality Mor								Ction		
PWS ID	PWS Nam				_				_	ner Type Pr	rimary Source	
CT0419184	EAST HAD	DAM SENIOR CENTER				NC		25		L	GW	
Local Address	(where appli	icable)	Service	Reside	ntial	Comme	nercial Industrial			Combined	Agricultural	
ROUTE 149 &	AMP; GREAT	HILLWOOD ROAD	Connections			1						
Towns Served	: EAST HADD	AM					·		·			
		Mor	nitoring Req	uireme	ents	5						
Water Syste	m Facility:	DISTRIBUTION SYSTEM (WS	SF ID: 00600)									
Total Colifo	rm (3100)								1 rou	tine (RT) _I	per quarter	
Sampling	g Point (Sam	pling Point ID)		Monito	ring F	Period	Coll	ection Pe	riod	Compli	ance Status	
Select fro	om Inventory	of Active Sampling Points		10/1/23 - 12/31/23 Complet								
				1/1/24 - 3/31/24								
				4/1/24	- 6/3	30/24						
				7/1/24	- 9/3	30/24						
Physical Parameters (PPS)									1 rou	tine (RT) ا	per quarter	
Sampling Point (Sampling Point ID)				Monito	ring F	Period	Coll	ection Pe	riod	Compli	ance Status	
Select fro	Select from Inventory of Active Sampling Points			10/1/23						Со	mplete	
				1/1/24								
				4/1/24		-						
				7/1/24	- 9/3	30/24						
Water Syste	m Facility:	ENTRY POINT (WSF ID: 007	00)									
Nitrate And	•	•								-	T) per year	
		pling Point ID)		Monito			Coll	ection Pe	riod		ance Status	
ENTRY P	OINT (3)			1/1/23						Со	mplete	
				1/1/24			_					
				1/1/25								
	Moı	nthly Water System Fa	cility (WSF)	Level I	Moı	nitorir	ng R	equire	mei	nts		
Water Syste	m Facility:	ENTRY POINT (WSFID: 0070	0)									
Analyte		Monitoring Requirement (Sur	mmary Type)	Ор	erati	ng Limit				Samples Re	eq/Month	
pH Entry Point pH Monitoring (PHR			•			m: 7.0 P	Н			4		
Start Date: 4/1/2008				Compliance History:				Operating Limit Monitoring				
			Monitoring Period Compliance Statu							Complia	nce Status:	
)23 - 11/3								
)23 - 12/3								
				24 - 1/31/								
			2/1/2024 - 2/29/2024									
			3/1/202	3/1/2024 - 3/31/2024								

Public	Notification R	equiren	nents				
	Compliance	Notice	Public No	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/15/2011		9/25/2011		

	W	ater System Facili	ty and Sampling P	oint Ir	nventor	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION WITHIN 5 SERVICE CON	A A					

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

PWS ID	PWS Name			Classifi	fication F	Population	Owner Type	Primary Source
CT0419184	EAST HADDAM SENIOR CENTER			N	1C	25	L	GW
Local Address	(where applicable)	Service	Resider	ntial Co	ommercia	I Industria	al Combine	ed Agricultural
ROUTE 149 & A	MP; GREAT HILLWOOD ROAD	Connections			1			

	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 2 DBPR				
		UPSTREAM	WITHIN 5 SERVICE CON	А									
00700	ENTRY POINT	3	ENTRY POINT	Α									
51509	WELL 1	2	WELL 1	Α									
51514	TREATMENT PLANT		·		·	·							

Contact Information											
Name				Organization	1	Job Title					
Mr. James Ventres				Town of East	t Haddam	Land Use Administrat					
Mailing Address Lin	e One		Mailing Ad	dress Line Two	ess Line Two			State	Zip Code		
P. O. Box K			7 Main Str	eet		East Had	ldam	СТ	06423		
Business Phone Extension Fax N			Mobile Phone	Emergency Phone	Email Ad	mail Address					
860-873-5031		860-873-5	5042		860-873-5031	admin.la	ınduse@eas	thaddam.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/3/2024

_	Connecticut Dep	partment of	Public H	Iealth	n Drink	ing W	/ater	Sec	ction	
	*	iality Monit								
PWS ID	PWS Name	laticy Monit	oring and	u coi	-				er Tyne P	rimary Source
CT0419203	MIDDLESEX HOSPITAL ME	DICAL FACILITY			NC	1011	31	OWIN	P	GW
	where applicable)		Service	Reside		nercial	Industria	ıl (Combined	Agricultural
	PALMER ROAD		Connections			1				Greenen
	EAST HADDAM									
		Monito	oring Requ	uireme	ents					
Water System	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Colifor	m (3100)						1	rout	ine (RT)	per quarter
	Point (Sampling Point ID)			Monitor	ring Period	Colle	ction Per	iod	Compli	ance Status
Select fro	m Inventory of Active Sampl	ing Points		10/1/23	- 12/31/23				Co	mplete
				4/1/24	- 6/30/24					
				7/1/24	- 9/30/24					
Total Colifor	m (3100)							3 re	peat (RP)	per period
Sampling	Point (Sampling Point ID)			Monitor	ring Period	Colle	ction Per	iod	Compli	ance Status
	m Inventory of Active Sampl	ing Points		12/29/2	23 - 1/3/24					
Total Colifor	·		3 temporary routine (TR)						-	
Sampling Point (Sampling Point ID)					ring Period	Colle	ction Per	iod	Compli	ance Status
	m Inventory of Active Sampl	ing Points		1/1/24	- 1/31/24					
-	meters (PPS)					- "				per quarter
	Point (Sampling Point ID)				ring Period	Colle	ction Per	iod	Compli	ance Status
Select froi	m Inventory of Active Sampl	ing Points			- 12/31/23					1 1
					- 3/31/24				Co	mplete
					- 6/30/24					
Matau Cretan	Facility FAITDY BOINT	(MCE ID: 00700)		//1/24	- 9/30/24					
•	Facility: ENTRY POINT	(WSF ID: 00700)							/=	_\
	Nitrite (NOX)			0.4 i4	don Daviad	Calla	otion Don		-	RT) per year
	Point (Sampling Point ID)				ring Period	Colle	ction Per	ioa		ance Status
ENTRY PO	INT (3)				12/31/23				Co	mplete
					- 12/31/24 - 12/31/25					
Matau Cretan	Facility MELL 4 (MCF)	ID. FF074\		1/1/25	- 12/31/25					
•	r Facility: WELL 1 (WSF	ID: 558/4)						•	1 (=0)	
E. Coli (3014				0.0	da a Danta d	6-11-				per period
	Point (Sampling Point ID)				ring Period	Colle	ction Per	ioa	Compil	ance Status
WELL 1 (2	<u> </u>	Other Co	ompliance		13 - 1/3/24 dules					
Compliance Sci	hedule Activity		Jp		Due Date		Achiev	ved D	ate	
-	T (TC+ INS REPEATS)				1/29/2024					
	CTION SURVEY REPORT				3/1/2024					
		System Facili	ty and Sar	mpling		nvento	orv			
Water	- Water	- your in a cont	ty and sai	אייייקיי	,	Total		nnd		
	ter System Facility	Sampling Point	Sampling Poi	nt		Coliforn				Stage
Facility ID	-	ID	Description		Status	Rule			Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	V	A					
		DOWNSTREAM	WITHIN 5 SER	RVICE CO	N A					

ENTRY POINT

WITHIN 5 SERVICE CON

Α

Α

UPSTREAM

3

00700

ENTRY POINT

	Water Quality Monitoring and Compliance Schedule											
PWS ID	WS ID PWS Name					Population	Owner Type	Primary Source				
CT0419203	MIDDLESEX HOSPITAL MEDICAL FACILITY				NC	31	Р	GW				
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural					
27 WILLIAM F.	PALMER ROAD	Connections			1							

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Colifor Status Rule	n Copper			tage DBPR					
55874	WELL 1	2	WELL 1	Α									
55878	TREATMENT PLANT												

Certified Operator Information

				•							
Water System Fac	cility: DISTR	IBUTION SY	STEM (WS	F ID: 00600)							
Facility Classification	n: SMALL WA	TER SYSTEM	1						Certification		
Operator Name Operator				Туре	ype Certification(s)						
KLOBUKOWSKI, STE	VEN J.		CHIEF OPER	ATOR	TOR WATER TREATMENT PLANT OPERATOR - CLASS IV						
			С	ontact Inf	ormation						
Name				Organization				Job Title			
Mr. Kevin McGinty				Middlesex H	Middlesex Health Director, Care Envir						
Mailing Address Lin	e One		Mailing Add	ress Line Two			City State		Zip Code		
28 Crescent Street						Middlet	own	СТ	06457		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Phone Email Address					
860-358-5908						kevin.m	ginty@midh	osp.org			

Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

Towns Served: EAST HADDAM

- 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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Co		ut Departme ter Quality M								ection	
		ter Quarity iv	101111	or mg ar							
	VS Name				C				n Ow		rimary Source
	4 TOWN STRE	ET				N		25		Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Co	mmercial	Indus	trial	Combined	Agricultural
374 TOWN STREET				Connection	1S		1				
Towns Served: EAS	T HADDAM										
		N	/lonite	oring Rec	quiremen	ts					
Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF II	D: 00600)							
Total Coliform (3	3100)								1 rou	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	od Col	lection I	Period	Compl	iance Status
Select from Inv	ventory of Acti	ve Sampling Points			10/1/23 - 1	2/31/	23			Co	omplete
					1/1/24 - 3	/31/2	4			Co	omplete
					4/1/24 - 6						•
					7/1/24 - 9						
Physical Parame	tors (DDS)				,, _, _ ,	750,2	•		1 roi	ıtina (RT)	per quarter
Sampling Poin		oint ID)			Monitoring	. Dorid	nd Col	lection I			iance Status
		ive Sampling Points			10/1/23 - 1			iection i	eriou		omplete
Select Holli III	ventory or Acti	ive Sampling Folints			1/1/24 - 3						omplete
										C	ompiete
					4/1/24 - 6	-					
					7/1/24 - 9	/30/2	4				
-		POINT (WSF ID:	00700)								
Nitrate And Nitri	• •									=	RT) per year
Sampling Poin		oint ID)			Monitoring	, Perio	od Col	lection I	Period	Compl	iance Status
ENTRY POINT	(3)				1/1/23 - 12	2/31/2	23			Co	omplete
					1/1/24 - 12	2/31/2	24			Co	omplete
					1/1/25 - 12	2/31/2	25				
		Water System	Facili	ity and Sa	ampling P	oint	Inven	tory			
Water							Tota	al Lea	ıd and	1	
System Water S	ystem Facility	Samplin	g Point	Sampling P			Colifo	orm Co	pper		Stage
Facility ID		II	D	Description	1	Sta	tus Rui	le Ru	le Tier	Asbestos	WQP 2 DBPR
00501 WELL#1		2	2	WELL #1		A	4				
00600 DISTRIBU	JTION SYSTEM	4	1	DISTRIBUTION	ON SYSTEM	A	4				
		DOWNS	TREAM	WITHIN 5 SI	ERVICE CON	A	A				
		UPSTI	REAM	WITHIN 5 SI	ERVICE CON	A	4				
00700 ENTRY P	OINT	3	3	ENTRY POIN	NT	Α	A				
59526 TREATM	ENT PLANT										
33320 11(2)(11)	2141 1 2/1141		Con	tact Info	rmation						
Name				rganization						Job Title	
Mr. Mark Theide					Cats Coffee H	OUG		Owner		יייי וווק	
	o Ono	Mailine			Cats Collee II	ous				Ctata	7in Codo
Mailing Address Lin	e One	iviailing	Auuress	s Line Two			Fact !!- !	City		State	Zip Code
374 Town Street				1 01			East Had			СТ	06423
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	none	Email Ad	aress			

mirmp08@yahoo.com

860-326-4843

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

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

	(110101)		FF					
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0419214 374 TOWN STREET					NC	25	Р	GW
Local Address (Local Address (where applicable)			tial Commerci		al Industri	al Combine	ed Agricultural
374 TOWN STR	Connections			1				

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 schedule.

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

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

End of schedule

Cor	nnecticut Department o	of Public H	lealth l	Drink	ing \	Water S	Section	1	
	Water Quality Moni	itoring an	d Com	plian	ce Sc	chedule	<u>,</u>		
PWS ID PWS	Name		(Classifica	tion P	opulation C	Owner Type	Pri	mary Source
CT0419223 CHES	TELM ADULT DAY SERVICES, INC.			NC		40	Р	Щ,	GW
Local Address (where	applicable)	Service	Residenti	al Comr	nercial	Industrial	Combin	ed	Agricultura
542 TOWN STREET		Connections	2		1				
Towns Served: EAST H	ADDAM								
	Moni	toring Requ	uiremen	ts					
Nater System Facili	ty: DISTRIBUTION SYSTEM (WSF	ID: 00600)							
Total Coliform (310	00)					1 r	routine (R	T) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Col	lection Perio	od Com	plia	nce Status
Select from Inver	ntory of Active Sampling Points		10/1/23 - 1	2/31/23				Con	plete
			1/1/24 - 3	3/31/24				Con	plete
			4/1/24 - 6	5/30/24					
			7/1/24 - 9	9/30/24					
Physical Parameter	s (PPS)					1 r	routine (R	T) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Col	lection Perio	od Com	plia	nce Status
Select from Inver	ntory of Active Sampling Points		10/1/23 - 1	2/31/23				Con	plete
			1/1/24 - 3	3/31/24				Con	plete
			4/1/24 - 6	5/30/24					
			7/1/24 - 9	9/30/24					
Water System Facili	ty: ENTRY POINT (WSF ID: 00700	0)							
Nitrate And Nitrite	(NOX)						1 routine	(RT) per year
Sampling Point (Sampling Point ID)		Monitorin	g Period	Col	lection Perio	od Com	plia	nce Status
ENTRY POINT (3)			1/1/23 - 1	2/31/23				Con	plete
			1/1/24 - 1	2/31/24				Con	plete
		_	1/1/25 - 1	2/31/25					
r	Monthly Water System Fac	ility (WSF)	Level M	onitor	ing R	equirem	nents		
Water System Facili	ty: ENTRY POINT (WSFID: 00700))							
Analyte	Monitoring Requirement (Sum	mary Type)	Opera	ating Lim	it		Samples	s Rec	q/Month
рН	<spaces> ()</spaces>		Maxir	num: 7.8	3 PH			4	
Start Date: 1/1/2	022	Compli	ance Histor	y:	Oper	ating Limit	Moni	torii	ng
		Monito	ring Period		-	pliance Stat		olian	ce Status:
		11/1/20	23 - 11/30,	/2023					
		12/1/20	23 - 12/31,	/2023					
		1/1/202	4 - 1/31/20)24					
		2/1/202	4 - 2/29/20)24					
		3/1/202	4 - 3/31/20)24					
Analyte	Monitoring Requirement (Sum	mary Type)	Opera	ating Lim	it		Samples	s Rec	q/Month
рН	Entry Point pH Monitoring (PHF	RD)	Minin	num: 7.2	PH			4	
Start Date: 1/1/2	022	-	ance Histor	y:	Oper	rating Limit			_
		Monito	ring Period		Com	pliance Stat	tus: Comp	olian	ce Status:
		11/1/20	23 - 11/30,	/2023		Υ			
			23 - 12/31/			Υ			
		1/1/202	4 - 1/31/20)24		Υ			
		2/1/202	4 - 2/29/20)24					
		0/4/000							

3/1/2024 - 3/31/2024

	Connecticut De	epartment o	of Public H	lealth I	Orinking	Water S	Section					
		uality Moni			_							
PWS ID	PWS Name	dancy Mon	toring and					rimary Source				
CT041922		SERVICES. INC.			NC	40	P	GW				
	lress (where applicable)		Service	Residentia			Combined	Agricultural				
542 TOW	* * * * * * * * * * * * * * * * * * * *		Connections	2	1			0				
Towns Se	rved: EAST HADDAM											
		Other (Compliance	Schedu	les							
Complian	ce Schedule Activity		•		ıe Date	Achieve	ed Date					
SUBMIT LEAD SERVICE LINE INVENTORY 10/16/2024												
COMPLET	E INITIAL LSL INVENTORY			10/	16/2024							
CROSS CC	CROSS CONNECTION SURVEY REPORT 3/1/2029											
		Public No	tification R	equiren	nents							
			Compliance	Notice	Public No	<u>tification</u>	PN Cert	<u>rification</u>				
Violation,	/Situation		Period	Tier	Required	Performed	Due to DPH	Received				
Lead and	Copper TT Violation	7,	/1/19 - 3/2/20	2	9/12/2019		9/22/2019					
	Wate	er System Faci	lity and Sar	mpling P	oint Inve	ntory						
Water						tal Lead a	nd					
System	Water System Facility		t Sampling Poi	nt	Colij			Stage				
Facility IL		ID	Description		Jiulus	ıle Rule Ti	er Asbestos	WQP 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α							
		CADS1	KITCHEN SINK			Y N	Υ					
		CADS2	EMPLOYEE BA	ATH		Y N						
		CADS3	MED ROOM			Y N						
		CADS4	HANDICAP BA			Y N						
		CADS5	CLIENT BATHI			Y N						
			MITHIN 5 SER		A							
00700	ENTRY DOINT	UPSTREAM	WITHIN 5 SER		Α							
00700	ENTRY POINT WELL 1	3	ENTRY POINT		Α							
59897		2	WELL 1		A							
62221	TREATMENT PLANT											
			d Operator	Intorma	tion							
•	stem Facility: TREATMENT		62221)									
	lassification: CLASS 1 TREATME		_					Certification				
Operator		Operator Ty	-	ertification	-			Expiration				
ROWLEY,	BRENDAN	CHIEF OPERAT			N SYSTEM OPE			12/31/2025				
					TMENT PLANT	OPERATOR -	CLASS II	12/31/2025				
		Co	ntact Inform	mation								

Organization

Mobile Phone

Mailing Address Line Two

P.O. Box 719

Fax

860-873-2307

Chestelm Health & Rehab Center

Name

Mr. Mark Epright

534 Town Street

Business Phone

860-873-6500

Mailing Address Line One

Extension

DLIN

Contact Role(s): Administrative Contact, Legal Contact

Job Title

State

CT

Zip Code

06469

Cfo

Moodus

Emergency Phone Email Address

860-873-6500

City

mepright@chestelm.com

	Connecticu	t Depa	rtment o	f Public	Health	ı Drir	ıking	g Water	Section	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0419223	CHESTELM ADULT	DAY SERV	ICES, INC.			N	С	40	Р	GW
Local Address (wi	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultura
542 TOWN STREE	42 TOWN STREET			Connection	ıs 2		1			
Towns Served: EA	ST HADDAM									
Name			C	Organization					Job Titl	е
Mr. Brinton Eprig	ht									
Mailing Address I	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
PO Box 548							Higgan	um	СТ	06441
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	Address	,	
860-873-1455										
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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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

	Co		•	rtment of							ction	
		Wa	ter Qual	lity Monit	oring a	ınd Comj	oliai	nce Sc	hed	lule		
PWS ID	PW	/S Name				C	lassifi	cation Po	pulat	ion Owi	ner Type P	rimary Source
CT041922	24 GC	ODSPEED RE	ALTY LLC				N	С	25		Р	GW
Local Add	lress (whe	re applicable)			Service	Residentia	al Cor	mmercial	Indu	strial	Combined	Agricultural
25 FALLS		-			Connectio			1				
		HADDAM						_				
101111330	17641 2715	11,718 87 1171		Monito	oring Re	quiremen	ts					
Water Sy	/stem Fac	ility: DISTR	RIBUTION SY	STEM (WSF I		4						
Total Co	oliform (3	3100)								1 rou	itine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od Colle	ection	Period	Compl	iance Status
Seled	ct from Inv	entory of Act	ive Sampling	Points		10/1/23 - 1	2/31/2	23			Co	mplete
						1/1/24 - 3	/31/2	4			Co	mplete
						4/1/24 - 6	/30/2	4				
						7/1/24 - 9	/30/2	4				
Physical	Paramet	ers (PPS)								1 rou	itine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od Colle	ection	Period	Compl	iance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		10/1/23 - 1	2/31/2	23			Co	mplete
						1/1/24 - 3	/31/2	4			Co	mplete
						4/1/24 - 6	/30/2	4				
						7/1/24 - 9	/30/2	4				
Water Sy	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate A	And Nitri	te (NOX)								1	routine (I	RT) per year
Sam	pling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od Colle	ection	Period	Compl	iance Status
ENT	RY POINT (3)				1/1/23 - 12	2/31/2	23			Co	mplete
						1/1/24 - 12	2/31/2	24			Co	mplete
						1/1/25 - 12	2/31/2	25				
				Other C	omplian	ce Schedu	les					
Complian	ce Schedu	le Activity			-	Du	ıe Dat	te	A	chieved	Date	
CROSS CC	NNECTIO	N SURVEY REF	PORT			3/	1/202	.6				 -
			Water S	stem Facili	ity and S				orv			
Water			Trate: 5	, sterri i dem	ity ana s	. 9b	Oiii	Tota		ead and		
System	Water S	stem Facility		Sampling Point	Samplina	Point		Colifor		Copper		Stage
Facility II	-	,		. ID	Description		Sta	D. J.			Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM	1	4	DISTRIBUT	ION	A					
				DOWNSTREAM	DISTRIBUT	ION DOWNSTI	R A	Υ				
				UPSTREAM		ION UPSTREA	А	A Y				
00700	ENTRY P	TNIC		3	ENTRY POI		Α					
60536	WELL			2	WELL	***	А					
00000						ormation						
Name					rganization						Job Title	
	n B Goods	peed			oodspeed R	ealty II C					300 1100	
	ddress Lin	-		Mailing Address					City		State	Zip Code
P. O. Box		C 011C		Training Address	J LINE I WO			East Hado			CT	06423
	s Phone	Extension	Fax	Mohi	le Phone	Emergency P	hone				Ci	00723
Dusines	S I HOHE	LACCIONI	I ax	IVIODI	ic i none	Lineigency P	HOHE	Linaii Auc	033			

860-608-3854

rgoodspeed1@gmail.com

860-608-5248

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

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

				0						
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0419224	GOODSPEED REALTY L	LC					NC	25	Р	GW
Local Address (v	Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
25 FALLS ROAD				Connections			1			

Please note the following:

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

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

End of schedule

		, CD III T	r 1.1	D 1 1		A.7		
	Connecticut Departr	nent of Public F	lealth	Drink	ing V	Vater S	Section	
	Water Quality	Monitoring an	d Con	npliand	ce Sc	hedule		
PWS ID	PWS Name			Classificat	ion Po	pulation C	wner Type Pi	imary Sourc
СТ0419234	40 WILLIAM F. PALMER RD			NC		30	Р	GW
Local Address (where applicable)	Service	Residen	tial Comn	nercial	Industrial	Combined	Agricultura
		Connections					1	
Towns Served:	EAST HADDAM							
		Monitoring Requ	uireme	nts				
Water System	Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)						
Total Colifor	m (3100)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Poin	ts	10/1/23 -	12/31/23				
				3/31/24			Со	mplete
				6/30/24				
			7/1/24 -	9/30/24				
•	ameters (PPS)						outine (RT)	
	Point (Sampling Point ID)			ing Period	Colle	ection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Poin	ts		12/31/23				
				3/31/24			Со	mplete
				6/30/24				
			7/1/24 -	9/30/24				
•	n Facility: ENTRY POINT (WSF I	D: 00700)						
	Nitrite (NOX)						1 routine (R	
	Point (Sampling Point ID)			ing Period	Colle	ection Perio	od Compli	ance Status
ENTRY PO	INT (3)			12/31/23				
				12/31/24			Co	mplete
				12/31/25				
		Other Compliance	Sched	lules				
Compliance Sci	hedule Activity			Due Date		Achieve	ed Date	
CROSS CONNE	CTION SURVEY REPORT			3/1/2024				
	Pu	blic Notification F	Require	ements				
		Compliance	Notice	Pub	lic Notij	<u>fication</u>	PN Cert	<u>ification</u>
Violation/Situd		Period	Tier	Requi		Performed	Due to DPH	Received
	trite M&R Violation	1/1/23 - 12/31/23		2/15/2			2/25/2025	
	eters M&R Violation	10/1/23 - 12/31/23		2/15/2			2/25/2025	
Total Coliform	M&R Violation	10/1/23 - 12/31/23	3	2/19/2	025		3/1/2025	
	Water Syste	em Facility and Sa	mpling	Point I	rvent	ory		
Water					Tota	l Lead a	nd	
-	ter System Facility Sam	oling Point Sampling Po	int		Colifor			Stage
Facility ID		ID Description		Ctatus	Rule	Rule Ti	ier Asbestos	WOP 2 DRF

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	Α	Υ			
		40WFP01	40A KITCHEN	Α	Υ	N	Υ	
		40WFP02	40A BATHROOM	Α	Υ	N		
		40WFP03	40A UTILITY	Α	Υ	N		
		40WFP04	40B KITCHEN	Α	Υ	N		
		40WFP05	40B BATHROOM	Α	Υ	N		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ			

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source					
CT0419234	40 WILLIAM F. PALMER RD				NC	30	Р	GW				
ocal Address (where applicable) Service Reside					Commercia	al Industri	al Combin	ed Agricultural				
	Conn						1					

Connecticut Department of Public Health Drinking Water Section

Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR			
00700	ENTRY POINT	3	ENTRY POINT	А							
60714	WELL 1	2	WELL 1	А							
	Contact Information										
Name		Oı	rganization				Job Title				
Mr Bruce	M. Dutch										

	Maning / Wall Coo Ente	One	iviani	ing madress time two		City	Juice	Zip couc
40B William F. Palmer Road		P.O.	Box 464		Moodus	СТ	06469	
	Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

860-807-5721

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

Please note the following:

Mailing Address Line One

860-873-3876

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

860-873-3678

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 schedule.

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

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

End of schedule

7in Code

City

bruce@dutchoil.com

State

	Connecticut D	enartment of	Dublic F	Jaalth D	rink	zina I	Matar	So	ction	
		Quality Monit							CUOII	
PWS ID	PWS Name	Quality Monit	ornig an						ner Type D	rimary Source
CT041924		RARN		Cic	NC	ition FC	29	OW	P P	GW
	lress (where applicable)	N DAMIN	Service	Residential	_	mercial	Industri	ial	Combined	_
	COAT LANE		Connections	Residential	COIII	increiai	maastri	ui	2	7 Gricaltala
	rved: EAST HADDAM									
		Monite	oring Requ	uirement	S					
Water Sy	stem Facility: DISTRIBUTI		<u>.</u>							
	oliform (3100)		•				1	l rou	ıtine (RT)	per quarter
	pling Point (Sampling Point ID))		Monitoring	Period	Coll	ection Pe			ance Status
Seled	ct from Inventory of Active Sar	npling Points		10/1/23 - 12	/31/23	3			Co	mplete
	·	· -		1/1/24 - 3/3	31/24					·
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Physical	Parameters (PPS)						1	l rou	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)		Monitoring	Period	Coll	ection Pe			ance Status
Seled	ct from Inventory of Active Sar	npling Points		10/1/23 - 12	/31/23	3			Со	mplete
				1/1/24 - 3/3	31/24					
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (F	RT) per year
	pling Point (Sampling Point ID)		Monitoring	Period	Coll	ection Pe		=	ance Status
ENTF	RY POINT (3)			1/1/23 - 12/	/31/23				Co	mplete
				1/1/24 - 12/	/31/24					
			_	1/1/25 - 12/	/31/25					-
	Wat	er System Facili	ty and Sai	mpling Po	oint I	nvent	ory			
Water		-				Tota	I Lead	and		
System	Water System Facility	Sampling Point	Sampling Poi	int		Colifo	т Сор	per		Stage
Facility IE		ID	Description		Statu	s Rule	e Rule	Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION	4	DISTRIBUTIO	N	Α	Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α	Υ				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	-	Α					
61535	WELL 1	2	WELL 1		Α					
61539	ATMOSPHERIC STORAGE									
		Con	tact Infor	mation						
Name		Oı	ganization						Job Title	
Mr. Chris	topher Staehly	St	aehly Farms C	ider Barn		(Owner			
Mailing A	ddress Line One	Mailing Address	s Line Two			'	City		State	Zip Code
270 Taum	Charact				_	act Hade	1		СТ	06422

Mobile Phone

East Haddam

staehlys@att.net

Emergency Phone | Email Address

CT

06423

278 Town Street

Business Phone

860-873-9774

Extension

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

Fax

Connecticut Department of Public Health	Dı	in	king	g W	ater	Sec	ction	
Water Quality Monitoring and Con	ıpl	iar	ice :	Sch	edul	le		
DIAGO AL				_	1.00	_	_	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0419244	STAEHLY FARMS CIDER BARN			NC	29	Р	GW
Local Address (where applicable)		Service	Residential Commerc		ial Industri	al Combine	ed Agricultural
23 PETTICOAT LANE		Connections				2	

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End of schedule