

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------------|----------------|------------|------------|----------------|
| CT0419172                        | WOLFS DEN CAMPGROUND-SYSTEM #3:BACKUP | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                               | Residential    | Commercial | Industrial | Combined       |
| 259 TOWN STREET                  | Connections                           | 1              |            |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2027 |               |

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

### Contact Information

|   |                                     |             |
|---|-------------------------------------|-------------|
| Name                                    | Organization                        | Job Title   |
| Mr. Isaiah Terry                        | Wolf's Den Cg Spe LLC               | Manager     |
| Mailing Address Line One                | Mailing Address Line Two            | City        |
| 256 Town Street                         |                                     | State       |
| Business Phone                          | Extension                           | Zip Code    |
| 860-973-9781                            |                                     | East Haddam |
| Emergency Phone                         | Email Address                       | CT          |
|   | 860-942-6576                        | 06423       |
| Mobile Phone                            | isaiah@wolfsdenfamilycampground.com |             |
| Contact Role(s): Administrative 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.*

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

|                                  |                                       |                          |                         |                 |                |            |              |                |
|----------------------------------|---------------------------------------|--------------------------|-------------------------|-----------------|----------------|------------|--------------|----------------|
| PWS ID                           | PWS Name                              |                          |                         |                 | Classification | Population | Owner Type   | Primary Source |
| CT0419172                        | WOLFS DEN CAMPGROUND-SYSTEM #3:BACKUP |                          |                         |                 | NC             | 25         | P            | GW             |
| Local Address (where applicable) |                                       | Service Connections      | Residential             | Commercial      | Industrial     | Combined   | Agricultural |                |
| 259 TOWN STREET                  |                                       |                          | 1                       |                 |                |            |              |                |
| Towns Served: EAST HADDAM        |                                       |                          |                         |                 |                |            |              |                |
| Name                             |                                       |                          | Organization            |                 |                | Job Title  |              |                |
| Mr. Evan Bernstein               |                                       |                          | Castle Park Investments |                 |                | Founder    |              |                |
| Mailing Address Line One         |                                       | Mailing Address Line Two |                         |                 | City           | State      | Zip Code     |                |
| 413 W. 14Th St                   |                                       | Suite 244                |                         |                 | New York       | NY         | 10014        |                |
| Business Phone                   | Extension                             | Fax                      | Mobile Phone            | Emergency Phone | Email Address  |            |              |                |
| 860-267-5300                     |                                       |                          |                         |                 |                |            |              |                |

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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0410094                        | SANIBEL FARMS STORE | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 328 TOWN STREET (ROUTE 82)       |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span> |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)  | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points                                     | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

  

| Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span> |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)  | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points   | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

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

| Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span> |                   |                   |                   |
|--|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)   | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)  | 1/1/25 - 12/31/25 |                   | Complete          |
|  | 1/1/26 - 12/31/26 |                   |                   |
|  | 1/1/27 - 12/31/27 |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 | DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|-------|------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                    |                    |       |            |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                      |                    |       |            |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                      |                    |       |            |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                      |                    |       |            |
| 20737                    | WELL                  | 2                 | WELL                       | A                     |                      |                    |       |            |

## Contact Information

|                          |                          |     |              |                 |                         |          |
|--------------------------|--------------------------|-----|--------------|-----------------|-------------------------|----------|
| Name                     | Organization             |     |              | Job Title       |                         |          |
| Mr. Joseph Janecek       | Sanibel Farms Store, LLC |     |              | Owner           |                         |          |
| Mailing Address Line One | Mailing Address Line Two |     |              | City            | State                   | Zip Code |
| 328 Town St              |                          |     |              | East Haddam     | CT                      | 06423    |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone | Email Address           |          |
| 860-873-9083             |                          |     |              |                 | sanibelmarket@gmail.com |          |

Contact Role(s): Administrative Contact, 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.*

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

|                                  |                     |                          |              |                 |                |            |              |                |
|----------------------------------|---------------------|--------------------------|--------------|-----------------|----------------|------------|--------------|----------------|
| PWS ID                           | PWS Name            |                          |              |                 | Classification | Population | Owner Type   | Primary Source |
| CT0410094                        | SANIBEL FARMS STORE |                          |              |                 | NC             | 25         | P            | GW             |
| Local Address (where applicable) |                     | Service Connections      | Residential  | Commercial      | Industrial     | Combined   | Agricultural |                |
| 328 TOWN STREET (ROUTE 82)       |                     |                          |              | 1               |                |            |              |                |
| Towns Served: EAST HADDAM        |                     |                          |              |                 |                |            |              |                |
| Name                             |                     |                          | Organization |                 |                | Job Title  |              |                |
| Maximilian Janecek, LLC          |                     |                          |              |                 |                |            |              |                |
| Mailing Address Line One         |                     | Mailing Address Line Two |              |                 | City           |            | State        | Zip Code       |
| 45 Bridge Street                 |                     |                          |              |                 | Deep River     |            | CT           | 06417          |
| Business Phone                   | Extension           | Fax                      | Mobile Phone | Emergency Phone | Email Address  |            |              |                |
|                                  |                     |                          |              |                 |                |            |              |                |

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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410124                        | ST. BRIDGET OF KILDARE CHURCH | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                       | Residential    | Commercial | Industrial | Combined       |
| 75 MOODUS LEESVILLE ROAD         | Connections                   |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 10/6/2019  |               |
| RESPOND TO SANITARY SURVEY   | 12/21/2025 |               |

| Water System Facility ID | Water System Facility       | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | WQP 2 DBPR | Stage |
|--------------------------|-----------------------------|-------------------|----------------------------|--------|----------------|----------------------|----------|------------|-------|
|                          |                             |                   |                            |        | Rule           | Tier                 |          |            |       |
| 00600                    | DISTRIBUTION SYSTEM         | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                      |          |            |       |
|                          |                             | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |          |            |       |
|                          |                             | GDS1              | DIST. LODGE LAUNDRY        | A      | Y              |                      | N        |            |       |
|                          |                             | GDS2              | DIST. BATH MENS SINK       | A      | Y              |                      | N        |            |       |
|                          |                             | GDS3              | DIST. CABIN 27 SINK        | A      | Y              |                      | N        |            |       |
|                          |                             | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |          |            |       |
| 00700                    | ENTRY POINT                 | 3                 | ENTRY POINT                | A      |                |                      |          |            |       |
| 20738                    | WELL                        | 2                 | WELL                       | A      |                |                      |          |            |       |
| 61554                    | GALVANIZED HYDROSTATIC TANK |                   |                            |        |                |                      |          |            |       |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410124                        | ST. BRIDGET OF KILDARE CHURCH | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                       | Residential    | Commercial | Industrial | Combined       |
| 75 MOODUS LEESVILLE ROAD         | Connections                   |                | 1          |            |                |

Towns Served: EAST HADDAM

## Contact Information

| Name                          |           | Organization             |              |                 | Job Title           |       |          |
|-------------------------------|-----------|--------------------------|--------------|-----------------|---------------------|-------|----------|
| <b>Reverend Darius Dudzik</b> |           | St. Patrick Church Corp. |              |                 | Pastor              |       |          |
| Mailing Address Line One      |           | Mailing Address Line Two |              |                 | City                | State | Zip Code |
| 47 West High St               |           | C/O St. Patrick Church   |              |                 | East Hampton        | CT    | 06424    |
| Business Phone                | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address       |       |          |
| 860-267-6644                  |           |                          |              |                 | fatherdkd@gmail.com |       |          |

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

| Name                     |           | Organization             |              |                 | Job Title                  |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|----------------------------|-------|----------|
| <b>Ms. Marlene Hale</b>  |           | St. Patrick's Church     |              |                 | Church Secretary           |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                       | State | Zip Code |
| 47 West High St          |           |                          |              |                 | East Hampton               | CT    | 06424    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address              |       |          |
| 860-267-6644             |           |                          |              |                 | sjp2parishoffice@gmail.com |       |          |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

| PWS ID                           | PWS Name                     | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|----------------|------------|------------|----------------|
| CT0410144                        | ST STEPHENS EPISCOPAL CHURCH | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections          | Residential    | Commercial | Industrial | Combined       |
| 31 MAIN STREET                   |                              |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 | DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|-------|------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                    |                    |       |            |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                      |                    |       |            |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                      |                    |       |            |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                      |                    |       |            |
| 20739                    | WELL                  | 2                 | WELL                       | A                     |                      |                    |       |            |
| 61572                    | TREATMENT PLANT       |                   |                            |                       |                      |                    |       |            |

## Contact Information

|                          |                               |     |              |                 |                   |          |
|--------------------------|-------------------------------|-----|--------------|-----------------|-------------------|----------|
| Name                     | Organization                  |     |              | Job Title       |                   |          |
| Mr. Adam Yates           | St.Stephen's Episcopal Church |     |              | Rector          |                   |          |
| 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 | Email Address     |          |
| 860-873-9547             |                               |     |              | 773-680-3785    | adam@ststeves.org |          |
| 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.*

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

|                                  |                              |                          |                                |                 |                      |                  |              |                |
|----------------------------------|------------------------------|--------------------------|--------------------------------|-----------------|----------------------|------------------|--------------|----------------|
| PWS ID                           | PWS Name                     |                          |                                |                 | Classification       | Population       | Owner Type   | Primary Source |
| CT0410144                        | ST STEPHENS EPISCOPAL CHURCH |                          |                                |                 | NC                   | 25               | P            | GW             |
| Local Address (where applicable) |                              | Service Connections      | Residential                    | Commercial      | Industrial           | Combined         | Agricultural |                |
| 31 MAIN STREET                   |                              |                          |                                | 1               |                      |                  |              |                |
| Towns Served: EAST HADDAM        |                              |                          |                                |                 |                      |                  |              |                |
| Name                             |                              |                          | Organization                   |                 |                      | Job Title        |              |                |
| Reverend Erin L. Flinn           |                              |                          | St. Stephen's Episcopal Church |                 |                      | Priest-In-Charge |              |                |
| Mailing Address Line One         |                              | Mailing Address Line Two |                                |                 | City                 | State            | Zip Code     |                |
| 31 Main St                       |                              |                          |                                |                 | East Haddam          | CT               | 06423        |                |
| Business Phone                   | Extension                    | Fax                      | Mobile Phone                   | Emergency Phone | Email Address        |                  |              |                |
| 860-873-9547                     |                              |                          |                                | 860-966-3742    | reverin@ststeves.org |                  |              |                |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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

| PWS ID                             | PWS Name                         | Classification | Population | Owner Type | Primary Source |
|------------------------------------|----------------------------------|----------------|------------|------------|----------------|
| CT0410174                          | GRANDVIEW CAMP RESORT & COTTAGES | NC             | 29         | P          | GW             |
| Local Address (where applicable)   | Service                          | Residential    | Commercial | Industrial | Combined       |
| 89 NORTH MOODUS RD -EAST HADDAM RD | Connections                      |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 20741                    | WELL                  | 2                 | WELL                       | A                     |                             |                    |                  |

## Contact Information

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Name                     | Organization             | Job Title                |
| Mr. Paul Nedovich        | Grandview Camp Resort    | Manager/Owner            |
| Mailing Address Line One | Mailing Address Line Two | City                     |
| 89 North Moodus Road     |                          | State                    |
|                          |                          | Zip Code                 |
| Business Phone           | Extension                | Fax                      |
| 413-478-3275             |                          |                          |
| Mobile Phone             | Emergency Phone          | Email Address            |
|                          |                          | PDouglas10@sbcglobal.net |

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

| PWS ID                             | PWS Name                         | Classification | Population | Owner Type | Primary Source |
|------------------------------------|----------------------------------|----------------|------------|------------|----------------|
| CT0410174                          | GRANDVIEW CAMP RESORT & COTTAGES | NC             | 29         | P          | GW             |
| Local Address (where applicable)   | Service                          | Residential    | Commercial | Industrial | Combined       |
| 89 NORTH MOODUS RD -EAST HADDAM RD | Connections                      |                | 1          |            |                |

Towns Served: EAST HADDAM

| Name                     | Organization             | Job Title |              |                 |
|--------------------------|--------------------------|-----------|--------------|-----------------|
| 89 North Moodus Road LLC |                          |           |              |                 |
| Mailing Address Line One | Mailing Address Line Two | City      | State        | Zip Code        |
| 10 Lake Dr               |                          | Moodus    | CT           | 06469           |
| Business Phone           | Extension                | Fax       | Mobile Phone | Emergency Phone |
|                          |                          |           |              | Email Address   |

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

| Name                     | Organization             | Job Title   |              |   |
|--------------------------|--------------------------|-------------|--------------|---|
| Mr. Donald Bergeron      | Grandview Camp Resort    | Owner       |              |   |
| Mailing Address Line One | Mailing Address Line Two | City        | State        | Zip Code  |
| 89 North Moodus Road     |                          | East Haddam | CT           | 06469   |
| Business Phone           | Extension                | Fax         | Mobile Phone | Emergency Phone                                     |
| 860-608-8481             |                          |             |              | Email Address<br>valarie@grandviewcampingresort.com |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

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

| PWS ID                           | PWS Name               | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------|----------------|------------|------------|----------------|
| CT0410214                        | NATHAN HALE PLAZA, LLC | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                | Residential    | Commercial | Industrial | Combined       |
| 26 FALLS ROAD (ROUTE 149)        | Connections            |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Other Compliance Schedules

| Compliance Schedule Activity   | Due Date  | Achieved Date |
|--------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY     | 4/16/2025 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026  |               |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Status | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|-------------------|-------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                   |       |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                   |       |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                   |       |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                   |       |
| 20745                    | WELL                  | 2                 | WELL                       | A                     |                             |                    |                   |       |

## Contact Information

|                          |                          |     |              |                   |                     |          |
|--------------------------|--------------------------|-----|--------------|-------------------|---------------------|----------|
| Name                     | Organization             |     |              | Job Title         |                     |          |
| Mr. Savvas Aspris        | Nathan Hale Plaza LLC    |     |              | Owner             |                     |          |
| Mailing Address Line One | Mailing Address Line Two |     |              | City              | State               | Zip Code |
| 140 Wassuc Road          |                          |     |              | South Glastonbury | CT                  | 06073    |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone   | Email Address       |          |
| 860-873-1416             |                          |     |              |                   | bobaspris@gmail.com |          |

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

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

|                                  |                        |                          |                       |                 |                    |            |              |                |
|----------------------------------|------------------------|--------------------------|-----------------------|-----------------|--------------------|------------|--------------|----------------|
| PWS ID                           | PWS Name               |                          |                       |                 | Classification     | Population | Owner Type   | Primary Source |
| CT0410214                        | NATHAN HALE PLAZA, LLC |                          |                       |                 | NC                 | 25         | P            | GW             |
| Local Address (where applicable) |                        | Service Connections      | Residential           | Commercial      | Industrial         | Combined   | Agricultural |                |
| 26 FALLS ROAD (ROUTE 149)        |                        |                          |                       | 1               |                    |            |              |                |
| Towns Served: EAST HADDAM        |                        |                          |                       |                 |                    |            |              |                |
| Name                             |                        |                          | Organization          |                 |                    | Job Title  |              |                |
| Ms. Maria Aspris                 |                        |                          | Nathan Hale Plaza LLC |                 |                    | Owner      |              |                |
| Mailing Address Line One         |                        | Mailing Address Line Two |                       |                 | City               | State      | Zip Code     |                |
| Village Pizza Box 431            |                        |                          |                       |                 | Sosuth Glastonbury | CT         | 06073        |                |
| Business Phone                   | Extension              | Fax                      | Mobile Phone          | Emergency Phone | Email Address      |            |              |                |
| 860-873-1416                     |                        |                          |                       |                 |                    |            |              |                |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| 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                 | Residential    | Commercial | Industrial | Combined       |
| 259 TOWN STREET                  |                                     |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       | 4/1-9/30          | Complete          |
|                                    | 1/1/26 - 12/31/26       | 4/1-9/30          |                   |
|                                    | 1/1/27 - 12/31/27       | 4/1-9/30          |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2027 |               |

| Water System Facility                  | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| Facility ID                            |                   |                            |                       |                             |                    |                  |
| 00600 DISTRIBUTION SYSTEM              | 147               | SITE 147                   | A                     | Y                           |                    |                  |
|  | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                  |
|  | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
|  | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
| 00700 ENTRY POINT                      | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 20746 WELL                             | 2                 | WELL                       | A                     |                             |                    |                  |
| 56744 6,800 GALLON ATMOSPHERIC STORAGE |                   |                            |                       |                             |                    |                  |
| 59495 HYDROPNEUMATIC TANK              |                   |                            |                       |                             |                    |                  |

### Contact Information

|                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| Name                     | Organization             | Job Title                           |
| Mr. Isaiah Terry         | Wolf's Den Cg Spe LLC    | Manager                             |
| Mailing Address Line One | Mailing Address Line Two | City                                |
| 256 Town Street          |                          | State                               |
|                          | East Haddam              | Zip Code                            |
| Business Phone           | Extension                | Fax                                 |
| 860-973-9781             |                          |                                     |
| Mobile Phone             | Emergency Phone          | Email Address                       |
|                          | 860-942-6576             | isaiah@wolfsdenfamilycampground.com |

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

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

|                                  |                                     |                          |                         |                 |                |            |              |                |
|----------------------------------|-------------------------------------|--------------------------|-------------------------|-----------------|----------------|------------|--------------|----------------|
| 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      | Residential             | Commercial      | Industrial     | Combined   | Agricultural |                |
| 259 TOWN STREET                  |                                     |                          |                         | 1               |                |            |              |                |
| Towns Served: EAST HADDAM        |                                     |                          |                         |                 |                |            |              |                |
| Name                             |                                     |                          | Organization            |                 |                | Job Title  |              |                |
| Mr. Evan Bernstein               |                                     |                          | Castle Park Investments |                 |                | Founder    |              |                |
| Mailing Address Line One         |                                     | Mailing Address Line Two |                         |                 | City           | State      | Zip Code     |                |
| 413 W. 14Th St                   |                                     | Suite 244                |                         |                 | New York       | NY         | 10014        |                |
| Business Phone                   | Extension                           | Fax                      | Mobile Phone            | Emergency Phone | Email Address  |            |              |                |
| 860-267-5300                     |                                     |                          |                         |                 |                |            |              |                |

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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

***NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.***

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

| PWS ID                           | PWS Name                   | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|----------------|------------|------------|----------------|
| CT0410254                        | EAST HADDAM PUBLIC LIBRARY | NC             | 25         | L          | GW             |
| Local Address (where applicable) | Service Connections        | Residential    | Commercial | Industrial | Combined       |
| 18 PLAINS ROAD                   |                            |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| 1 routine (RT) per quarter                      |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   |                   |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

  

| 1 routine (RT) per quarter                      |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   |                   |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

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

| 1 routine (RT) per year            |                   |                   |                   |
|------------------------------------|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                   | Complete          |
|                                    | 1/1/26 - 12/31/26 |                   |                   |
|                                    | 1/1/27 - 12/31/27 |                   |                   |

Water System Facility: WELL (WSF ID: 20748)

| 1 routine (RT) per quarter         |                    |                   |                   |
|------------------------------------|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period | Compliance Status |
| WELL (2)                           | 7/1/25 - 9/30/25   |                   | Complete          |
|                                    | 10/1/25 - 12/31/25 |                   |                   |
|                                    | 1/1/26 - 3/31/26   |                   |                   |
|                                    | 4/1/26 - 6/30/26   |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos Rule Tier | Stage WQP 2 | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|--------------------|-------------|------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                      |                    |             |      |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |                    |             |      |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |                    |             |      |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                      |                    |             |      |
| 20748                    | WELL                  | 2                 | WELL                       | A      |                |                      |                    |             |      |

## Contact Information

|                          |                          |           |
|--------------------------|--------------------------|-----------|
| Name                     | Organization             | Job Title |
| East Haddam              |                          |           |
| Mailing Address Line One | Mailing Address 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.

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

| PWS ID                           | PWS Name                   | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|----------------|------------|------------|----------------|
| CT0410254                        | EAST HADDAM PUBLIC LIBRARY | NC             | 25         | L          | GW             |
| Local Address (where applicable) | Service Connections        | Residential    | Commercial | Industrial | Combined       |
| 18 PLAINS ROAD                   |                            |                | 1          |            |                |

Towns Served: EAST HADDAM

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|---------------|
|                |           |     |              |                 |               |

Contact Role(s): **Owner**

|                          |                          |                 |              |                                 |
|--------------------------|--------------------------|-----------------|--------------|---------------------------------|
| Name                     | Organization             | Job Title       |              |                                 |
| Mr. Donald J Angersola   | Town of East Haddam      | Director of Ops |              |                                 |
| Mailing Address Line One | Mailing Address Line Two | City            | State        | Zip Code                        |
| 1 Plains Road            | PO Box 385               | Moodus          | CT           | 06469                           |
| Business Phone           | Extension                | Fax             | Mobile Phone | Emergency Phone                 |
| 860-682-7107             |                          |                 |              | 860-682-7107                    |
|                          |                          |                 |              | donald.angersola@easthaddam.org |

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

|                          |                          |                 |              |                      |
|--------------------------|--------------------------|-----------------|--------------|----------------------|
| Name                     | Organization             | Job Title       |              |                      |
| Mr. Robert Smith         | Town of East Haddam      | First Selectman |              |                      |
| Mailing Address Line One | Mailing Address Line Two | City            | State        | Zip Code             |
| 1 Plains Road            | PO Box 385               | Moodus          | CT           | 06469                |
| Business Phone           | Extension                | Fax             | Mobile Phone | Emergency Phone      |
| 860-873-5021             |                          |                 |              | admin@easthaddam.org |
|                          |                          |                 |              |                      |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------------|----------------|------------|------------|----------------|
| CT0410284                        | FIRST CHURCH OF CHRIST CONGREGATIONAL | NC             | 89         | P          | GW             |
| Local Address (where applicable) | Service                               | Residential    | Commercial | Industrial | Combined       |
| 499 TOWN STREET (ROUTE 151)      | Connections                           |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte               | Monitoring Requirement (Summary Type) | Operating Limit        | Samples Req/Month             |
|-----------------------|---------------------------------------|------------------------|-------------------------------|
| pH                    | Entry Point pH Monitoring (PHRD)      | Minimum: 7.0 PH        | 4                             |
| Start Date: 11/1/2008 |                                       | Compliance History:    |                               |
|                       |                                       | Monitoring Period      | Operating Limit               |
|                       |                                       |                        | Monitoring Compliance Status: |
|                       |                                       | 8/1/2025 - 8/31/2025   | Compliance Status:            |
|                       |                                       | 9/1/2025 - 9/30/2025   |                               |
|                       |                                       | 10/1/2025 - 10/31/2025 |                               |
|                       |                                       | 11/1/2025 - 11/30/2025 |                               |
|                       |                                       | 12/1/2025 - 12/31/2025 |                               |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 |               |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
|                          |                       | FC-1              | DISTRIBUTION SYSTEM        | A                     |                             |                    |                  |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------------|----------------|------------|------------|----------------|
| CT0410284                        | FIRST CHURCH OF CHRIST CONGREGATIONAL | NC             | 89         | P          | GW             |
| Local Address (where applicable) | Service                               | Residential    | Commercial | Industrial | Combined       |
| 499 TOWN STREET (ROUTE 151)      | Connections                           |                | 1          |            |                |

Towns Served: EAST HADDAM

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID    | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|----------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
|                          |                       |                      |                            |        | Stage          | WQP 2                | DBPR     |                  |
|                          | UPSTREAM              | WITHIN 5 SERVICE CON | A                          |        |                |                      |          |                  |
| 00700                    | ENTRY POINT           | 3                    | ENTRY POINT                | A      |                |                      |          |                  |
| 10989                    | WELL #1               | 2                    | WELL                       | A      |                |                      |          |                  |
| 55372                    | TREATMENT PLANT       |                      |                            |        |                |                      |          |                  |

## Contact Information

|                          |                              |  |
|--------------------------|------------------------------|--|
| Name                     | Organization                 | Job Title                                      |
| Mr. David Nelson         | First Church of Christ Cong. | Chair, Bd of Trustee                           |
| Mailing Address Line One | Mailing Address Line Two     | City State Zip Code                            |
| 499 Town St              | P.O. Box 445                 | East Haddam CT 06423-0445                      |
| Business Phone           | Extension                    | Fax Mobile Phone Emergency Phone Email Address |
| 860-873-9084             |                              | 860-873-2010                                   |

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

|                          |                            |  |
|--------------------------|----------------------------|--|
| Name                     | Organization               | Job Title                                      |
| Ms. Susan Kinsman        | 1St Church of Christ Cong. | Board of Trustees                              |
| Mailing Address Line One | Mailing Address Line Two   | City State Zip Code                            |
| P.O. Box 445             | 499 Town Street            | East Haddam CT 06423                           |
| Business Phone           | Extension                  | Fax Mobile Phone Emergency Phone Email Address |
| 860-575-9205             |                            | contact@firstchurcheh.org                      |

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

|                          |                            |   |
|--------------------------|----------------------------|---|
| Name                     | Organization               | Job Title   |
| Mr. Alan Ponanski        | 1St Church of Christ Cong. | Moderator   |
| Mailing Address Line One | Mailing Address Line Two   | City State Zip Code                                 |
| P.O. Box 445             | 499 Town Street            | East Haddam CT 06423                                |
| Business Phone           | Extension                  | Fax Mobile Phone Emergency Phone Email Address      |
|                          |                            | 860-575-0971 860-873-1918 contact@firstchurcheh.org |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

| PWS ID                           | PWS Name                                 | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|----------------|------------|------------|----------------|
| CT0410304                        | GILLETTE CASTLE STATE PARK / CASTLE WELL | NC             | 25         | S          | GW             |
| Local Address (where applicable) | Service Connections                      | Residential    | Commercial | Industrial | Combined       |
| RIVER ROAD                       |  |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       | 4/1-12/31         | Complete          |
|                                    | 1/1/26 - 12/31/26       | 4/1-12/31         |                   |
|                                    | 1/1/27 - 12/31/27       | 4/1-12/31         |                   |

## Other Compliance Schedules

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

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
|                          |                       |                   |                            |        | Rule           | Tier                 |          |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 101               | KITCHEN SINK               | A      | Y              |                      |          |                  |
|                          |                       | 102               | BATHROOM SINK              | A      | Y              |                      |          |                  |
|                          |                       | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                      |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
|                          |                       | 3                 | ENTRY POINT                | A      |                |                      |          |                  |
| 00700                    | ENTRY POINT           |                   |                            |        |                |                      |          |                  |
| 20752                    | WELL                  | 2                 | WELL                       | A      |                |                      |          |                  |

## Contact Information

|                          |                          |                     |
|--------------------------|--------------------------|---------------------|
| Name                     | Organization             | Job Title           |
| Mr. David Cooley         | Deep-Engineering Unit    | Supv Civil Engineer |
| Mailing Address Line One | Mailing Address Line Two | City                |
| 163 Great Hill Road      |                          | State               |
| Business Phone           | Extension                | Zip Code            |
| 860-342-2215             | 860-344-2560             | Portland            |
| 860-205-7552             | 860-424-3333             | CT                  |
|                          |                          | 06480               |
| Email Address            |                          |                     |
|                          |                          | david.cooley@ct.gov |

Contact Role(s): Legal Contact, Owner

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

|                                  |  |                          |              |                 |                    |            |              |                |
|----------------------------------|--|--------------------------|--------------|-----------------|--------------------|------------|--------------|----------------|
| PWS ID                           | PWS Name                                 |                          |              |                 | Classification     | Population | Owner Type   | Primary Source |
| CT0410304                        | GILLETTE CASTLE STATE PARK / CASTLE WELL |                          |              |                 | NC                 | 25         | S            | GW             |
| Local Address (where applicable) |  | Service Connections      | Residential  | Commercial      | Industrial         | Combined   | Agricultural |                |
| RIVER ROAD                       |  |                          |              | 1               |                    |            |              |                |
| Towns Served: EAST HADDAM        |  |                          |              |                 |                    |            |              |                |
| Name                             |  | Organization             |              |                 | Job Title          |            |              |                |
| Ms. Andrea M. Lane               |  | State of CT Deep         |              |                 |                    |            |              |                |
| Mailing Address Line One         |  | Mailing Address Line Two |              |                 | City               |            | State        | Zip Code       |
| 163 Great Hill Road              |  |                          |              |                 | Portland           |            | CT           | 06480          |
| Business Phone                   | Extension                                | Fax                      | Mobile Phone | Emergency Phone | Email Address      |            |              |                |
| 860-977-9739                     |  |                          |              | 860-424-3333    | andrea.lane@ct.gov |            |              |                |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|----------------|------------|------------|----------------|
| CT0410324                        | GILLETTE CASTLE STATE PARK / CONCESSION | NC             | 25         | S          | GW             |
| Local Address (where applicable) | Service Connections                     | Residential    | Commercial | Industrial | Combined       |
| RIVER ROAD                       | 3                                       |                |            |            |                |

Towns Served: EAST HADDAM

**Monitoring Requirements**

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

**Other Compliance Schedules**

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

| Water System Facility ID | Water System Facility | Sampling Point |                      | Status | Total Coliform | Lead and Copper Rule Tier | Asbestos | WQP 2 DBPR | Stage |
|--------------------------|-----------------------|----------------|----------------------|--------|----------------|---------------------------|----------|------------|-------|
|                          |                       | ID             | Description          |        | Rule           | Rule Tier                 |          |            |       |
| 00600                    | DISTRIBUTION SYSTEM   | 101            | CONCESSION SINK      | A      | Y              |                           |          |            |       |
|                          |                       | 102            | VISITOR CENTER SINK  | A      | Y              |                           |          |            |       |
|                          |                       | 4              | DISTRIBUTION SYSTEM  | A      | Y              |                           |          |            |       |
|                          |                       | DOWNSTREAM     | WITHIN 5 SERVICE CON | A      |                |                           |          |            |       |
|                          |                       | UPSTREAM       | WITHIN 5 SERVICE CON | A      |                |                           |          |            |       |
|                          |                       | 3              | ENTRY POINT          | A      |                |                           |          |            |       |
| 00700                    | ENTRY POINT           |                |                      |        |                |                           |          |            |       |
| 20754                    | WELL                  | 2              | WELL                 | A      |                |                           |          |            |       |

**Contact Information**

|                          |           |                          |              |                 |                     |  |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------------|--|----------|
| Name                     |           | Organization             |              |                 | Job Title           |  |          |
| Mr. David Cooley         |           | Deep-Engineering Unit    |              |                 | Supv Civil Engineer |  |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                |  | Zip Code |
| 163 Great Hill Road      |           |                          |              |                 | Portland            |  | CT 06480 |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address       |  |          |
| 860-342-2215             |           | 860-344-2560             | 860-205-7552 | 860-424-3333    | david.cooley@ct.gov |  |          |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

|                                       |   |                          |              |                 |                    |            |              |                |
|---------------------------------------|---|--------------------------|--------------|-----------------|--------------------|------------|--------------|----------------|
| PWS ID                                | PWS Name                                |                          |              |                 | Classification     | Population | Owner Type   | Primary Source |
| CT0410324                             | GILLETTE CASTLE STATE PARK / CONCESSION |                          |              |                 | NC                 | 25         | S            | GW             |
| Local Address (where applicable)      |   | Service Connections      | Residential  | Commercial      | Industrial         | Combined   | Agricultural |                |
| RIVER ROAD                            |   |                          | 3            |                 |                    |            |              |                |
| Towns Served: EAST HADDAM             |   |                          |              |                 |                    |            |              |                |
| Contact Role(s): Legal Contact, Owner |   |                          |              |                 |                    |            |              |                |
| Name                                  |   | Organization             |              |                 | Job Title          |            |              |                |
| Ms. Andrea M. Lane                    |   | State of CT Deep         |              |                 |                    |            |              |                |
| Mailing Address Line One              |   | Mailing Address Line Two |              |                 | City               | State      | Zip Code     |                |
| 163 Great Hill Road                   |   |                          |              |                 | Portland           | CT         | 06480        |                |
| Business Phone                        | Extension                               | Fax                      | Mobile Phone | Emergency Phone | Email Address      |            |              |                |
| 860-977-9739                          |   |                          |              | 860-424-3333    | andrea.lane@ct.gov |            |              |                |

Contact Role(s): Administrative Contact

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410354                        | 381 TOWN STREET - EAST HADDAM | NC             | 42         | P          | GW             |
| Local Address (where applicable) | Service Connections           | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           |                     |                   |                   |
|---|---------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period   | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25    |                   | Complete          |
|   | 9/1/25 - 9/30/25    |                   | Complete          |
|   | 10/1/25 - 10/31/25  |                   | Complete          |
|   | 11/1/25 - 11/30/25  |                   | Complete          |
|   | 12/1/25 - 12/31/25  |                   | Complete          |
|   | 1/1/26 - 1/31/26    |                   |                   |
|   | 2/1/26 - 2/28/26    |                   |                   |
|   | 3/1/26 - 3/31/26    |                   |                   |
|   | 4/1/26 - 4/30/26    |                   |                   |
|   | 5/1/26 - 5/31/26    |                   |                   |
|   | 6/1/26 - 6/30/26    |                   |                   |
|   | 7/1/26 - 7/31/26    |                   |                   |
| Total Coliform (3100)                           |                     |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period   | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/22/25 - 10/27/25 |                   | Complete          |
|   | 11/19/25 - 11/24/25 |                   | Complete          |
|   | 11/22/25 - 11/27/25 |                   |                   |
|   | 11/22/25 - 11/27/25 |                   |                   |
|   | 12/20/25 - 12/25/25 |                   |                   |
| Physical Parameters (PPS)                       |                     |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period   | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25    |                   | Complete          |
|   | 9/1/25 - 9/30/25    |                   | Complete          |
|   | 10/1/25 - 10/31/25  |                   | Complete          |
|   | 11/1/25 - 11/30/25  |                   | Complete          |
|   | 12/1/25 - 12/31/25  |                   | Complete          |
|   | 1/1/26 - 1/31/26    |                   |                   |
|   | 2/1/26 - 2/28/26    |                   |                   |
|   | 3/1/26 - 3/31/26    |                   |                   |
|   | 4/1/26 - 4/30/26    |                   |                   |
|   | 5/1/26 - 5/31/26    |                   |                   |
|   | 6/1/26 - 6/30/26    |                   |                   |
|   | 7/1/26 - 7/31/26    |                   |                   |

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

| Nitrate And Nitrite (NOX)          |                   |                   |                   |
|------------------------------------|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                   |                   |
|                                    | 1/1/26 - 12/31/26 |                   |                   |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410354                        | 381 TOWN STREET - EAST HADDAM | NC             | 42         | P          | GW             |
| Local Address (where applicable) | Service Connections           | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Nitrate And Nitrite (NOX) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status       |
|---------------------------|------------------------------------|-------------------|-------------------|-------------------------|
|                           |                                    | 1/1/27 - 12/31/27 |                   | 1 routine (RT) per year |

Water System Facility: WELL 1 (WSF ID: 20756)

| E. Coli (3014) | Sampling Point (Sampling Point ID) | Monitoring Period   | Collection Period | Compliance Status           |
|----------------|------------------------------------|---------------------|-------------------|-----------------------------|
|                | WELL 1 (2)                         | 10/21/25 - 10/27/25 |                   | 1 triggered (TG) per period |
|                |                                    | 11/18/25 - 11/24/25 |                   | Complete                    |
|                |                                    | 11/21/25 - 11/27/25 |                   |                             |
|                |                                    | 11/21/25 - 11/27/25 |                   |                             |
|                |                                    | 12/19/25 - 12/25/25 |                   |                             |

Water System Facility: WELL 2 (WSF ID: 55822)

| E. Coli (3014) | Sampling Point (Sampling Point ID) | Monitoring Period   | Collection Period | Compliance Status           |
|----------------|------------------------------------|---------------------|-------------------|-----------------------------|
|                | WELL 2 (2)                         | 10/21/25 - 10/27/25 |                   | 1 triggered (TG) per period |
|                |                                    | 11/18/25 - 11/24/25 |                   |                             |
|                |                                    | 11/21/25 - 11/27/25 |                   |                             |
|                |                                    | 11/21/25 - 11/27/25 |                   |                             |
|                |                                    | 12/19/25 - 12/25/25 |                   |                             |

## Other Compliance Schedules

| Compliance Schedule Activity             | Due Date   | Achieved Date |
|--|------------|---------------|
| RESPOND TO SANITARY SURVEY               | 4/20/2025  |               |
| L1 ASSESSMENT (TC+ INS REPEATS)          | 11/22/2025 |               |
| L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) | 12/20/2025 |               |
| L2 ASSESSMENT (INS REPEATS, 2ND IN 12M)  | 1/20/2026  |               |

## Public Notification Requirements

| Violation/Situation               | Compliance Period  | Notice Tier | Public Notification |           | PN Certification |          |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
|                                   |                    |             | Required            | Performed | Due to DPH       | Received |
| Total Coliform M&R Violation      | 9/1/24 - 9/30/24   | 3           | 11/20/2025          |           | 11/30/2025       |          |
| Physical Parameters M&R Violation | 9/1/24 - 9/30/24   | 3           | 11/20/2025          |           | 11/30/2025       |          |
| Physical Parameters M&R Violation | 10/1/24 - 10/31/24 | 3           | 12/2/2025           |           | 12/12/2025       |          |
| Total Coliform M&R Violation      | 10/1/24 - 10/31/24 | 3           | 12/2/2025           |           | 12/12/2025       |          |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total           |             | Lead and Coliform |           | Copper Rule   |       | Asbestos Rule Tier |  | Stage WQP 2 DBPR |  |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------|-------------|-------------------|-----------|---------------|-------|--------------------|--|------------------|--|
|                          |                       |                   |                            | Coliform Status | Lead Status | Coliform Rule     | Lead Rule | Asbestos Tier | WQP 2 | DBPR               |  |                  |  |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A               | Y           |                   |           |               |       |                    |  |                  |  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A               |             |                   |           |               |       |                    |  |                  |  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A               |             |                   |           |               |       |                    |  |                  |  |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410354                        | 381 TOWN STREET - EAST HADDAM | NC             | 42         | P          | GW             |
| Local Address (where applicable) | Service Connections           | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

| <b>Water System Facility and Sampling Point Inventory</b> |                       |                   |                            |        |                |                           |                           |
|---|-----------------------|-------------------|----------------------------|--------|----------------|---------------------------|---------------------------|
| Water System Facility ID                                  | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule Tier | Asbestos WQP 2 DBPR Stage |
|   |                       |                   |                            |        |                |                           |                           |
| 00700   | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                           |                           |
| 20756   | WELL 1                | 2                 | WELL 1                     | A      |                |                           |                           |
| 55822   | WELL 2                | 2                 | WELL 2                     | A      |                |                           |                           |

## Contact Information

|                          |                          |                        |
|--------------------------|--------------------------|------------------------|
| Name                     | Organization             | Job Title              |
| Mr. Naim Krasniqi        | VI Management LLC        | Property Owner         |
| Mailing Address Line One | Mailing Address Line Two | City                   |
| 504 Saybrook Road        |                          | State                  |
| Business Phone           | Extension                | Zip Code               |
| 860-301-1782             |                          | Haddam                 |
|                          |                          | CT                     |
|                          |                          | 06438                  |
| Mobile Phone             |                          | Email Address          |
|                          |                          | vkrasniqi704@gmail.com |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

| PWS ID                           | PWS Name                         | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------------|----------------|------------|------------|----------------|
| CT0410384                        | 12 RAE PALMER ROAD - EAST HADDAM | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections              | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

**Monitoring Requirements**

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

| Total Coliform (3100)                           | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   | Complete          |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

| Physical Parameters (PPS)                       | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   | Complete          |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   | Complete          |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

Water System Facility: **WELL** (WSF ID: 20759)

| E. Coli (3014)                     | 1 routine (RT) per quarter |                   |                   |
|------------------------------------|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period          | Collection Period | Compliance Status |
| WELL (2)                           | 7/1/25 - 9/30/25           |                   | Complete          |
|                                    | 10/1/25 - 12/31/25         |                   | Complete          |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                         | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------------|----------------|------------|------------|----------------|
| CT0410384                        | 12 RAE PALMER ROAD - EAST HADDAM | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections              | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

## Monitoring Requirements

Water System Facility: WELL (WSF ID: 20759)

| E. Coli (3014) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|----------------|------------------------------------|-------------------|-------------------|-------------------|
|                |                                    | 1/1/26 - 3/31/26  |                   | Complete          |
|                |                                    | 4/1/26 - 6/30/26  |                   |                   |

## Public Notification Requirements

| Violation/Situation               | Compliance Period | Notice Tier | Public Notification Required | Public Notification Performed | PN Certification Due to DPH | PN Certification Received |
|-----------------------------------|-------------------|-------------|------------------------------|-------------------------------|-----------------------------|---------------------------|
| Total Coliform M&R Violation      | 5/1/25 - 5/31/25  | 3           | 10/9/2026                    |                               | 10/19/2026                  |                           |
| Physical Parameters M&R Violation | 5/1/25 - 5/31/25  | 3           | 10/9/2026                    |                               | 10/19/2026                  |                           |
| E. Coli M&R Violation             | 4/1/25 - 6/30/25  | 3           | 10/9/2026                    |                               | 10/19/2026                  |                           |
| Total Coliform M&R Violation      | 4/1/25 - 4/30/25  | 3           | 10/9/2026                    |                               | 10/19/2026                  |                           |
| Physical Parameters M&R Violation | 4/1/25 - 4/30/25  | 3           | 10/9/2026                    |                               | 10/19/2026                  |                           |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 Stage | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|-------------|------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |             |      |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |             |      |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |             |      |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |             |      |
| 20759                    | WELL                  | 2                 | WELL                       | A                     |                             |                    |             |      |
| 57212                    | TREATMENT PLANT       |                   |                            |                       |                             |                    |             |      |

## Contact Information

|                          |                          |                       |
|--------------------------|--------------------------|-----------------------|
| Name                     | Organization             | Job Title             |
| Ms. Jaime L. Farace      |                          |                       |
| Mailing Address Line One | Mailing Address Line Two | City                  |
| 450 Vineyard Point Road  |                          | State                 |
| Business Phone           | Extension                | Zip Code              |
| 203-458-2376             |                          |                       |
| Mobile Phone             | Emergency Phone          | Email Address         |
| 203-376-0078             |                          | 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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

End of schedule

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                                  | PWS Name      | Classification | Population | Owner Type | Primary Source |
|---|---------------|----------------|------------|------------|----------------|
| CT0410424                               | GETAWAY HOUSE | NC             | 25         | P          | GW             |
| Local Address (where applicable)        | Service       | Residential    | Commercial | Industrial | Combined       |
| 298 EAST HADDAM-MOODUS ROAD (ROUTE 149) | Connections   |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter         |                   |                   |
|---|------------------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period                  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/25 - 12/31/25                 |                   | Complete          |
|   | 1/1/26 - 3/31/26                   |                   |                   |
|   | 4/1/26 - 6/30/26                   |                   |                   |
| Total Coliform (3100)                           | 3 temporary routine (TR) per month |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period                  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25                   |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter         |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period                  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25                   |                   | Complete          |
|   | 10/1/25 - 12/31/25                 |                   | Complete          |
|   | 1/1/26 - 3/31/26                   |                   |                   |
|   | 4/1/26 - 6/30/26                   |                   |                   |

Water System Facility: **EP - WELL 1 (BATH HOUSE)** (WSF ID: 00700)

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| EP - WELL 1 (BATH) (3)             | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

Water System Facility: **EP - WELL 2 (POOL HOUSE)** (WSF ID: 00701)

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| EP - WELL 2 (POOL) (3)             | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION   | 3/1/2027 |               |

| Water System Facility ID | Water System Facility    | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|--------------------------|-------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
|                          |                          |                   |                            |        | Rule Tier      | WQP 2 DBPR           |          |                  |
| 00600                    | DISTRIBUTION SYSTEM      | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                      |          |                  |
|                          |                          | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
|                          |                          | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
| 00700                    | EP - WELL 1 (BATH HOUSE) | 3                 | EP - WELL 1 (BATH)         | A      |                |                      |          |                  |
| 00701                    | EP - WELL 2 (POOL HOUSE) | 3                 | EP - WELL 2 (POOL)         | A      |                |                      |          |                  |
| 20762                    | WELL 1                   | 2                 | WELL                       | A      |                |                      |          |                  |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                                  | PWS Name      | Classification | Population | Owner Type | Primary Source |
|---|---------------|----------------|------------|------------|----------------|
| CT0410424                               | GETAWAY HOUSE | NC             | 25         | P          | GW             |
| Local Address (where applicable)        | Service       | Residential    | Commercial | Industrial | Combined       |
| 298 EAST HADDAM-MOODUS ROAD (ROUTE 149) | Connections   |                | 1          |            |                |

Towns Served: EAST HADDAM

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total  | Lead and Coliform | Copper Rule | Asbestos Rule Tier | Stage WQP 2 | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|-------------------|-------------|--------------------|-------------|------|
|                          |                       |                   |                            | Status | Rule              | Tier        | WQP 2              | DBPR        |      |
| 57218                    | WELL 2                | 2                 | WELL 2                     |        |                   | A           |                    |             |      |
| 57234                    | PRESSURE STORAGE      |                   |                            |        |                   |             |                    |             |      |
| 62340                    | ATMOSPHERIC STORAGE   |                   |                            |        |                   |             |                    |             |      |
| 62773                    | WELL 3                | 2                 | WELL 3                     |        |                   | A           |                    |             |      |

## Contact Information

|                          |                          |                   |              |                             |
|--------------------------|--------------------------|-------------------|--------------|-----------------------------|
| Name                     | Organization             | Job Title         |              |                             |
| Ms. Karen Gregory        | Getaway Moodus, LLC      | Regional Director |              |                             |
| Mailing Address Line One | Mailing Address Line Two | City              | State        | Zip Code                    |
| 147 Prince Street        |                          | Brooklyn          | CT           | 11201                       |
| Business Phone           | Extension                | Fax               | Mobile Phone | Emergency Phone             |
| 860-873-2294             |                          |                   | 518-822-7518 |                             |
|                          |                          |                   |              | karen.gregory@getaway.house |

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

|                             |                          |           |              |                 |
|-----------------------------|--------------------------|-----------|--------------|-----------------|
| Name                        | Organization             | Job Title |              |                 |
| Mr. Rosenzweig Philip       | Getaway Moodus, LLC      | Owner     |              |                 |
| Mailing Address Line One    | Mailing Address Line Two | City      | State        | Zip Code        |
| 298 East Haddam-Moodus Road |                          | Moodus    | CT           | 06469           |
| Business Phone              | Extension                | Fax       | Mobile Phone | Emergency Phone |
|                             |                          |           |              |                 |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

| PWS ID                           | PWS Name                  | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------|----------------|------------|------------|----------------|
| CT0410454                        | AMERICAN LEGION POST #156 | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections       | Residential    | Commercial | Industrial | Combined       |
| 33 NEPTUNE AVENUE                |                           |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| 1 routine (RT) per quarter                      |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

  

| 1 routine (RT) per quarter                      |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

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

| 1 routine (RT) per year            |                   |                   |                   |
|------------------------------------|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                   | Complete          |
|                                    | 1/1/26 - 12/31/26 |                   |                   |
|                                    | 1/1/27 - 12/31/27 |                   |                   |

Water System Facility: WELL (WSF ID: 20764)

| 1 routine (RT) per quarter         |                    |                   |                   |
|------------------------------------|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period | Compliance Status |
| WELL (2)                           | 7/1/25 - 9/30/25   |                   | Complete          |
|                                    | 10/1/25 - 12/31/25 |                   | Complete          |
|                                    | 1/1/26 - 3/31/26   |                   |                   |
|                                    | 4/1/26 - 6/30/26   |                   |                   |

## Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| RESPOND TO SANITARY SURVEY   | 2/5/2026 |               |

| Water System Facility and Sampling Point Inventory |                       |                   |                            |        |                |                           |
|--|-----------------------|-------------------|----------------------------|--------|----------------|---------------------------|
| Water System Facility ID                           | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule Tier |
|  |                       |                   |                            |        | Asbestos       | WQP 2 DBPR                |
| 00600  | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                           |
|  |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                           |
|  |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                           |
| 00700  | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                           |
| 20764  | WELL                  | 2                 | WELL                       | A      |                |                           |
| 56231  | TREATMENT PLANT       |                   |                            |        |                |                           |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                  | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------|----------------|------------|------------|----------------|
| CT0410454                        | AMERICAN LEGION POST #156 | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service                   | Residential    | Commercial | Industrial | Combined       |
| 33 NEPTUNE AVENUE                | Connections               |                | 1          |            |                |

Towns Served: EAST HADDAM

## Contact Information

|  |              |                          |              |                 |                       |
|--|--------------|--------------------------|--------------|-----------------|-----------------------|
| Name   | Organization |                          |              |                 | Job Title             |
| <b>Baron Smith American Legion 15</b>          |              |                          |              |                 |                       |
| Mailing Address Line One                       |              | Mailing Address Line Two |              |                 | City                  |
|  |              |                          |              |                 | State                 |
|  |              |                          |              |                 | Zip Code              |
| Business Phone                                 | Extension    | Fax                      | Mobile Phone | Emergency Phone | Email Address         |
|  |              |                          |              |                 |                       |
| Contact Role(s): <b>Legal Contact, Owner</b>   |              |                          |              |                 |                       |
| Name   | Organization |                          |              |                 | Job Title             |
| <b>Jarren Sweet</b>                            |              |                          |              |                 | American Legion #156  |
| Mailing Address Line One                       |              | Mailing Address Line Two |              |                 | City                  |
| 35 Neptune Ave                                 |              |                          |              |                 | State                 |
|  |              |                          |              |                 | Zip Code              |
| Business Phone                                 | Extension    | Fax                      | Mobile Phone | Emergency Phone | Email Address         |
| 860-873-8042                                   |              |                          |              |                 | amlegion156@gmail.com |
| Contact Role(s): <b>Administrative Contact</b> |              |                          |              |                 |                       |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0410504                        | CAVE HILL RESORT    | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 138 LEESVILLE ROAD               |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 |               |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
|                          |                       |                   |                            |        | Rule           | Tier                 |          |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                      |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                      |          |                  |
| 20767                    | WELL                  | 2                 | WELL                       | A      |                |                      |          |                  |
| 57226                    | PRESSURE STORAGE      |                   |                            |        |                |                      |          |                  |
| 57228                    | PRESSURE STORAGE      |                   |                            |        |                |                      |          |                  |

### Contact Information

|                          |                          |                   |
|--------------------------|--------------------------|-------------------|
| Name                     | Organization             | Job Title         |
| Mr. James Gamberale      | Cave Hill Resort         | Manager           |
| Mailing Address Line One | Mailing Address Line Two | City              |
| 138 Leesville Road       |                          | State             |
|                          |                          | Zip Code          |
| Business Phone           | Extension                | Fax               |
| 860-873-8347             |                          |                   |
|                          |                          | Mobile Phone      |
|                          |                          | Emergency Phone   |
|                          |                          | Email Address     |
|                          |                          | jimgambe@live.com |

Contact Role(s): Administrative Contact, Owner

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

|                                  |                  |                          |                  |                 |                   |            |              |                |
|----------------------------------|------------------|--------------------------|------------------|-----------------|-------------------|------------|--------------|----------------|
| PWS ID                           | PWS Name         |                          |                  |                 | Classification    | Population | Owner Type   | Primary Source |
| CT0410504                        | CAVE HILL RESORT |                          |                  |                 | NC                | 25         | P            | GW             |
| Local Address (where applicable) |                  | Service Connections      | Residential      | Commercial      | Industrial        | Combined   | Agricultural |                |
| 138 LEESVILLE ROAD               |                  |                          |                  | 1               |                   |            |              |                |
| Towns Served: EAST HADDAM        |                  |                          |                  |                 |                   |            |              |                |
| Name                             |                  |                          | Organization     |                 |                   | Job Title  |              |                |
| Ms. Joann G. Parady              |                  |                          | Cave Hill Resort |                 |                   | Owner      |              |                |
| Mailing Address Line One         |                  | Mailing Address Line Two |                  |                 | City              | State      | Zip Code     |                |
| 138 Leesville Rd                 |                  |                          |                  |                 | Moodus            | CT         | 06469        |                |
| Business Phone                   | Extension        | Fax                      | Mobile Phone     | Emergency Phone | Email Address     |            |              |                |
| 860-873-8347                     |                  |                          |                  |                 | jimgambe@live.com |            |              |                |

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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                               | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|----------------|------------|------------|----------------|
| CT0410514                        | CHRIST COMMUNITY CHURCH OF EAST HADDAM | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections                    | Residential    | Commercial | Industrial | Combined       |
| 50 ORCHARD ROAD                  |  |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 23101                    | DRILLED WELL #1       | 2                 | DRILLED WELL #1            | A                     |                             |                    |                  |

### Contact Information

|                          |                          |     |              |                  |                         |          |
|--------------------------|--------------------------|-----|--------------|------------------|-------------------------|----------|
| Name                     | Organization             |     |              | Job Title        |                         |          |
| Mr. Ray Serra            | Christ Community Church  |     |              | Pastor/President |                         |          |
| Mailing Address Line One | Mailing Address Line Two |     |              | City             | State                   | Zip Code |
| 50 Orchard Road          |                          |     |              | East Haddam      | CT                      | 06423    |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone  | Email Address           |          |
| 860-267-6136             |                          |     |              |                  | RAY.SERRA@SERRA1040.COM |          |

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.*

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

|                                  |  |                          |                         |                 |                     |                      |              |                |
|----------------------------------|--|--------------------------|-------------------------|-----------------|---------------------|----------------------|--------------|----------------|
| PWS ID                           | PWS Name                               |                          |                         |                 | Classification      | Population           | Owner Type   | Primary Source |
| CT0410514                        | CHRIST COMMUNITY CHURCH OF EAST HADDAM |                          |                         |                 | NC                  | 25                   | P            | GW             |
| Local Address (where applicable) |  | Service Connections      | Residential             | Commercial      | Industrial          | Combined             | Agricultural |                |
| 50 ORCHARD ROAD                  |  |                          |                         | 1               |                     |                      |              |                |
| Towns Served: EAST HADDAM        |  |                          |                         |                 |                     |                      |              |                |
| Name                             |  |                          | Organization            |                 |                     | Job Title            |              |                |
| Ms. Helen Blanchard              |  |                          | Christ Community Church |                 |                     | Administrative Asst. |              |                |
| Mailing Address Line One         |  | Mailing Address Line Two |                         |                 | City                | State                | Zip Code     |                |
| 50 Orchard Road                  |  |                          |                         |                 | East Haddam         | CT                   | 06423        |                |
| Business Phone                   | Extension                              | Fax                      | Mobile Phone            | Emergency Phone | Email Address       |                      |              |                |
| 860-873-1105                     |  |                          |                         |                 | hfblanchard@aol.com |                      |              |                |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410654                        | RATHBUN FREE MEMORIAL LIBRARY | NC             | 25         | L          | GW             |
| Local Address (where applicable) | Service Connections           | Residential    | Commercial | Industrial | Combined       |
| 36 MAIN STREET                   |                               |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                    |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                      |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                      |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                      |                    |                  |
| 20777                    | WELL                  | 2                 | WELL                       | A                     |                      |                    |                  |

### Contact Information

|                          |                          |           |  |              |                 |               |
|--------------------------|--------------------------|-----------|--|--------------|-----------------|---------------|
| Name                     | Organization             | Job Title |  |              |                 |               |
| East Haddam              |                          |           |  |              |                 |               |
| Mailing Address Line One | Mailing Address Line Two | City      |  |              |                 |               |
|                          |                          | State     |  |              |                 |               |
| Business Phone           | Extension                | Fax       |  | Mobile Phone | Emergency Phone | Email Address |
|                          |                          |           |  |              |                 |               |
| 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 Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                      | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0410654                        | RATHBUN FREE MEMORIAL LIBRARY | NC             | 25         | L          | GW             |
| Local Address (where applicable) | Service Connections           | Residential    | Commercial | Industrial | Combined       |
| 36 MAIN STREET                   |                               |                | 1          |            |                |

Towns Served: EAST HADDAM

| Name                     |           | Organization             |              |                 | Job Title            |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|----------------------|-------|----------|
| <b>Mr. Emmitt Lyman</b>  |           | Town of East Haddam      |              |                 | First Selectman      |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                 | State | Zip Code |
| Town Office Building     |           | 7 Main Street, PO Box K  |              |                 | East Haddam          |       | 06423    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address        |       |          |
| 860-873-5020             |           | 860-873-5025             |              |                 | admin@easthaddam.org |       |          |

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

| Name                          |           | Organization             |              |                 | Job Title                       |       |          |
|-------------------------------|-----------|--------------------------|--------------|-----------------|---------------------------------|-------|----------|
| <b>Mr. Donald J Angersola</b> |           | Town of East Haddam      |              |                 | Director of Ops                 |       |          |
| Mailing Address Line One      |           | Mailing Address Line Two |              |                 | City                            | State | Zip Code |
| 1 Plains Road                 |           | PO Box 385               |              |                 | Moodus                          |       | 06469    |
| Business Phone                | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                   |       |          |
| 860-682-7107                  |           |                          |              | 860-682-7107    | donald.angersola@easthaddam.org |       |          |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0410664                        | 7-ELEVEN #32526     | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 4 FALLS ROAD                     |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   | Complete          |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

| Physical Parameters (PPS)                       | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   | Complete          |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

Water System Facility: **WELL** (WSF ID: 20778)

| E. Coli (3014)                     | 1 routine (RT) per quarter |                   |                   |
|------------------------------------|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period          | Collection Period | Compliance Status |
| WELL (2)                           | 7/1/25 - 9/30/25           |                   | Complete          |
|                                    | 10/1/25 - 12/31/25         |                   | Complete          |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0410664                        | 7-ELEVEN #32526     | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 4 FALLS ROAD                     |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

Water System Facility: WELL (WSF ID: 20778)

| E. Coli (3014) | Sampling Point (Sampling Point ID) | 1 routine (RT) per quarter |                   |                   |
|----------------|------------------------------------|----------------------------|-------------------|-------------------|
|                |                                    | Monitoring Period          | Collection Period | Compliance Status |
|                |                                    | 1/1/26 - 3/31/26           |                   | Complete          |
|                |                                    | 4/1/26 - 6/30/26           |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID    | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|----------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
|                          |                       |                      |                            |        |                |                      |          |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | A      | Y              |                      |          |                  |
|                          |                       | 4-1                  | Front Right Sink           | A      | Y              |                      |          |                  |
|                          |                       | 4-2                  | Front Right Sink           | A      | Y              |                      |          |                  |
|                          |                       | 4-3                  | Front Right Sink           | A      | Y              |                      |          |                  |
|                          |                       | 4-4                  | Front Right Sink           | A      | Y              |                      |          |                  |
|                          |                       | 4-5                  | RIGHT HAND SINK            | A      | Y              |                      |          |                  |
|                          | DOWNSTREAM            | WITHIN 5 SERVICE CON |                            | A      |                |                      |          |                  |
|                          | UPSTREAM              | WITHIN 5 SERVICE CON |                            | A      |                |                      |          |                  |
| 00700                    | ENTRY POINT           | 3                    | ENTRY POINT                | A      |                |                      |          |                  |
| 20778                    | WELL                  | 2                    | WELL                       | A      |                |                      |          |                  |
| 61573                    | TREATMENT PLANT       |                      |                            |        |                |                      |          |                  |

## Contact Information

|                          |                          |                             |
|--------------------------|--------------------------|-----------------------------|
| Name                     | Organization             | Job Title                   |
| Mr. Ron Valentine        | 7-Eleven, Inc.           | Area Facilities Mgr         |
| Mailing Address Line One | Mailing Address Line Two |                             |
| 3200 Hackberry Road      |                          |                             |
| Business Phone           | Extension                |                             |
| 207-420-1507             |                          |                             |
| Fax                      | Mobile Phone             | Email Address               |
|                          |                          | ronald.valentinejr@7-11.com |

Contact Role(s): Administrative Contact

|                          |                          |                           |
|--------------------------|--------------------------|---------------------------|
| Name                     | Organization             | Job Title                 |
| Mr. David Mandelbaum     | Mandelbaum & Mandelbaum  | Manager                   |
| Mailing Address Line One | Mailing Address Line Two |                           |
| 354 Eisenhower Parkway   | Suite 1900               |                           |
| Business Phone           | Mobile Phone             | Email Address             |
| 973-325-0011             |                          | davidm@mandelbaumfirm.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 Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0410664                        | 7-ELEVEN #32526     | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 4 FALLS ROAD                     |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|----------------|------------|------------|----------------|
| CT0410774                        | 32 MAIN STREET - EAST HADDAM | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections          | Residential    | Commercial | Industrial | Combined       |
| 32 MAIN STREET                   |                              |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   | Complete          |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

| Physical Parameters (PPS)                       | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   | Complete          |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   | Complete          |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| L1 ASSESSMENT (MULTIPLE TC+) | 7/14/2025 |               |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name                     | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|----------------|------------|------------|----------------|
| CT0410774                        | 32 MAIN STREET - EAST HADDAM | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections          | Residential    | Commercial | Industrial | Combined       |
| 32 MAIN STREET                   |                              |                | 1          |            |                |

Towns Served: EAST HADDAM

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
|                          |                       |                   |                            |        | Y              | Rule Tier            | WQD      | DBPR             |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              | Rule Tier            | WQD      | DBPR             |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                      |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                      |          |                  |
| 20786                    | WELL                  | 2                 | WELL                       | A      |                |                      |          |                  |

## Contact Information

|                          |                               |             |              |                       |
|--------------------------|-------------------------------|-------------|--------------|-----------------------|
| Name                     | Organization                  | Job Title   |              |                       |
| Ms. Kimberly Page        | Higher Grounds At 32 Main LLC | Owner       |              |                       |
| Mailing Address Line One | Mailing Address Line Two      | City        | State        | Zip Code              |
| 32 Main Street           | PO Box 31                     | East Haddam | CT           | 06423                 |
| Business Phone           | Extension                     | Fax         | Mobile Phone | Email Address         |
| 860-615-6112             |                               |             |              | seventymain@gmail.com |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------|----------------|------------|------------|----------------|
| CT0410734                        | JIMMY'S LEGACY GRILLE | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections   | Residential    | Commercial | Industrial | Combined       |
| 9 MAIN STREET                    |                       |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT |          | 3/1/2024      |

| Water System Facility and Sampling Point Inventory |                       |                   |                            |        |                |                           |
|--|-----------------------|-------------------|----------------------------|--------|----------------|---------------------------|
| Water System Facility ID                           | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule Tier |
|  |                       |                   |                            |        | Asbestos       | WQP 2 DBPR                |
| 00600  | DISTRIBUTION CENTER   | 4                 | DISTRIBUTION SYSTEM        | A      | Y              |                           |
|  |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                |                           |
|  |                       | JLG01             | LINE HANDWASH              | A      | Y              |                           |
|  |                       | JLG02             | VEGETABLE WASH             | A      | Y              |                           |
|  |                       | JLG03             | PREP HANDWASH              | A      | Y              |                           |
|  |                       | JLG04             | DISHWASH SINK              | A      | Y              |                           |
|  |                       | JLG05             | BAR HANDWASH               | A      | Y              |                           |
|  |                       | JLG06             | BAR DISHWASH               | A      | Y              |                           |
|  |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                |                           |
| 00700  | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                |                           |
| 22812  | WELL 1                | 2                 | WELL 1                     | A      |                |                           |
| 57295  | TREATMENT PLANT       |                   |                            |        |                |                           |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------|----------------|------------|------------|----------------|
| CT0410734                        | JIMMY'S LEGACY GRILLE | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections   | Residential    | Commercial | Industrial | Combined       |
| 9 MAIN STREET                    |                       |                | 1          |            |                |

Towns Served: EAST HADDAM

## Contact Information

|                          |                          |     |              |                 |  |
|--------------------------|--------------------------|-----|--------------|-----------------|--|
| Name                     | Organization             |     |              |                 | Job Title                              |
| Mr. James R. Johnson     | Jimmy's Legacy Grille    |     |              |                 | Owner                                  |
| Mailing Address Line One | Mailing Address Line Two |     |              |                 | City State Zip Code                    |
| PO Box 545               |                          |     |              | East Haddam     | CT 06423                               |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone | Email Address<br>johnsonjimr@yahoo.com |
| 860-213-0564             |                          |     |              |                 |  |

Contact Role(s): **Owner**

|                          |                          |     |              |                 |                                    |
|--------------------------|--------------------------|-----|--------------|-----------------|------------------------------------|
| Name                     | Organization             |     |              |                 | Job Title                          |
| Mr. Saban Cecunjanin     | Jimmy'S Legacy Grille    |     |              |                 |                                    |
| Mailing Address Line One | Mailing Address Line Two |     |              |                 | City State Zip Code                |
| P.O. Box 454             |                          |     |              | East Haddam     | CT 06243                           |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone | Email Address<br>scec219@gmail.com |
| 860-213-0564             |                          |     |              |                 |                                    |

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

|                          |                          |     |              |                 |   |
|--------------------------|--------------------------|-----|--------------|-----------------|---|
| Name                     | Organization             |     |              |                 | Job Title                                       |
| Shannon Tamosaitis       | Jimmy's Legacy Grille    |     |              |                 | Admin/Hos Director                              |
| Mailing Address Line One | Mailing Address Line Two |     |              |                 | City State Zip Code                             |
| 9 Main Street            |                          |     |              | East Haddam     | CT 06423  |
| Business Phone           | Extension                | Fax | Mobile Phone | Emergency Phone | Email Address<br>shannon@jimmyslegacygrille.com |
| 860-639-1803             |                          |     |              |                 |   |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name                               | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|----------------|------------|------------|----------------|
| CT0410804                        | FOX HOPYARD GOLF CLUB(CLUB HOUSE WELL) | NC             | 30         | P          | GW             |
| Local Address (where applicable) | Service                                | Residential    | Commercial | Industrial | Combined       |
| 1 HOPYARD ROAD                   | Connections                            |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   |                   |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   |                   |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte              | Monitoring Requirement (Summary Type) | Operating Limit        | Samples Req/Month                     |
|----------------------|---------------------------------------|------------------------|---------------------------------------|
| pH                   | Entry Point pH Monitoring (PHRD)      | Minimum: 7.0 PH        | 4                                     |
| Start Date: 1/1/2015 |                                       | Compliance History:    | Operating Limit                       |
|                      |                                       | Monitoring Period      | Monitoring                            |
|                      |                                       |                        | Compliance Status: Compliance Status: |
|                      |                                       | 8/1/2025 - 8/31/2025   |                                       |
|                      |                                       | 9/1/2025 - 9/30/2025   |                                       |
|                      |                                       | 10/1/2025 - 10/31/2025 |                                       |
|                      |                                       | 11/1/2025 - 11/30/2025 |                                       |
|                      |                                       | 12/1/2025 - 12/31/2025 |                                       |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Status | Lead and Coliform Rule | Copper Rule Tier | Asbestos | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------------|------------------------|------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A            | Y                      |                  |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A            |                        |                  |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A            |                        |                  |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A            |                        |                  |          |                  |
| 22912                    | WELL #3               | 2                 | WELL #3                    | A            |                        |                  |          |                  |
| 59192                    | TREATMENT PLANT       |                   |                            |              |                        |                  |          |                  |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name                               | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|----------------|------------|------------|----------------|
| CT0410804                        | FOX HOPYARD GOLF CLUB(CLUB HOUSE WELL) | NC             | 30         | P          | GW             |
| Local Address (where applicable) | Service                                | Residential    | Commercial | Industrial | Combined       |
| 1 HOPYARD ROAD                   | Connections                            |                | 1          |            |                |

Towns Served: EAST HADDAM

## Contact Information

| Name                     | Organization             | Job Title   |              |                 |
|--------------------------|--------------------------|-------------|--------------|-----------------|
| Mr. Timothy Van Epps     |                          | Manager     |              |                 |
| Mailing Address Line One | Mailing Address Line Two | City        | State        | Zip Code        |
| One Hopyard Road         |                          | East Haddam | CT           | 06423           |
| Business Phone           | Extension                | Fax         | Mobile Phone | Emergency Phone |
| 860-662-3039             |                          |             |              | Email Address   |

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

| Name                     | Organization              | Job Title      |              |  |
|--------------------------|---------------------------|----------------|--------------|--|
| Mr. Jeffrey Swanson      | Fox Hopyard Golf Club LLC | Superintendent |              |  |
| Mailing Address Line One | Mailing Address Line Two  | City           | State        | Zip Code                                 |
| 1 Hopyard Road           |                           | East Haddam    | CT           | 06423                                    |
| Business Phone           | Extension                 | Fax            | Mobile Phone | Emergency Phone                          |
| 860-213-9653             |                           |                |              | Email Address<br>jswanson@golfthefox.com |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------------|----------------|------------|------------|----------------|
| CT0410814                        | FOX HOPYARD GOLF CLUB - PRO SHOP WELL | NC             | 40         | P          | GW             |
| Local Address (where applicable) | Service Connections                   | Residential    | Commercial | Industrial | Combined       |
| 1 HOPYARD ROAD                   |                                       |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           |  | 1 routine (RT) per quarter |                   |                   |
|---|--|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              |  | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points |  | 7/1/25 - 9/30/25           |                   | Complete          |
|   |  | 10/1/25 - 12/31/25         |                   |                   |
|   |  | 1/1/26 - 3/31/26           |                   |                   |
|   |  | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       |  | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              |  | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points |  | 7/1/25 - 9/30/25           |                   | Complete          |
|   |  | 10/1/25 - 12/31/25         |                   |                   |
|   |  | 1/1/26 - 3/31/26           |                   |                   |
|   |  | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          |  | 1 routine (RT) per year |                   |                   |
|------------------------------------|--|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) |  | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    |  | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    |  | 1/1/26 - 12/31/26       |                   |                   |
|                                    |  | 1/1/27 - 12/31/27       |                   |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                             |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 23024                    | WELL #4               | 2                 | WELL #4                    | A                     |                             |                    |                  |
| 62149                    | CALCITE FILTER        |                   |                            |                       |                             |                    |                  |
| 62150                    | WATER SOFTENER        |                   |                            |                       |                             |                    |                  |

### Contact Information

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Name                     | Organization             | Job Title                |
| Mr. James Martell        | Fox Hopyard Golf Club    |                          |
| Mailing Address Line One | Mailing Address Line Two | City                     |
| 1 Hopyard Road           |                          | State                    |
| Business Phone           | Extension                | Zip Code                 |
| 860-434-6644             | 306                      |                          |
|                          |                          | East Haddam              |
|                          |                          | CT                       |
|                          |                          | 06423                    |
| Mobile Phone             | Emergency Phone          | Email Address            |
| 860-389-7090             |                          | jamesmartell00@gmail.com |

Contact Role(s): Administrative 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.

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

| PWS ID                           | PWS Name                              | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------------|----------------|------------|------------|----------------|
| CT0410814                        | FOX HOPYARD GOLF CLUB - PRO SHOP WELL | NC             | 40         | P          | GW             |
| Local Address (where applicable) | Service                               | Residential    | Commercial | Industrial | Combined       |
| 1 HOPYARD ROAD                   | Connections                           |                | 1          |            |                |

Towns Served: EAST HADDAM

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

| PWS ID                           | PWS Name                        | Classification      | Population  | Owner Type | Primary Source        |
|----------------------------------|---------------------------------|---------------------|-------------|------------|-----------------------|
| CT0419184                        | EAST HADDAM SENIOR CENTER       | NC                  | 25          | L          | GW                    |
| Local Address (where applicable) | ROUTE 149 & GREAT HILLWOOD ROAD | Service Connections | Residential | Commercial | Industrial            |
|                                  |                                 |                     | 1           |            | Combined Agricultural |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte     | Monitoring Requirement (Summary Type) | Operating Limit        |        | Samples Req/Month |                    |
|-------------|---------------------------------------|------------------------|--------|-------------------|--------------------|
|             |                                       | Minimum:               | 7.0 PH | 4                 | Monitoring         |
| pH          | Entry Point pH Monitoring (PHRD)      |                        |        |                   | Compliance Status: |
| Start Date: | 4/1/2008                              | Compliance History:    |        | Operating Limit   |                    |
|             |                                       | Monitoring Period      |        | Monitoring        | Compliance Status: |
|             |                                       | 8/1/2025 - 8/31/2025   |        |                   |                    |
|             |                                       | 9/1/2025 - 9/30/2025   |        |                   |                    |
|             |                                       | 10/1/2025 - 10/31/2025 |        |                   |                    |
|             |                                       | 11/1/2025 - 11/30/2025 |        |                   |                    |
|             |                                       | 12/1/2025 - 12/31/2025 |        |                   |                    |

## Public Notification Requirements

| Violation/Situation          | Compliance Period | Notice Tier | Public Notification Required | PN Certification Due to DPH | Received |
|------------------------------|-------------------|-------------|------------------------------|-----------------------------|----------|
| Total Coliform MCL Violation | 7/1/11 - 9/30/11  | 2           | 9/15/2011                    | 9/25/2011                   |          |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description      | Total Coliform |      | Lead and Copper |          | Stage |
|--------------------------|-----------------------|-------------------|---------------------------------|----------------|------|-----------------|----------|-------|
|                          |                       |                   |                                 | Status         | Rule | Rule Tier       | Asbestos |       |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION                    | A              |      |                 |          |       |
|                          |                       |                   | DOWNSTREAM WITHIN 5 SERVICE CON | A              |      |                 |          |       |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                        | Classification      | Population  | Owner Type | Primary Source        |
|----------------------------------|---------------------------------|---------------------|-------------|------------|-----------------------|
| CT0419184                        | EAST HADDAM SENIOR CENTER       | NC                  | 25          | L          | GW                    |
| Local Address (where applicable) | ROUTE 149 & GREAT HILLWOOD ROAD | Service Connections | Residential | Commercial | Industrial            |
|                                  |                                 |                     | 1           |            | Combined Agricultural |

Towns Served: EAST HADDAM

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID    | Sampling Point Description | Status | Total Coliform    | Lead and Copper Rule       | Asbestos | Stage WQP 2 DBPR     |
|--------------------------|-----------------------|----------------------|----------------------------|--------|-------------------|----------------------------|----------|----------------------|
|                          |                       |                      |                            |        | Sampling Point ID | Sampling Point Description | Status   | Lead and Copper Rule |
|                          | UPSTREAM              | WITHIN 5 SERVICE CON |                            | A      |                   |                            |          |                      |
| 00700                    | ENTRY POINT           | 3                    | ENTRY POINT                | A      |                   |                            |          |                      |
| 51509                    | WELL 1                | 2                    | WELL 1                     | A      |                   |                            |          |                      |
| 51514                    | TREATMENT PLANT       |                      |                            |        |                   |                            |          |                      |

## Contact Information

|                          |                          |                      |              |                              |
|--------------------------|--------------------------|----------------------|--------------|------------------------------|
| Name                     | Organization             | Job Title            |              |                              |
| Mr. James Ventres        | Town of East Haddam      | Land Use Administrat |              |                              |
| Mailing Address Line One | Mailing Address Line Two | City                 | State        | Zip Code                     |
| P. O. Box K              | 7 Main Street            | East Haddam          | CT           | 06423                        |
| Business Phone           | Extension                | Fax                  | Mobile Phone | Emergency Phone              |
| 860-873-5031             |                          | 860-873-5042         |              | 860-873-5031                 |
|                          |                          |                      |              | admin.landuse@easthaddam.org |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------------|----------------|------------|------------|----------------|
| CT0419203                        | MIDDLESEX HOSPITAL MEDICAL FACILITY | NC             | 31         | P          | GW             |
| Local Address (where applicable) | Service                             | Residential    | Commercial | Industrial | Combined       |
| 27 WILLIAM F. PALMER ROAD        | Connections                         |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   |                   |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

| Physical Parameters (PPS)                       | 1 routine (RT) per month |                   |                   |
|---|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period        | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                   | Complete          |
|   | 9/1/25 - 9/30/25         |                   | Complete          |
|   | 10/1/25 - 10/31/25       |                   | Complete          |
|   | 11/1/25 - 11/30/25       |                   | Complete          |
|   | 12/1/25 - 12/31/25       |                   | Complete          |
|   | 1/1/26 - 1/31/26         |                   |                   |
|   | 2/1/26 - 2/28/26         |                   |                   |
|   | 3/1/26 - 3/31/26         |                   |                   |
|   | 4/1/26 - 4/30/26         |                   |                   |
|   | 5/1/26 - 5/31/26         |                   |                   |
|   | 6/1/26 - 6/30/26         |                   |                   |
|   | 7/1/26 - 7/31/26         |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity             | Due Date | Achieved Date |
|--|----------|---------------|
| CROSS CONNECTION SURVEY REPORT           | 3/1/2024 |               |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2025 |               |
| L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) | 7/1/2025 |               |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------------|----------------|------------|------------|----------------|
| CT0419203                        | MIDDLESEX HOSPITAL MEDICAL FACILITY | NC             | 31         | P          | GW             |
| Local Address (where applicable) | Service Connections                 | Residential    | Commercial | Industrial | Combined       |
| 27 WILLIAM F. PALMER ROAD        |                                     |                | 1          |            |                |

Towns Served: EAST HADDAM

## Other Compliance Schedules

| Compliance Schedule Activity             | Due Date  | Achieved Date |
|--|-----------|---------------|
| L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) | 7/18/2025 |               |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2026  |               |

| Water System Facility and Sampling Point Inventory |                       |                   |                            |        |                     |                           |          |       |      |       |
|--|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|-------|------|-------|
| Water System Facility ID                           | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP 2 | DBPR | Stage |
| 00600  | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION               | A      |                     |                           |          |       |      |       |
|  |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |       |      |       |
|  |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |       |      |       |
| 00700  | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |       |      |       |
| 55874  | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |       |      |       |
| 55878  | TREATMENT PLANT       |                   |                            |        |                     |                           |          |       |      |       |

## Certified Operator Information

|                                 |                                     |   |                         |
|---------------------------------|-------------------------------------|---|-------------------------|
| Water System Facility:          | DISTRIBUTION SYSTEM (WSF ID: 00600) |   |                         |
| <b>Facility Classification:</b> | SMALL WATER SYSTEM                  | <b>Certification Expiration</b>   |                         |
| <b>Operator Name</b>            | <b>Operator Type</b>                | <b>Certification(s)</b>   |                         |
| JACKSON IV, SHELBY P            | CHIEF OPERATOR                      | DISTRIBUTION SYSTEM OPERATOR - CLASS III<br>WATER TREATMENT PLANT OPERATOR - CLASS IV | 6/30/2027<br>12/31/2027 |

## Contact Information

|                          |                          |                           |
|--------------------------|--------------------------|---------------------------|
| Name                     | Organization             | Job Title                 |
| Mr. Kevin McGinty        | Middlesex Health         | Director, Care Envir      |
| Mailing Address Line One | Mailing Address Line Two | City                      |
| 28 Crescent Street       |                          | State                     |
| Business Phone           | Extension                | Zip Code                  |
| 860-358-5908             |                          | Middletown<br>CT<br>06457 |
| Email Address            |                          |                           |
|                          |                          | kevin.mcginty@midhosp.org |

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0419214                        | 374 TOWN STREET     | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 374 TOWN STREET                  |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span> |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)  | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points                                     | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

  

| Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span> |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)  | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points   | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

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

| Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span> |                   |                   |                   |
|--|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)   | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)  | 1/1/25 - 12/31/25 |                   | Complete          |
|  | 1/1/26 - 12/31/26 |                   |                   |
|  | 1/1/27 - 12/31/27 |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|------------------|
| 00501                    | WELL #1               | 2                 | WELL #1                    | A                     |                      |                    |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     |                      |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                      |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                      |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                      |                    |                  |
| 59526                    | TREATMENT PLANT       |                   |                            |                       |                      |                    |                  |

## Contact Information

|                          |                           |     |              |                 |                           |          |
|--------------------------|---------------------------|-----|--------------|-----------------|---------------------------|----------|
| Name                     | Organization              |     |              | Job Title       |                           |          |
| Mr. Mark Theide          | Two Wrasslin' Cats Accord |     |              | Owner           |                           |          |
| Mailing Address Line One | Mailing Address Line Two  |     |              | City            | State                     | Zip Code |
| 374 Town Street          |                           |     |              | East Haddam     | CT                        | 06423    |
| Business Phone           | Extension                 | Fax | Mobile Phone | Emergency Phone | Email Address             |          |
| 860-326-4843             |                           |     |              |                 | twowrasslincats@gmail.com |          |

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

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0419214                        | 374 TOWN STREET     | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 374 TOWN STREET                  |                     |                | 1          |            |                |

Towns Served: EAST HADDAM

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                          | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------------------|----------------|------------|------------|----------------|
| CT0419223                        | CHESTELM ADULT DAY SERVICES, INC. | NC             | 40         | P          | GW             |
| Local Address (where applicable) | Service                           | Residential    | Commercial | Industrial | Combined       |
| 542 TOWN STREET                  | Connections                       | 2              | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   |                   |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   |                   |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte     | Monitoring Requirement (Summary Type) | Operating Limit        | Samples Req/Month  |
|-------------|---------------------------------------|------------------------|--------------------|
| pH          | <spaces> ( )                          | Maximum: 7.8 PH        | 4                  |
| Start Date: |                                       | Compliance History:    | Operating Limit    |
| 1/1/2022    |                                       | Monitoring Period      | Monitoring         |
|             |                                       | 8/1/2025 - 8/31/2025   | Compliance Status: |
|             |                                       | 9/1/2025 - 9/30/2025   |                    |
|             |                                       | 10/1/2025 - 10/31/2025 |                    |
|             |                                       | 11/1/2025 - 11/30/2025 |                    |
|             |                                       | 12/1/2025 - 12/31/2025 |                    |
| Analyte     | Monitoring Requirement (Summary Type) | Operating Limit        | Samples Req/Month  |
| pH          | Entry Point pH Monitoring (PHRD)      | Minimum: 7.2 PH        | 4                  |
| Start Date: |                                       | Compliance History:    | Operating Limit    |
| 1/1/2022    |                                       | Monitoring Period      | Monitoring         |
|             |                                       | 8/1/2025 - 8/31/2025   | Compliance Status: |
|             |                                       | 9/1/2025 - 9/30/2025   |                    |
|             |                                       | 10/1/2025 - 10/31/2025 |                    |
|             |                                       | 11/1/2025 - 11/30/2025 |                    |
|             |                                       | 12/1/2025 - 12/31/2025 |                    |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                          | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------------------|----------------|------------|------------|----------------|
| CT0419223                        | CHESTELM ADULT DAY SERVICES, INC. | NC             | 40         | P          | GW             |
| Local Address (where applicable) | Service Connections               | Residential    | Commercial | Industrial | Combined       |
| 542 TOWN STREET                  |                                   | 2              | 1          |            |                |

Towns Served: EAST HADDAM

## Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2029 |               |

## Public Notification Requirements

| Violation/Situation          | Compliance Period | Notice Tier | Public Notification Required | Public Notification Performed | PN Certification Due to DPH | PN Certification Received |
|------------------------------|-------------------|-------------|------------------------------|-------------------------------|-----------------------------|---------------------------|
| Lead and Copper TT Violation | 7/1/19 - 3/2/20   | 2           | 9/12/2019                    |                               | 9/22/2019                   |                           |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total         | Lead and         | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------|------------------|-------|
|                          |                       |                   |                            |        | Coliform Rule | Copper Rule Tier |       |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      |               |                  |       |
|                          |                       | CADS1             | KITCHEN SINK               | A      | Y             | N                | Y     |
|                          |                       | CADS2             | EMPLOYEE BATH              | A      | Y             | N                |       |
|                          |                       | CADS3             | MED ROOM                   | A      | Y             | N                |       |
|                          |                       | CADS4             | HANDICAP BATH              | A      | Y             | N                |       |
|                          |                       | CADS5             | CLIENT BATHROOM            | A      | Y             | N                |       |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |               |                  |       |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |               |                  |       |
|                          |                       | 59897             | WELL 1                     | A      |               |                  |       |
| 62221                    | TREATMENT PLANT       |                   |                            |        |               |                  |       |

## Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 62221)

| Facility Classification: | CLASS 1 TREATMENT PLANT |   |            | Certification Expiration |
|--------------------------|-------------------------|---|------------|--------------------------|
| Operator Name            | Operator Type           | Certification(s)                          |            |                          |
| ROWLEY, BRENDAN          | CHIEF OPERATOR          | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 12/31/2028 |                          |
|                          |                         | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2028 |                          |

## Contact Information

|                          |                                |              |              |                 |                       |          |
|--------------------------|--------------------------------|--------------|--------------|-----------------|-----------------------|----------|
| Name                     | Organization                   |              |              | Job Title       |                       |          |
| Mr. Mark Epright         | Chestelm Health & Rehab Center |              |              | Cfo             |                       |          |
| Mailing Address Line One | Mailing Address Line Two       |              |              | City            | State                 | Zip Code |
| 534 Town Street          | P.O. Box 719                   |              |              | Moodus          | CT                    | 06469    |
| Business Phone           | Extension                      | Fax          | Mobile Phone | Emergency Phone | Email Address         |          |
| 860-873-6500             | DLIN                           | 860-873-2307 |              | 860-873-6500    | mepright@chestelm.com |          |

Contact Role(s): Administrative Contact, 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.

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

|                                  |                                   |                          |              |                 |                |            |              |                |
|----------------------------------|-----------------------------------|--------------------------|--------------|-----------------|----------------|------------|--------------|----------------|
| PWS ID                           | PWS Name                          |                          |              |                 | Classification | Population | Owner Type   | Primary Source |
| CT0419223                        | CHESTELM ADULT DAY SERVICES, INC. |                          |              |                 | NC             | 40         | P            | GW             |
| Local Address (where applicable) |                                   | Service Connections      | Residential  | Commercial      | Industrial     | Combined   | Agricultural |                |
| 542 TOWN STREET                  |                                   |                          | 2            | 1               |                |            |              |                |
| Towns Served: EAST HADDAM        |                                   |                          |              |                 |                |            |              |                |
| Name                             |                                   |                          | Organization |                 |                | Job Title  |              |                |
| Mr. Brinton Epright              |                                   |                          |              |                 |                |            |              |                |
| Mailing Address Line One         |                                   | Mailing Address Line Two |              |                 | City           |            | State        | Zip Code       |
| PO Box 548                       |                                   |                          |              |                 | Higganum       |            | CT           | 06441          |
| Business Phone                   | Extension                         | Fax                      | Mobile Phone | Emergency Phone | Email 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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------|----------------|------------|------------|----------------|
| CT0419224                        | GOODSPEED REALTY LLC | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections  | Residential    | Commercial | Industrial | Combined       |
| 25 FALLS ROAD                    |                      |                | 1          |            |                |

Towns Served: EAST HADDAM

### Monitoring Requirements

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

| Total Coliform (3100)                           |  | 1 routine (RT) per quarter |                   |                   |
|---|--|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              |  | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points |  | 7/1/25 - 9/30/25           |                   | Complete          |
|   |  | 10/1/25 - 12/31/25         |                   | Complete          |
|   |  | 1/1/26 - 3/31/26           |                   |                   |
|   |  | 4/1/26 - 6/30/26           |                   |                   |
| Physical Parameters (PPS)                       |  | 1 routine (RT) per quarter |                   |                   |
| Sampling Point (Sampling Point ID)              |  | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points |  | 7/1/25 - 9/30/25           |                   | Complete          |
|   |  | 10/1/25 - 12/31/25         |                   | Complete          |
|   |  | 1/1/26 - 3/31/26           |                   |                   |
|   |  | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          |  | 1 routine (RT) per year |                   |                   |
|------------------------------------|--|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) |  | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    |  | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    |  | 1/1/26 - 12/31/26       |                   |                   |
|                                    |  | 1/1/27 - 12/31/27       |                   |                   |

### Other Compliance Schedules

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

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION               | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | DISTRIBUTION DOWNSTR       | A                     | Y                           |                    |                  |
|                          |                       | UPSTREAM          | DISTRIBUTION UPSTREA       | A                     | Y                           |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 60536                    | WELL                  | 2                 | WELL                       | A                     |                             |                    |                  |

### Contact Information

|                          |                          |                       |
|--------------------------|--------------------------|-----------------------|
| Name                     | Organization             | Job Title             |
| Ms. Robin B Goodspeed    | Goodspeed Realty LLC     |                       |
| Mailing Address Line One | Mailing Address Line Two | City                  |
| P. O. Box 285            |                          | State                 |
| Business Phone           | Extension                | Zip Code              |
| 860-608-5248             |                          | East Haddam CT 06423  |
| Mobile Phone             | Emergency Phone          | Email Address         |
|                          | 860-608-3854             | rgoodspeed1@gmail.com |

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

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------|----------------|------------|------------|----------------|
| CT0419224                        | GOODSPEED REALTY LLC | NC             | 25         | P          | GW             |
| Local Address (where applicable) | Service Connections  | Residential    | Commercial | Industrial | Combined       |
| 25 FALLS ROAD                    |                      |                | 1          |            |                |

Towns Served: EAST HADDAM

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

| PWS ID                           | PWS Name                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------|----------------|------------|------------|----------------|
| CT0419234                        | 40 WILLIAM F. PALMER RD | NC             | 30         | P          | GW             |
| Local Address (where applicable) | Service Connections     | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

**Monitoring Requirements**

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

| <b>Total Coliform (3100)</b>                    |  | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|--|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       |  | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points |  | 7/1/25 - 9/30/25                  |                          | Complete                 |
|   |  | 10/1/25 - 12/31/25                |                          | Complete                 |
|   |  | 1/1/26 - 3/31/26                  |                          |                          |
|   |  | 4/1/26 - 6/30/26                  |                          |                          |
| <b>Physical Parameters (PPS)</b>                |  | <b>1 routine (RT) per quarter</b> |                          |                          |
| <i>Sampling Point (Sampling Point ID)</i>       |  | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points |  | 7/1/25 - 9/30/25                  |                          | Complete                 |
|   |  | 10/1/25 - 12/31/25                |                          | Complete                 |
|   |  | 1/1/26 - 3/31/26                  |                          |                          |
|   |  | 4/1/26 - 6/30/26                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          |  | <b>1 routine (RT) per year</b> |                          |                          |
|---|--|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> |  | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           |  | 1/1/25 - 12/31/25              |                          | Complete                 |
|   |  | 1/1/26 - 12/31/26              |                          |                          |
|   |  | 1/1/27 - 12/31/27              |                          |                          |

**Other Compliance Schedules**

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION EXEMPTION          | 3/1/2030        |                      |

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>WQP 2 DBPR</i> | <i>Stage</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|-----------------------|----------------------------------|-----------------|-------------------|--------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | 40WFP01                  | 40A KITCHEN                       | A             | Y                     | N                                |                 | Y                 |              |
|                                 |                              | 40WFP02                  | 40A BATHROOM                      | A             | Y                     | N                                |                 |                   |              |
|                                 |                              | 40WFP03                  | 40A UTILITY                       | A             | Y                     | N                                |                 |                   |              |
|                                 |                              | 40WFP04                  | 40B KITCHEN                       | A             | Y                     | N                                |                 |                   |              |
|                                 |                              | 40WFP05                  | 40B BATHROOM                      | A             | Y                     | N                                |                 |                   |              |
|                                 |                              | DOWNTSTREAM              | WITHIN 5 SERVICE CON              | A             | Y                     |                                  |                 |                   |              |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             | Y                     |                                  |                 |                   |              |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                       |                                  |                 |                   |              |
| 60714                           | WELL 1                       | 2                        | WELL 1                            | A             |                       |                                  |                 |                   |              |

**Contact Information**

|                          |                          |                  |
|--------------------------|--------------------------|------------------|
| <i>Name</i>              | <i>Organization</i>      | <i>Job Title</i> |
| Mr. Bruce M. Dutch       |                          |                  |
| Mailing Address Line One | Mailing Address 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.*

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

| PWS ID                           | PWS Name                | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------|----------------|------------|------------|----------------|
| CT0419234                        | 40 WILLIAM F. PALMER RD | NC             | 30         | P          | GW             |
| Local Address (where applicable) | Service Connections     | Residential    | Commercial | Industrial | Combined       |
|                                  |                         |                |            | 1          |                |

Towns Served: EAST HADDAM

|                            |           |              |              |                 |               |    |       |
|----------------------------|-----------|--------------|--------------|-----------------|---------------|----|-------|
| 40B William F. Palmer Road |           | P.O. Box 464 |              |                 | Moodus        | CT | 06469 |
| Business Phone             | Extension | Fax          | Mobile Phone | Emergency Phone | Email Address |    |       |

860-873-3876      860-873-3678      860-807-5721      bruce@dutchoil.com

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

| PWS ID                           | PWS Name                 | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------|----------------|------------|------------|----------------|
| CT0419244                        | STAEHLY FARMS CIDER BARN | NC             | 29         | P          | GW             |
| Local Address (where applicable) | Service Connections      | Residential    | Commercial | Industrial | Combined       |
| 23 PETTICOAT LANE                |                          |                |            |            | 2              |

Towns Served: EAST HADDAM

## Monitoring Requirements

Water System Facility: DISTRIBUTION (WSF ID: 00600)

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

  

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                   |                   |
|---|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period          | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25           |                   | Complete          |
|   | 10/1/25 - 12/31/25         |                   | Complete          |
|   | 1/1/26 - 3/31/26           |                   |                   |
|   | 4/1/26 - 6/30/26           |                   |                   |

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

| Nitrate And Nitrite (NOX)          | 1 routine (RT) per year |                   |                   |
|------------------------------------|-------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period       | Collection Period | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25       |                   | Complete          |
|                                    | 1/1/26 - 12/31/26       |                   |                   |
|                                    | 1/1/27 - 12/31/27       |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION          | 4                 | DISTRIBUTION               | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     | Y                           |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     | Y                           |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 61535                    | WELL 1                | 2                 | WELL 1                     | A                     |                             |                    |                  |
| 61539                    | ATMOSPHERIC STORAGE   |                   |                            |                       |                             |                    |                  |

## Contact Information

|                          |  |     |              |                 |                  |          |
|--------------------------|--|-----|--------------|-----------------|------------------|----------|
| Name                     | Organization                                 |     |              | Job Title       |                  |          |
| Mr. Christopher Staehly  | Staehly Farms Cider Barn                     |     |              | Owner           |                  |          |
| Mailing Address Line One | Mailing Address Line Two                     |     |              | City            | State            | Zip Code |
| 278 Town Street          |  |     |              | East Haddam     | CT               | 06423    |
| Business Phone           | Extension                                    | Fax | Mobile Phone | Emergency Phone | Email Address    |          |
| 860-873-9774             |  |     |              |                 | staehlys@att.net |          |
| Contact Role(s):         | Administrative Contact, Legal Contact, Owner |     |              |                 |                  |          |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

| PWS ID                           | PWS Name                        | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------------|----------------|------------|------------|----------------|
| <b>CT0419244</b>                 | <b>STAEHLY FARMS CIDER BARN</b> | NC             | 29         | P          | GW             |
| Local Address (where applicable) | Service Connections             | Residential    | Commercial | Industrial | Combined       |
| 23 PETTICOAT LANE                |                                 |                |            |            | 2              |

Towns Served: EAST HADDAM

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0419254                        | JOHNSONVILLE CHAPEL | NC             | 96         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

## Monitoring Requirements

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

| Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span> |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)  | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points                                     | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

  

| Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span> |                    |                   |                   |
|---|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)  | Monitoring Period  | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points   | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   | Complete          |
|   | 1/1/26 - 3/31/26   |                   |                   |
|   | 4/1/26 - 6/30/26   |                   |                   |

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

| Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span> |                   |                   |                   |
|--|-------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID)   | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3)  | 1/1/25 - 12/31/25 |                   | Complete          |
|  | 1/1/26 - 12/31/26 |                   |                   |
|  | 1/1/27 - 12/31/27 |                   |                   |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A                     | Y                           |                    |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     | Y                           |                    |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     | Y                           |                    |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                             |                    |                  |
| 63174                    | WELL 1                | 2                 | WELL 1                     | A                     |                             |                    |                  |

## Contact Information

|                          |                          |                       |
|--------------------------|--------------------------|-----------------------|
| Name                     | Organization             | Job Title             |
| Mr. Epifanio E. Maniebo  | Johnsonville Chapel      |                       |
| Mailing Address Line One | Mailing Address Line Two | City                  |
| 42 Johnsonville Road     |                          | State                 |
| Business Phone           | Extension                | Zip Code              |
|                          | Fax                      |                       |
| Mobile Phone             | Emergency Phone          | Email Address         |
|                          |                          | junmaniebo@gmail.com> |

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

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0419254                        | JOHNSONVILLE CHAPEL | NC             | 96         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |

Towns Served: EAST HADDAM

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**