	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				ssification	Population	Owner Type	Prin	nary Source		
CT0420412	NELSONS CAMPGROUND - AREA G				NC	50	Р		GW		
Local Address (v	where applicable)	Service	Resider	itial	Commerci	al Industri	al Combin	ed	Agricultural		
71 MOTT HILL R	OAD	Connections	1								

71 MOTT THEE ROAD	1		
Towns Served: EAST HAMPTON			
Monito	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-9/30	Complete
	1/1/24 - 12/31/24	4/1-9/30	
	1/1/25 - 12/31/25	4/1-9/30	
Other Co	ompliance Schedules		

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SEASONAL START UP COMPLETION	4/1/2024								
CROSS CONNECTION SURVEY REPORT	3/1/2027								

	Water System Facility and Sampling Point Inventory											
Water System Facility IE	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		E24	SITE E24	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20055	WELL	2	WELL	Α								
58890	ATM STORAGE											
61563	PRESSURE STORAGE											
61565	BOOSTER PUMP											

				Contact Inf	ormation						
Name				Organization	1			Job Title			
Mr. Glenn Gustine				Gustine Prop	perties, Inc.		President				
Mailing Address Lin	e One		Mailing A	Address Line Two			City State Zip C				
71 Mott Hill Road						East Har	npton	СТ	06424		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress				
860-267-5309		860-267-	5312		860-883-7960						

onnectic	ut Depa	rument	of Publi	СП	eaitii .	ווווע	ikilig	water	Secui	)11		
Wa	ter Qual	lity Mor	nitoring	and	d Com	plia	nce S	chedul	e			
WS Name					(	Classifi	cation P	opulation	Owner Ty	pe P	rimary Source	
ELSONS CAMP	GROUND - A	REA G				N	С	50	Р		GW	
ere applicable)			Service		Residenti	ial Co	mmercial	Industri	al Com	bined	Agricultura	
AD.			Connect	ions	1							
ST HAMPTON											<u>'</u>	
			Organizatio	n					Job	Title		
1			Gustine Pro	pertie	es, Inc			Vice Presi	dent			
ne One		Mailing Add	ress Line Two	)				City	City State Zip Cod			
							East Han	npton	pton CT 06424			
Extension	Fax	N	lobile Phone	Em	nergency I	Phone	Email Ac	dress				
	860-267-5	5312		8	388-883-7	957	gustines	rV@msn.c	om			
egal Contact, C	Owner											
			Organizatio	n					Job	Title		
е			Gustine Pro	pertie	es Inc							
ne One		Mailing Add	ress Line Two	)				City	Sta	ate	Zip Code	
							East Har	npton	C	Т	06424	
Extension	Fax	N	lobile Phone	Em	nergency I	Phone	Email Ac	dress	,	1		
	860-267-5	5312 80	50-883-7962	(	260-222-7	062	gustinas	ry@men.co	am.			
	Warws Name ELSONS CAMP ere applicable) AD ET HAMPTON ene One  Extension egal Contact, Cone ne One	Water Qual WS Name ELSONS CAMPGROUND - A ere applicable) AD ST HAMPTON  Extension Fax 860-267-5  Legal Contact, Owner  Extension Fax	Water Quality More WS Name ELSONS CAMPGROUND - AREA Gere applicable) AD ST HAMPTON  Extension Fax M 860-267-5312  Legal Contact, Owner  Extension Fax M Adding Add Extension Fax M	Water Quality Monitoring WS Name ELSONS CAMPGROUND - AREA G ere applicable) AD ST HAMPTON Organization Gustine Pro ne One Mailing Address Line Two Segal Contact, Owner Organization Gustine Pro Mobile Phone Mailing Address Line Two	Water Quality Monitoring and WS Name  ELSONS CAMPGROUND - AREA G  ere applicable) AD  Service Connections  ST HAMPTON  Organization Gustine Propertie ne One  Mailing Address Line Two  Deganization Structure Mobile Phone Mobile Phone Mailing Address Line Two  Deganization Gustine Propertie Service Connections  Organization Gustine Propertie Mailing Address Line Two  Extension  Fax Mobile Phone Mailing Address Line Two  Extension  Extension Fax Mobile Phone Em	Water Quality Monitoring and Com WS Name ELSONS CAMPGROUND - AREA G ere applicable) AD Organization Gustine Properties, Inc ne One  Mailing Address Line Two  Extension B 60-267-5312  Corganization B 70	Water Quality Monitoring and Complia WS Name  ELSONS CAMPGROUND - AREA G  Pere applicable) AD  Service Connections AD  Organization Gustine Properties, Inc  Mailing Address Line Two  Extension  Extension  Fax Mobile Phone  B88-883-7957  Regal Contact, Owner  Organization Gustine Properties Inc  Mailing Address Line Two  Extension  Mailing Address Line Two  Extension  Extension  Fax Mobile Phone  Emergency Phone  B88-883-7957  Regal Contact, Owner  Organization Gustine Properties Inc  Mailing Address Line Two  Extension  Extension  Fax Mobile Phone Emergency Phone  Emergency Phone  Extension  Extension  Mailing Address Line Two	Water Quality Monitoring and Compliance Set Wis Name  ELSONS CAMPGROUND - AREA G  Ere applicable)  AD  Organization  Gustine Properties, Inc  Mailing Address Line Two  East Har  Extension  Fax  Mobile Phone  Mostine Properties Inc  Mostine Properties Inc  East Har  Extension  Organization  East Har  Extension  Mailing Address Line Two  East Har  Extension  Mailing Address Line Two  East Har  Extension  East Har  Extension  East Har  Dranization  East Har  Extension  East Har  Extension  Mailing Address Line Two  East Har  Extension  East Har	Water Quality Monitoring and Compliance Schedul WS Name  ELSONS CAMPGROUND - AREA G  Population  NC  Service Connections ND  Organization Gustine Properties, Inc No  Mailing Address Line Two  Extension  Fax Mobile Phone Morganization Gustine Properties No  Extension  Fax Mobile Phone Morganization Gustine Properties No  City East Hampton  Emergency Phone Emergency Phone Email Address Morganization Gustine Properties No  City East Hampton  Extension  Organization Gustine Properties  Extension  Fax Mobile Phone Morganization Gustine Properties Inc  No  City East Hampton  Extension  Extension  Fax Mobile Phone Emergency Phone Email Address  East Hampton  Extension Extension  Fax Mobile Phone Emergency Phone Email Address  East Hampton  Extension Extension Extension Extension Extension Extension Extension Extension Extension Emergency Phone Email Address	Water Quality Monitoring and Compliance Schedule  WS Name  ELSONS CAMPGROUND - AREA G  Pre applicable)  Service Connections 1  Organization  Gustine Properties, Inc  Fax Mobile Phone Emergency Phone Email Address  Residential Commercial Industrial Industrial Commercial Industrial Industrial Industrial Industrial Industrial Indus	WS Name  ELSONS CAMPGROUND - AREA G  PELSONS CAMPGROUND - AREA G  PER applicable)  NC  Service Connections  Commercial Commercial Industrial Combined  Connections  T  Combined  Connections  T  Commercial Industrial Combined  Connections  T  Combined  Commercial Industrial Combined  Connections  T  Combined  City  Combined  Combined  Combined  Combined  Combined  Combined  Combined  Combined  Combine	

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

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

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

End of schedule

	Conne	cticut Department o	f Public	Health	Drink	ing W	Vater Se	ction	
		Water Quality Moni	toring ar	nd Com	pliand	e Sch	nedule		
PWS ID	PWS Nam				Classificat		oulation Own	ner Type Prii	mary Sourc
CT0420562	20 EAST H	IIGH STREET			NC		37	Р	GW
Local Address	(where appli	cable)	Service	Resident	ial Comm	nercial	Industrial	Combined	Agricultura
20 EAST HIGH	STREET		Connection	5 1					
Towns Served	: EAST HAMP	PTON			'	'		'	
		Monit	toring Req	uiremei	nts				
Water Syste	m Facility:	DISTRIBUTION SYSTEM (WSF	ID: 00600)						
Total Colifo	rm (3100)						1 rou	tine (RT) p	er quarter
Sampling	g Point (Samp	oling Point ID)		Monitorin	ng Period	Colle	ction Period	Complia	nce Status
Select fro	m Inventory	of Active Sampling Points		10/1/23 -	12/31/23			Out of	Service
				1/1/24 -	3/31/24				
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Physical Par	ameters (P	PS)					1 rou	tine (RT) p	er quarter
Sampling	g Point (Samp	oling Point ID)		Monitorir	ng Period	Colle	ction Period	Complia	nce Status
Select fro	m Inventory	of Active Sampling Points		10/1/23 -	12/31/23			Out of	Service
				1/1/24 -	3/31/24				
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Water Systei	m Facility:	ENTRY POINT (WSF ID: 00700	)						
Nitrate And	Nitrite (NC	DX)					1	routine (RT	) per year
Sampling	g Point (Samp	oling Point ID)		Monitorin	ng Period	Colle	ction Period	Complia	nce Status
ENTRY P	OINT (3)			1/1/23 - 1				Out of	Service
				1/1/24 - 1					
				1/1/25 - 1	12/31/25				
	Mor	nthly Water System Faci	lity (WSF)	Level N	lonitori	ng Re	quireme	nts	
Water Systei	m Facility:	ENTRY POINT (WSFID: 00700)							
Analyte		Monitoring Requirement (Sumn	nary Type)	Oper	ating Limi	t	:	Samples Red	q/Month
рН		Entry Point pH Monitoring (PHR	D)	Minii	mum: 7.0	PH		4	
Start Date	: 4/1/2023		Compl	iance Histo	ry:	Opera	ting Limit	Monitorin	ng
			Monito	oring Period	t	Compl	iance Status:	Complian	ce Status:
			11/1/2	023 - 11/30	)/2023				
			12/1/2	023 - 12/31	/2023				
			1/1/20	24 - 1/31/2	024				
				24 - 2/29/2					
			3/1/20	24 - 3/31/2	024				
		Water System Faci	lity and Sa	mpling	Point In	rvent	ory		
Water						Total	Lead and		
. 14/-	stor Coat	Communities of Delice	L Courseline De	to the second		C-1:6			Ct.

Coliform Copper

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Rule

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Status

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Stage

Rule Tier Asbestos WQP 2 DBPR

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Sampling Point Sampling Point

**Description** 

DOWNSTREAM WITHIN 5 SERVICE CON

**DISTRIBUTION SYSTEM** 

**BUILD DEPT RESTROOM** 

POLICE DEPT RESTROOM

TOWN HALL MENS ROOM

TOWN HALL KITCHEN

ID

4

**EHBDRR** 

**EHPDRR** 

EHTHK

EHTHMR

System Water System Facility

00600 DISTRIBUTION SYSTEM

Facility ID

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monit	oring and	d Con	npl	liance S	chedul	le					
PWS ID	PWS Name		Cla	ssification	Population	Owner	Type F	Primary Source				
CT0420562	20 EAST HIGH STREET				NC	37	Р		GW			
Local Address (	where applicable)	Service	Resider	ntial	Commercia	l Industri	al Co	mbined	d Agricultural			
20 EAST HIGH S	TREET	Connections	1									

Water System Facility and Sampling Point Inventory													
Water					Total	Lead and							
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage				
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR				
		EHTHWR	TOWN HALL WOMENS	Α	Υ	2							
			ROO										
		TH1	ANNEX BATHROOM	Р	Υ								
		THBHS	TH BASEMENT HAND SK	Α	Υ	2							
		THBUS	TH BASEMENT UTIL SIN	Α	Υ	2							
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
1012	EAST HAMPTON TOWN HALL TREATMENT STATION												
10203	WELL	2	WELL	Α		·							

				<b>Contact Inf</b>	ormation				
Name				Organization	1			Job Title	
Mr. William W. Rar	nd			Global Portla	and LLC		Owner/Ma	nager	
Mailing Address Lin	e One		Mailing A	ddress Line Two			City State Zip C		
244 Middletown Av	enue					East Har	mpton	СТ	06424
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-267-6623		860-267-8	3891		860-982-4720	Wayne@	Prandci.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	enartment of	Public F	lealth Γ	)rinki	ing M	ater S	Section		
		uality Monit								
PWS ID	PWS Name	uanty Monit	oring an					wner Type	Prima	ry Source
CT0420064	BETHLEHEM LUTHERAN	CHURCH		C	NC	тор	25	P P		GW
	(where applicable)	CHOREH	Service	Residentia		nercial	ndustrial	Combin		ricultural
1 EAST HIGH S			Connections	residentia		L	Tradoti idi	201112111	7.8	ricarcarar
Towns Served:	EAST HAMPTON									
		Monito	oring Requ	irement	ts					
Water Systen	m Facility: DISTRIBUTIO									
<b>Total Colifor</b>	m (3100)						1 r	outine (R	Γ) per	quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Com	pliance	Status .
Select fro	m Inventory of Active Sam	pling Points		10/1/23 - 12	2/31/23				Comple	ete
				1/1/24 - 3/	/31/24					
				4/1/24 - 6/						
				7/1/24 - 9/	/30/24			_		_
-	ameters (PPS)							outine (R	-	-
	Point (Sampling Point ID)	I		Monitoring		Collec	tion Perio			Status
Select fro	m Inventory of Active Sam	pling Points		10/1/23 - 12					Comple	ete
				1/1/24 - 3/						
				4/1/24 - 6/ 7/1/24 - 9/						
Water System	n Facility: TREATMENT	DIANT (MSEID: 0	0701\	7/1/24-3/	30/24					
-	Nitrite (NOX)	PLANT (W3FID. 0	0701)					1 routine	/DT\ =	or voor
	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio			Status
	ENT PLANT (3)			1/1/23 - 12		Conce	tion i cric		Comple	
71127111112				1/1/24 - 12					СОППРІ	
				1/1/25 - 12						
	Monthly Wate	er System Facil	itv (WSF) I			ng Re	guirem	ents		
Water Systen	n Facility: TREATMENT						10			
Analyte		Requirement (Summa	-	Operat	ting Limi	t		Samples	Reg/N	/lonth
pН	_	H Monitoring (PHRD		_	um: 7.0			•	4	
Start Date:	12/1/2011		Complia	nce History	<b>/</b> :	Operat	ing Limit	Moni	toring	
			Monitor	ing Period		-	ance Stat			Status:
			11/1/20	23 - 11/30/2	2023					
				23 - 12/31/2						
				4 - 1/31/202						
				4 - 2/29/202						
			, ,	4 - 3/31/202						
	Wate	er System Facili	ty and Sar	npling P	oint Ir	rvento	ry			
Water	ton Contone Free !!!	Constitute Date	Communities D. S			Total	Lead ar			6.
•	ter System Facility	Sampling Point ID	Sampling Poil Description	πτ		Coliforn Rule			ns 14/0	Stage
Facility ID	TDIDI ITIONI CVCTENA		•	II CVCTENA	Status ^	Y	Kule II	er Asbest	JS WYQ	r z UBPK
00600 DIS	TRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION		A	Y				
		UPSTREAM	WITHIN 5 SER		A A					
00701 TRE	ATMENT PLANT	3	TREATMENT		A					
OO/OI IND	.,vicivi i L/NIVI		TINE CALIVILIA I		^					

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WELL 3

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57849

WELL 3

Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Cor	npliance :	Schedul	e					
	PWS Name	Classification	Population	Owner Type	Prim				

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prir	mary Source
CT0420064	BETHLEHEM LUTHERAN CHURCH				NC	25	Р		GW
Local Address (v	where applicable)	Service	Resider	itial	Commercia	al Industri	al Combin	ed	Agricultural
1 EAST HIGH ST	REET	Connections			1				

			Co	ontact Inf	ormation				
Name				Organization	l	Job Title			
Mr. Ralph Stoeckle				Bethlehem L	utheran Church				
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two			City	State	Zip Code
P.O. Box 31						East Han	npton	СТ	06424
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-267-4272					860-984-5094				

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

## Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	<b>Connecticut Departm</b>	ent of	Public H	lealth	D	rinking	g Wa	iter S	ection	
	Water Quality l					•	_			
PWS ID	PWS Name		011118 0111	0. 0011	_		_		wner Type Pr	imary Source
CT0420104	363 AND 369 WEST HIGH STREET					NC	25		Р	GW
Local Address (v	/here applicable)		Service	Residen	tial	Commerc	ial Ind	dustrial	Combined	Agricultural
-	EST HIGH STREET		Connections			1				
Towns Served: E	AST HAMPTON									
		Monit	oring Requ	iireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)							
<b>Total Coliform</b>	n (3100)							1 rc	outine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitori	ing F	Period (	Collectio	on Perio	d Complic	ince Status
Select from	Inventory of Active Sampling Points			10/1/23 -	- 12/	31/23			Cor	nplete
				1/1/24 -	- 3/3	1/24			Cor	mplete
				4/1/24 -	- 6/3	0/24				
				7/1/24 -	- 9/3	0/24				
<b>Physical Para</b>	meters (PPS)							1 rc	outine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitori	ing F	Period (	Collectio	on Perio	d Complic	ince Status
Select from	Inventory of Active Sampling Points			10/1/23 -	- 12/	31/23			Cor	nplete
				1/1/24 -	- 3/3	1/24			Cor	nplete
				4/1/24 -						
				7/1/24 -	- 9/3	0/24				
Water System	Facility: ENTRY POINT (WSF ID	: 00700)								
Nitrate (1040	)							1 rc	outine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitori	ing F	Period (	Collectio	on Perio	d Complic	ince Status
ENTRY POI	NT (3)			10/1/23 -	- 12/	31/23			Cor	mplete
				1/1/24 -					Cor	mplete
				4/1/24 -						
				7/1/24 -	- 9/3	0/24				
Nitrite (1041)							- 1:		1 routine (R	
	Point (Sampling Point ID)			Monitori			Collection	on Perio		ince Status
ENTRY POII	NT (3)			1/1/23 -						nplete
				1/1/24 -					Cor	mplete
				1/1/25 -		-				
	Pub	lic Not	ification R	Require	eme					
		C	ompliance	Notice	?	<u>Public N</u>	-		<u>PN Certi</u>	
Violation/Situat		601:	Period	Tier		Required		ormed	Due to DPH	Received
Total Coliform N			/12 - 12/31/12 			12/7/2012			12/17/2012	
	Water Systen	n Facili	ty and Sar	mpling	Po	int Inve	entor	У		
Water								Lead an		
•		ng Point ID	Sampling Poi	nt			liform	Copper		Stage
Facility ID			Description			Status 1	Rule	KUIE ITE	er Aspestos	WQP 2 DBPR

**ENTRY POINT** 

**DISTRIBUTION SYSTEM** 

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

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00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

20793 WELL

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

PWS ID	PWS Name					Owner Type	Primary Source
CT0420104	363 AND 369 WEST HIGH STREET			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commer	cial Industri	al Combine	ed Agricultural
363 AND 369 V	VEST HIGH STREET	Connections		1			

			C	ontact Info	ormation				
Name				Organization				Job Title	
Mr. Tushar Shah				Chandan LLC			Member		
Mailing Address Line One Mailing Add			ress Line Two		City		State	Zip Code	
363-369 West High	Street					East Har	npton	СТ	06414
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
860-680-4768					860-978-8106	mrkeyuı	kshah@gmai	l.com	

# Contact Role(s): Administrative Contact, Owner

## Please note the following:

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End of schedule

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		•	irtment of				U				tion	
		ater Qua	lity Monit	oring a								
PWS ID	PWS Name				С							rimary Source
CT0420134	COBALT GAS			I		N(		2			Р	GW
	(where applicable	e)		Service	Residentia	al Cor	mmercia	al In	dustrial	C	ombined	Agricultural
368 WEST HIG				Connectio	ns		1					
Towns Served	: EAST HAMPTON											
					quiremen	ts						
	m Facility: DIST	RIBUTION S	YSTEM (WSF I	D: 00600)								
Total Colifo	•											per quarter
	g Point (Sampling				Monitoring			ollecti	on Peri	od		iance Status
Select fro	om Inventory of Ac	tive Sampling	Points		10/1/23 - 1							omplete
					1/1/24 - 3						Co	omplete
					4/1/24 - 6							
					7/1/24 - 9	/30/24	4					
<b>Physical Par</b>	ameters (PPS)								1	routi	ne (RT)	per quarter
Sampling	g Point (Sampling	Point ID)			Monitoring	, Perio	od Co	ollecti	ion Peri	od	Compl	iance Status
Select fro	om Inventory of Ad	tive Sampling	Points		10/1/23 - 1	2/31/2	23				Co	omplete
					1/1/24 - 3	/31/24	4				Co	omplete
					4/1/24 - 6	/30/24	4					
					7/1/24 - 9	/30/24	4					
Water Syste	m Facility: <b>ENT</b> I	RY POINT (V	VSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routi	ne (RT)	per quarter
	Point (Sampling	Point ID)			Monitoring	, Perio	od Co	ollecti	on Peri			iance Status
ENTRY P		· · · · ·			10/1/23 - 1	2/31/2	23					omplete
	. ,				1/1/24 - 3							omplete
					4/1/24 - 6						_	
					7/1/24 - 9							
		Water S	ystem Facil	ity and S	ampling P	oint	Inve	ntor	У			
Water							То	tal	Lead a	nd		
System Wo	ater System Facilit	y	Sampling Point				Coli	form	Сорр	er		Stage
Facility ID			ID	Description	1	Stat	tus R	ule	Rule T	ier A	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTE	M	4	DISTRIBUT	ION SYSTEM	Α		Υ				
			DOWNSTREAM	WITHIN 5 9	SERVICE CON	Α						
			UPSTREAM	WITHIN 5 S	SERVICE CON	Α						
00700 EN	TRY POINT		3	ENTRY POI	NT	Α						
20796 WE	ELL		2	WELL		А	ı					
			Con	tact Info	rmation							
Name				rganization						J	ob Title	
Mr. Ali Usma	1			58 West High	n Street LLC							
Mailing Addre			Mailing Addres					Ci	ty		State	Zip Code
368 West High							East Ha		-		СТ	06414
Business Ph		Fax	Mobi	le Phone	Emergency P		Email A				<del>                                     </del>	
917-478-62				- · <del>-</del>	917-478-62		usmana			o.com		
					J = 1, 7, 5 01				_ ,			

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

	Connecticut Department of Public Health	_	,		
	Water Quality Monitoring and Con	npliance S	Schedul	e	
D	PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0420134	COBALT GAS			NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial Commerc	ial Industr	al Combin	ed Agricultural
368 WEST HIGH	STREET	Connections		1			

#### Please note the following:

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

End of schedule

	Connecticut Department	of Public H	lealth	Dı	rinking	g W	ater	Se	ection	
	Water Quality Mor				•	_				
PWS ID	PWS Name	mornig an	u don			1			ner Tyne	Primary Source
CT0420144	37 EAST HIGH STREET			Cia	NC	-	25	OW	P	GW
	(where applicable)	Service	Residen	ntial	Commerc		ndustria	al	Combine	
Local / laal ess	(Where applicable)	Connections	residen	reidi	1	idi i	Tidastiit	41	COMBINE	a /\gircarcara
Towns Served	: EAST HAMPTON									
	Mor	nitoring Requ	ıireme	nts	<b>,</b>					
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS									
Total Colifo	· · · · · · · · · · · · · · · · · · ·	•					1	ro	utine (RT	per quarter
	g Point (Sampling Point ID)		Monitori	ing P	Period (	Collec	tion Per		•	liance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23				C	omplete
			1/1/24 -	- 3/3	1/24				C	omplete
			4/1/24 -	- 6/3	0/24					
			7/1/24 -	- 9/3	0/24					
<b>Physical Par</b>	rameters (PPS)						1	ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period (	Collec	tion Per	riod	l Comp	liance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23				C	omplete
			1/1/24 -	- 3/3	1/24				C	omplete
			4/1/24 -							
			7/1/24 -	- 9/3	0/24					
Water Syster	m Facility: ENTRY POINT (WSF ID: 0070	00)								
<b>Nitrate And</b>	Nitrite (NOX)							1	routine (	RT) per year
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period (	Collec	tion Per	iod	l Comp	liance Status
ENTRY P	OINT (3)		1/1/23 -	12/3	31/23				C	omplete
			1/1/24 -	12/3	31/24					omplete
			1/1/25 -	12/3	31/25					
Water Syster	m Facility: WELL (WSF ID: 20797)									
E. Coli (301	•						1	ro		per quarter
Sampling	g Point (Sampling Point ID)		Monitori			Collec	tion Per	riod	Comp	liance Status
WELL (2)			10/1/23 -							omplete
			1/1/24 -						C	omplete
			4/1/24 -							
			7/1/24 -	- 9/3	0/24					

	Public Notification R	equiren	nents				
	Compliance	Notice	Public No	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform MCL Violation	4/1/14 - 6/30/14	2	6/26/2014		7/6/2014		
Total Coliform MCL Violation	4/1/14 - 6/30/14	1	6/26/2014		7/6/2014		

Water System Facility and Sampling Point Inventory												
Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
DISTRIBUTION SYSTEM	37EHS1	3 BAY SINK	А	Υ								
	37EHS2	HAND SINK	Α	Υ								
	37EHS3	MENS ROOM	Α	Υ								
	37EHS4	WOMENS ROOM	Α	Υ								
	37EHS5	JANITOR ROOM	Α	Υ								
		DISTRIBUTION SYSTEM 37EHS1 37EHS2 37EHS3 37EHS4	DISTRIBUTION SYSTEM  37EHS1  3 BAY SINK  37EHS2  HAND SINK  37EHS3  MENS ROOM  37EHS4  WOMENS ROOM	DISTRIBUTION SYSTEM 37EHS1 3 BAY SINK A 37EHS2 HAND SINK A 37EHS3 MENS ROOM A 37EHS4 WOMENS ROOM A	Nater System Facility  Sampling Point Sampling Point Status  DESCRIBUTION SYSTEM  37EHS1 3 BAY SINK  A Y  37EHS2 HAND SINK  A Y  37EHS3 MENS ROOM  A Y  37EHS4 WOMENS ROOM  A Y	Nater System Facility  Sampling Point Description  37EHS1 3 BAY SINK  A Y  37EHS2 HAND SINK  A Y  37EHS3 MENS ROOM  A Y  37EHS4 WOMENS ROOM  A Y	Nater System Facility  Sampling Point Description  Status  Coliform Rule Tier Asbestos  DISTRIBUTION SYSTEM  37EHS1 3 BAY SINK A Y  37EHS2 HAND SINK A Y  37EHS3 MENS ROOM A Y  37EHS4 WOMENS ROOM A Y	Nater System Facility  Sampling Point Description  Status  Status  Rule Tier Asbestos WQP  DISTRIBUTION SYSTEM  37EHS1 3 BAY SINK  A Y  37EHS2 HAND SINK  A Y  37EHS3 MENS ROOM  A Y  37EHS4 WOMENS ROOM  A Y				

				_	1.00		_	
Water Quality Monitoring and Con	npl	iar	nce	Sch	nedul	le		
Connecticut Department of Public Health	ı Dı	rin	king	g W	<i>l</i> ater	Sec	tion	

PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT0420144	37 EAST HIGH STREET					NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
			Connections			1			

Wa	ter System Facili	ity and Sampling P	oint li	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
	37EHS6	FRONT COUNTER SINK	Α	Υ			
	4	DISTRIBUTION SYSTEM	Α	Υ			
	4DSA	KITCHEN SINK TAP	Α	Υ			
	4DSB	BATHROOM SINK TAP	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
20797 WELL	2	WELL	Α				
E7271 TDEATMENT DIANT							

57271 TREATMENT PLANT

				Contact Inf	ormation				
Name	ame				1	Job Title			
Mr. Edward Jackow	/itz			American Eq	uity Vi LLC		Managing I	Member	
Mailing Address Lin	e One		Mailing A	Address Line Two	ress Line Two			State	Zip Code
31 East High Street			P.O. Box	319		East Har	npton	СТ	06424
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-267-4444 860-267-1111			1111	860-214-3779	ecj@whazel.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 schedule.

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

End of schedule

		Department of				_			ction	
	Wate	r Quality Monit	oring and							
PWS ID	PWS Name			Cl		ion Pop		Own		imary Source
CT0420214			Camilaa	Danisla atia	NC	!-!	28		P	GW
9 BEAR SW	ress (where applicable)		Service Connections	Residentia			Industria	'	Combined	Agricultural
	ved: EAST HAMPTON		Commedians		1	-				
TOWNS SET	ved. LAST HAIVII TON	Monite	orina Doau	iromont						
VA/ - 1 C	and the second		oring Requ	mement	.5					
	stem Facility: DISTRIBU	JIION SYSTEM (WSF II	D: 00600)						(5=)	
	liform (3100)	+ (D)		0.0 a mile a mine an	Daviad	Calla				er quarter
-	oling Point (Sampling Point			Monitoring		Collec	ction Peri	loa		ince Status
Selec	t from Inventory of Active	Sampling Points		10/1/23 - 12						mplete
				1/1/24 - 3/					Cor	nplete
				4/1/24 - 6/ 7/1/24 - 9/						
Dhysical	Darameters (DDS)			7/1/24 - 9/	30/24		1	<b>r</b> 011	tino (DT) n	or quarter
-	Parameters (PPS) pling Point (Sampling Point	+ ID)		Monitoring	Period	Colleg	tion Peri			per quarter ance Status
_	t from Inventory of Active	-		10/1/23 - 12		Cone	tion Fen	lou		nplete
Scice	t from inventory of Active	Sampling Forms	<u> </u>	1/1/24 - 3/						nplete
				4/1/24 - 6/						пріссе
				7/1/24 - 9/						
Water Sv	stem Facility: ENTRY P	OINT (WSF ID: 00700)			<u>,                                      </u>					
	And Nitrite (NOX)	,						1 1	outine (R	T) per year
	oling Point (Sampling Point	t ID)		Monitoring	Period	Collec	ction Peri		=	ance Status
	Y POINT (3)	,		1/1/23 - 12						mplete
				1/1/24 - 12	/31/24				Cor	nplete
				1/1/25 - 12	/31/25					_
	Monthly W	ater System Facil	itv (WSF) L	evel Mo	nitori	ng Re	quiren	ner	nts	
Water Sv:	stem Facility: ENTRY PC	<u> </u>	-, ( - ,			0 -	-1			
Analyt	•	ing Requirement (Summa	arv Type)	Operat	ing Limit	t		9	Samples Re	a/Month
рH		int pH Monitoring (PHRD		Minimu	um: 7 PH	1			. 4	
Start D	Pate: 11/1/2013			nce History	:	Operat	ing Limit		Monitori	ing
			Monitor	ing Period		-	iance Sta			nce Status:
			11/1/20	23 - 11/30/2	2023	•				
			12/1/20	23 - 12/31/2	2023					
			1/1/202	4 - 1/31/202	24					
			2/1/202	4 - 2/29/202	24					
			3/1/202	4 - 3/31/202	24					
	W	ater System Facili	ty and Sar	npling P	oint Ir	vento	ory			
Water						Total	Lead a	ınd		
System	Water System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule 1	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SER		Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20803	WELL	2	WELL		Α					

58481 TREATMENT PLANT

Connecticut Department of Public Health	Dr	inl	king	g W	/at	ter	Se	ctio	n
Water Quality Monitoring and Com	ıpl	ian	ice S	Sch	iec	dul	e		
							_		

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0420214	KICKBACK N BOWL			NC	28	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
9 BEAR SWAME	)	Connections		1			

				Co	ntact Info	ormation				
Name				(	Organization				Job Title	
Mr. James Spadorci	ia			k	(ickback N B	owl		Owner		
Mailing Address Line	e One		Mailing	Addre	ss Line Two			City	State	Zip Code
9 Bear Swamp Road			P.O. Box	x 45			East Har	npton	СТ	06424
Business Phone	Extension	Fax		Mol	oile Phone	Emergency Phone	Email Ad	ldress		
860-267-4800		860-267-5	5740				kickback	nbowl@gma	ail.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Pu	blic Health Drinking Water Section
Water Quality Monitoria	ng and Compliance Schedule
PWS ID PWS Name	Classification   Population   Owner Type   Primary Source
CT0420264 AMG513	NC 25 P GW
Local Address (where applicable) Serv	ice Residential Commercial Industrial Combined Agricultural
34 EAST HIGH STREET Cont	nections 1
Towns Served: EAST HAMPTON	
Monitoring	g Requirements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)
Chlorine Residual (1012)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23 Complete
	1/1/24 - 3/31/24
	4/1/24 - 6/30/24
	7/1/24 - 9/30/24
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	10/1/23 - 12/31/23 Complete
	1/1/24 - 3/31/24
	4/1/24 - 6/30/24
	7/1/24 - 9/30/24
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23 Complete
	1/1/24 - 3/31/24
	4/1/24 - 6/30/24
	7/1/24 - 9/30/24
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)	1/1/23 - 12/31/23 Complete
	1/1/24 - 12/31/24
	1/1/25 - 12/31/25
Water System Facility: WELL (WSF ID: 20808)	
E. Coli (3014)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
WELL (2)	10/1/23 - 12/31/23 Complete
	1/1/24 - 3/31/24
	4/1/24 - 6/30/24
	7/1/24 - 9/30/24
	WSF) Level Monitoring Requirements
Water System Facility: ENTRY POINT (WSFID: 00700)	
Analyte Monitoring Requirement (Summary Ty	ype) Operating Limit Samples Req/Month
Chlorine Entry Point Chlorine Residual Monitorin	
Start Date: 8/1/2023	Compliance History: Operating Limit Monitoring
	Monitoring Period Compliance Status: Compliance Status:
	11/1/2023 - 11/30/2023

12/1/2023 - 12/31/2023

	Conne	cticut Department of	Public H	lealth	Dr	inkin	gV	Vater	Sec	ction	
		Water Quality Monito	oring and	d Con	npl	iance	Sc	hedul	e		
PWS ID	PWS Nam	e			Clas	ssification	Po	pulation	Owne	er Type Pr	imary Source
CT0420264	AMG513					NC		25		Р	GW
Local Address (	where appli	cable)	Service	Residen	tial	Commerc	cial	Industria	ıl C	Combined	Agricultural
34 EAST HIGH S	STREET		Connections			1					
Towns Served:	EAST HAMP	TON									
Water System	Facility: I	ENTRY POINT (WSFID: 00700)									
Analyte		<b>Monitoring Requirement (Summa</b>	ry Type)	Ope	ratin	ng Limit			S	amples Re	q/Month
Chlorine		Entry Point Chlorine Residual Mon	itoring (CHLR	) Min	imun	n: 0 MG/	L L			Dai	ly
Start Date:	8/1/2023		Complia	nce Hist	ory:	0	)pera	iting Limit	t	Monitori	ng
			Monitor	ing Perio	d	C	omp	liance Sta	tus:	Complia	nce Status:
			1/1/202	4 - 1/31/	2024						
			2/1/202								
			3/1/202	4 - 3/31/	2024						
Analyte		<b>Monitoring Requirement (Summa</b>	ry Type)	Ope	ratin	ng Limit			S	amples Re	q/Month
рН		Entry Point pH Monitoring (PHRD)		Min	imun	n: 6.4 PH				Dai	ly
Start Date:	7/1/2019		Complia	nce Hist	ory:	0	pera	iting Limit	t	Monitori	ng
			Monitor	ing Perio	d	С	omp	liance Sta	tus:	Complia	nce Status:
			11/1/20		-						
			12/1/20		-						
			1/1/202	4 - 1/31/	2024	•					
			2/1/202								
			3/1/202	4 - 3/31/	2024						
		Other Co	mpliance	Sched	lule	es					
Compliance Sch	hedule Activ	rity			Due	Date		Achiev	ved D	ate	
CROSS CONNEC	CTION SURV	EY REPORT			3/1/	2025					
		Water System Facili	ty and Sar	npling	Ро	int Inv	ent	ory			

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4DS	BATHROOM SINK TAP	Α	Υ				
		4DSA	UTILITY SINK TAP	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20808	WELL	2	WELL	Α					
47245	TREATMENT PLANT								

				Contact Inf	ormation						
Name Organization Job Title											
Mr. Tumay Basarar	ılar			Atlantis Mgr	nt Group		Ceo	Ceo Ceo			
Mailing Address Lin	e One		Mailing	Address Line Two			City State Zip Co				
555 South Columbu	s Avenue		Suite 2	01		Mount \	/ernon	NY	10550		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress				
914-699-9500		914-699-9	9400			tumay@	@atlantismgmt.com				
Contact Role(s): O	wner				1						

C	Connectic	ut Departme	ent d	of Public	Health	Drii	nking	Water	Section	
	Wat	ter Quality N	Mon	itoring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0420264 A	MG513				N	IC	25	Р	GW	
Local Address (wh	ere applicable)			Service	Resider	tial Co	mmercia	al Industri	al Combine	ed Agricultural
34 EAST HIGH STR	EET			Connection	ns		1			
Towns Served: EAS	ST HAMPTON				1	'		1	1	
Name				Organization					Job Titl	e
Ms. Charline Pola	nco			Atlantis Mana	gement Gro	oup		Service Co	ordinator	
Mailing Address Li	ne One	Mailing	g Addre	ess Line Two				City	State	Zip Code
555 South Columb	us Ave	Suite 2	01				Mount	Vernon	NY	10550
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	ddress		
914-699-9500	201	914-699-9400			914-282	-0868	charline	e@atlantisn	ngmt.com	
Contact Role(s):	Administrative	Contact, Legal Cont	act	1						

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

End of schedule

	Connecticut De	•					_			ction		
		uality Monit	oring and							1		
PWS ID	PWS Name								Owr	er Type F		
CT042027					N			25		Р	GW	
	ress (where applicable)		Service Connections	Resident	ial Co	mme	ercial I	ndustria	al	Combined	d Agricu	ıltural
	STER AVENUE		Connections			1						
rowns ser	rved: EAST HAMPTON			•								
			oring Requ	iremer	nts							
-	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
	liform (3100)									tine (RT)		
-	pling Point (Sampling Point ID)			Monitorin	_		Collec	tion Per	iod		iance St	atus
Selec	ct from Inventory of Active Sam	pling Points		.0/1/23 -						C	omplete	
				1/1/24 -								
				4/1/24 -								
Dhysical	Davameters (DDC)			7/1/24 -	9/30/2	.4		1	<b>"</b>	tina (DT)	200	
-	Parameters (PPS) pling Point (Sampling Point ID)			Monitorin	a Dori	od	Collec	1 tion Per		tine (RT)	per qua <i>iance St</i>	
_	ct from Inventory of Active Sam	nling Points		.0/1/23 -			Conec	lion Per	iou		omplete	utus
Scice	te from inventory of Active Sam	pinig i onics		1/1/24 -							Jinpiete	
				4/1/24 -								
				7/1/24 -								
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)		· ·								
-	And Nitrite (NOX)	,							1	routine (	RT) per	vear
	pling Point (Sampling Point ID)		1	Monitorin	ng Perio	od	Collec	tion Per		=	iance St	-
_	RY POINT (3)			1/1/23 - 1							omplete	
				1/1/24 - 1	12/31/2	24						
				1/1/25 - 1	12/31/2	25						
Water Sy	stem Facility: WELL (WSF I	D: 20809)										
E. Coli (3	3014)							1	rou	tine (RT)	per qua	arter
Samp	pling Point (Sampling Point ID)		I	Monitorin	ng Perio	od	Collec	tion Per	iod	Comp	iance St	atus
WELL	L (2)		1	.0/1/23 -	12/31/	23				C	omplete	
				1/1/24 -	3/31/2	4						
				4/1/24 -								
				7/1/24 -	9/30/2	.4						
		Other C	ompliance	Sched	ules							
Complian	ce Schedule Activity			D	ue Dat	te		Achiev	ved L	Date		
CROSS CO	NNECTION SURVEY REPORT			3	/1/202	25						
	Wate	r System Facili	ity and San	npling	Point	t Inv	vento	ry				
Water			-				Total	Lead (	and			
System	Water System Facility	Sampling Point		nt		C	Coliform					Stage
Facility ID		ID	Description		Sta	tus	Rule	Rule	Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	4	Υ					
		4DS	BATHROOM S		A		Υ					
		4DSA	UTILITY SINK T		A		Υ					
		DOWNSTREAM				_						
00700	ENITRY DOINT	UPSTREAM	WITHIN 5 SER	VICE CON								
00700	ENTRY POINT	3	ENTRY POINT		Α.	4						

Α

WELL

2

20809 WELL

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0420274	FOOD BAG				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
1 COLCHESTER	AVENUE	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

	,	Water Sy	stem Facil	ity and S	Sampling Poir	it Inve	ntor	y		
Water System Water S Facility ID	ystem Facility		Sampling Point ID	Sampling Description	-	Col	otal iform Rule	Lead and Copper Rule Tier	Asbesto	Stage os WQP 2 DBPR
58317 TREATM	ENT PLANT									
			Con	itact Info	ormation					
Name			0	rganization					Job Title	9
Mr. George Webb			G	eneral Equit	ties, Inc.		Exc.	Vice Presi	dent	
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip Code
P.O. Box 7318			318 Main Stree	et		Kensin	gton		СТ	06037-7318
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Phone	e Email A	Addres	SS		
860-828-0333	103	860-828-6	5827		860-828-0333	GWEB	B@GE	NERALEQU	ITIES.CO	M
Contact Role(s): Le	egal Contact		•		•	•				
Name			0	rganization					Job Title	9
Mr. Tumay Basarar	nlar		At	tlantis Mgm	t Group		Ceo	)		
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip Code
555 South Columbւ	is Avenue		Suite 201			Mount	Verno	on	NY	10550
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Phone	e Email A	Addres	SS		
914-699-9500		914-699-9	9400			tumay	@atlaı	ntismgmt.c	om	
Contact Role(s): O	wner									
Name			0	rganization					Job Title	9
Ms. Samantha Rod	riguez		At	tlantis Mana	agement Group		Оре	erations Co	ordinat	
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip Code
P.O. Box 7318			318 Main Stree	et		Kensin	gton		СТ	06037
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Phone	e Email A	Addres	SS		
860-828-0333	233				860-886-3838	srodrig	guez@	atlantismg	mt.com	
Contact Role(s): A	dministrative (	Contact								

## Please note the following:

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

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

End of schedule

Page 19

	Water Quality Mo				U			
PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
CT0420284	HADDAM NECK COVENANT CHURCH			I	NC	60	Р	GW
Local Address (	where applicable)	Service	Residen	ntial C	Commercia	l Industri	al Combine	ed Agricultural

1

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

17 HADDAM NECK ROAD

TOWIS SELVED. LAST HAWIF TON			
Monito	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other C	omnliance Schedules		

# **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 12/21/2019

	Wa	iter System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20810	WELL	2	WELL	Α					
55827	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization	l	Job Title			
Mr. Kevin Visintain	er			Haddam Nec	k Covenant Church		Facilities		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City State Zip			
17 Haddam Neck Ro	t					East Han	npton	СТ	06424
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
860-267-2336			860	0-266-0829		OfficeHN	OfficeHNCC@SBCglobal.net		
Contact Role(s): A	dministrative C	ontact, Leg	al 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

	**************************************	9 9		- P	9 0 1 1 0 01 01 9		
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0420284	HADDAM NECK COVENANT CHURCH			NC	60	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
17 HADDAM NE	CK ROAD	Connections		1			
T	ACT LIANADTONI						

#### Please note the following:

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

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

End of schedule

	Connecticut Departme Water Quality M				U			l	
PWS ID	PWS Name			_				Primary Sou	ırce
CT0420294	81 NORTH MAIN STREET				NC	25	Р	GW	
Local Address (\	where applicable)	Service	Residen	tial	Commercia	al Industri	al Combin	ed Agricultu	ural
81 NORTH MAII	N STREET	Connections			1				

			_			
Towns Served: EAST HAMPTON	1			·	·	
N	Monitoring Requ	iremen	ts			
Water System Facility: DISTRIBUTION SYSTEM						
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	I	Monitoring	Period C	ollection Perio		nce Status
Select from Inventory of Active Sampling Points		10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3	/31/24		Cor	nplete
		4/1/24 - 6,	/30/24			
		7/1/24 - 9,	/30/24			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	od Complia	nce Status
Select from Inventory of Active Sampling Points	-	10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3,	/31/24		Cor	nplete
		4/1/24 - 6,	/30/24			
		7/1/24 - 9,	/30/24			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period C	ollection Perio	od Complia	nce Status
ENTRY POINT (3)		10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3	/31/24		Cor	nplete
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
Water System Facility: WELL (WSF ID: 20811)						
E. Coli (3014)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period C	ollection Perio	od Complia	nce Status
WELL (2)	-	10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3	/31/24		Cor	nplete
		4/1/24 - 6,	/30/24			
		7/1/24 - 9,	/30/24			
Publ	ic Notification R	equiren	nents			
	Compliance	Notice	Public N	<u>otification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	10/1/22 - 12/31/22	3	3/25/2023		4/4/2023	
Nitrate And Nitrite M&R Violation	7/1/22 - 9/30/22	3	4/19/2023		4/29/2023	
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023	

Nitrate And Nitrite M&R Violation	10/1/22 - 12/31/22	3	3/25/2023	4/4/2023							
Nitrate And Nitrite M&R Violation	7/1/22 - 9/30/22	3	4/19/2023	4/29/2023							
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	5/12/2023	5/22/2023							
Total Coliform M&R Violation 10/1/21 - 12/31/21 3 5/12/2023 5/22/2023											
Nitrate And Nitrite M&R Violation	10/1/21 - 12/31/21	3	5/12/2023	5/22/2023							
E. Coli M&R Violation 10/1/21 - 12/31/21 3 5/12/2023 5/22/2023											
Water System	<b>Facility and San</b>	npling P	oint Inventory								

	V	Nater System Facili	ity and Sampling I	Point I	nventoi	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				

	Water Quality				U			ction	
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source
CT0420294	81 NORTH MAIN STREET				NC	25		Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	l Industri	ial	Combine	d Agricultural
81 NORTH MA	AIN STREET	Connections 1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HAMPTON

			Water Sy	stem Facil	ity and S	Sampling Poir	nt In	vento	ry			
Water System Facility ID	Water Sy	stem Facility		Sampling Point ID	Sampling Description	n	atus	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
,				DOWNSTREAM	I WITHIN 5	SERVICE CON	A A					
				UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700	ENTRY PO	TNIC		3	ENTRY PO	INT	Α					
20811	WELL			2	WELL		Α					
				Cor	ntact Inf	ormation						
Name				C	rganization					Job Title		
Mr. Tyler T	horson			K	arsten 1, LL	С						
Mailing Add	dress Line	e One		Mailing Addres	ss Line Two			C	ity	State	Zip C	ode
500 Warbu	ırton Driv	e, Unit 3					Has	stings On	Hudson	NY	107	06
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency Phon	e Em	ail Addre	SS			

tylerthorson@yahoo.com

Contact Role(s): Administrative Contact, Owner

#### Please note the following:

860-933-3575

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

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

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

End of schedule

	Co	onnectic	ut Departme	nt of	Public	Health I	Orin	ıkin	ıg Wa	ater Se	ection		
			ter Quality M						0				
PWS ID	P\Λ	/S Name	cor quarry i	101110	or mg a		lassifi				ner Type	Primar	v Source
CT0420334		EAST HIGH ST	TREET				N			5	P		W Source
		re applicable)			Service	Residentia		mmer		dustrial	Combine		ricultural
26 EAST HI					Connectio		21 001	1	Ciai III	austriai	COMBINE	7.6	Tearrai
		HAMPTON											
			N	/lonite	oring Re	quiremen	ts						
Water Sys	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Col	liform (3	3100)								1 ro	utine (RT	) per o	quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od	Collecti	ion Period	<del>-</del>		Status
Select	t from Inv	entory of Act	ive Sampling Points			10/1/23 - 1	2/31/:	23			(	Comple	ete
		<u> </u>	<del></del>			1/1/24 - 3	/31/2	4			(	Comple	ete
						4/1/24 - 6	-					•	
						7/1/24 - 9	•						
Physical	Paramet	ers (PPS)								1 ro	utine (RT	) per d	quarter
-		t (Sampling P	oint ID)			Monitoring	, Perio	od	Collecti	ion Period	<del>-</del>		Status
			ive Sampling Points			10/1/23 - 1					(	Comple	ete
			·			1/1/24 - 3	/31/2	4			(	Comple	ete
						4/1/24 - 6	/30/2	4					
						7/1/24 - 9							
Water Sys	stem Fac	ility: ENTR	Y POINT (WSF ID:	00700)									
		te (NOX)								1	routine	(RT) p	er vear
		t (Sampling P	oint ID)			Monitoring	ı Perio	od	Collecti	on Period			Status
_	Y POINT (		,			1/1/23 - 12						Comple	
		- /				1/1/24 - 12						Comple	
						1/1/25 - 12							_
			Water System	Facili	ty and S	· ·			entor	γ			
Water			•		•				Total	Lead and	1		
System	Water Sy	stem Facility	Samplin	g Point	Sampling H	Point		C	oliform	Copper			Stage
Facility ID	)		II	)	Description	n	Sta	tus	Rule	Rule Tie	r Asbesto	s WQI	P 2 DBPR
00600	DISTRIBL	JTION SYSTEM	1 3	3	DISTRIBUT	ION SYSTEM	Δ	A	Υ				
			4	l .	DISTRIBUT	ION SYSTEM	Δ	A	Υ				
			DOWNS	TREAM	WITHIN 5 S	SERVICE CON	Δ	A					
			UPSTF	REAM	WITHIN 5 S	SERVICE CON	Δ	A					
00700	ENTRY P	TNIC	3	}	ENTRY POI	NT	Δ	Α					
20812	WELL #1		2	)	WELL		Δ	Α					
57819	TREATM	ENT PLANT											
				Con	tact Info	rmation							
Name				Oı	rganization						Job Title	2	
Brisilda To	pji												
Mailing Ad		e One	Mailing	Address	s Line Two				Ci	ty	State	Zip	Code
26 E High S								East	Hampto	•	СТ		5424
Business		Extension	Fax	Mobi	le Phone	Emergency P	hone						
						- 3/ .		1.					

thetowntavernct@gmail.com

203-706-0244

Contact Role(s): Administrative Contact, Owner

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

	210001 &0101109 1 101110	9 8				0 2 2 0 0 0 0 0 1		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0420334	26 EAST HIGH STREET				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
26 EAST HIGH S	STREET	Connections			1			

#### Please note the following:

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End of schedule

		C D -		CDl-l: - II	Taalala	D:-	.1-:	<b>TA7</b> -	- t C	44	
		Connecticut De	•				Ŭ			ection	
PWS ID			uality Moni	toring and	u Con						Duimana Carra
		PWS Name								P P	Primary Source
CT042035		LOCO PERRO		Service	Residen	1	IC ommercia	2	dustrial	Combine	GW Agricultura
191 EAST		here applicable)		Connections	Residen	tiai Co		II IN	dustriai	Combine	ed Agricultura
		AST HAMPTON		connections			1				
TOWIIS SE	rveu. E/	AST HAIVIPTON	Monit	oring Requ	ıireme	nts					
Water Sy	/stem F	Facility: DISTRIBUTIO									
Total Co		,	,						1 rc	outine (RT	) per quarter
		oint (Sampling Point ID)			Monitori	ng Peri	od Co	llecti	on Perio	-	oliance Status
Selec	ct from	Inventory of Active Samp	oling Points		10/1/23 -	12/31/	/23				Complete
		•			1/1/24 -	3/31/2	24				Complete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Physical	l Paran	neters (PPS)							1 rc	outine (RT	) per quarter
Sam	pling Po	oint (Sampling Point ID)			Monitori	ng Peri	od Co	llecti	on Perio	d Com	oliance Status
Selec	ct from	Inventory of Active Samp	oling Points		10/1/23 -	12/31/	/23			(	Complete
					1/1/24 -	3/31/2	24			(	Complete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Water Sy	/stem F	acility: ENTRY POINT	(WSF ID: 00700	)							
Nitrate A	And Ni	trite (NOX)								1 routine	(RT) per year
Sam	pling Po	oint (Sampling Point ID)			Monitori	ng Peri	od Co	llecti	on Perio	d Com	oliance Status
ENTF	RY POIN	IT (3)			1/1/23 -	12/31/	23			(	Complete
					1/1/24 -	12/31/	24			(	Complete
					1/1/25 -	12/31/	25			· <del></del>	
		Wate	r System Faci	lity and Sar	mpling	Poin	t Inver	ntor	у		
Water							То	tal	Lead an	d	
System		r System Facility	Sampling Point	t Sampling Poi	nt		Colif	orm	Copper		Stage
Facility IE	כ		ID	Description		Sta	itus Ri	ıle	Rule Tie	er Asbesto	s WQP 2 DBP
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	,	Α `	Y			
			DOWNSTREAM	1 WITHIN 5 SER	RVICE CON	1 ,	A				
			UPSTREAM	WITHIN 5 SER	RVICE CON	1 /	A				
00700	ENTR	/ POINT	3	ENTRY POINT	•	,	A				
20814	WELL		2	WELL		,	Α				
58898	TREAT	MENT PLANT									
			Coi	ntact Infori	mation						
Name			C	Organization						Job Title	2
Ms. Elizak	beth A.	Wiltsie		oco Perro				Owi	ner		
Mailing A	ddress	Line One	Mailing Addre	ss Line Two				Ci	ty	State	Zip Code
25 Orchar	rd Road						East Ha	ddam	1	СТ	06423

Emergency Phone Email Address

Mobile Phone

**Business Phone** 

860-267-2945

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

	Connecticut	Depa	ırtment d	of Public	Health	Drir	ıking	g Water	Section		
	Wate	r Qua	lity Moni	itoring a	and Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Prin	nary Source
CT0420354	LOCO PERRO					N	С	25	Р		GW
ocal Address (w	nere applicable)			Service	Resider	ntial Co	mmerci	ial Industri	al Combine	ed /	Agricultural
191 EAST HIGH S	ΓREET			Connectio	ons		1				
Towns Served: EA	AST HAMPTON								,		
Name				Organization					Job Title	e	
Charmic LLC											
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	State	Z	Zip Code
25 Orchard Rd							East Ha	ampton	СТ		06423
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	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 schedule.

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End of schedule

	Connecticut De	partment of	Public H	lealth	Dri	nki	ng W	ater S	ection	
	Water Qu	uality Monit	oring an	d Com	plia	anc	e Sch	edule		
PWS ID	PWS Name		<u> </u>						wner Type F	Primary Source
CT042039	4 NELSONS CAMPGROUND	- AREA H			N	NC		60	Р	GW
Local Addr	ress (where applicable)		Service	Residen	tial Co	omm	ercial I	ndustrial	Combined	Agricultur
71 MOTT I	HILL ROAD		Connections			1				
Towns Ser	ved: EAST HAMPTON			1			, , , , , , , , , , , , , , , , , , ,			
		Monito	oring Requ	iireme	nts					
Water Sy:	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Col	liform (3100)							1 rc	outine (RT)	per quarte
Samp	oling Point (Sampling Point ID)			Monitori	ng Per	iod	Collec	tion Perio		iance Status
Selec	t from Inventory of Active Samp	ling Points		4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Physical	Parameters (PPS)							1 rc	outine (RT)	per quarte
Samp	oling Point (Sampling Point ID)			Monitori	ng Per	iod	Collec	tion Perio	d Compl	liance Status
Selec	t from Inventory of Active Samp	ling Points		4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)								1 routine (	RT) per yea
Samp	oling Point (Sampling Point ID)			Monitori	ng Per	iod	Collec	tion Perio	d Compl	iance Status
ENTR	Y POINT (3)			1/1/23 -	12/31/	/23	4/	/1-9/30	C	omplete
				1/1/24 -	12/31/	/24	4/	/1-9/30		
				1/1/25 -	12/31/	/25	4/	/1-9/30		
		Other C	ompliance	Sched	lules					
Compliand	ce Schedule Activity			ı	Due Do	ate		Achieve	d Date	
SEASONAL	START UP COMPLETION			4	/15/20	024				
CROSS CO	NNECTION SURVEY REPORT				3/1/20	25				
	Water	System Facili	ity and Sar	npling	Poin	it In	vento	ry		
Water							Total	Lead an	d	
System	Water System Facility	Sampling Point		nt			Coliform			Stage
Facility ID		ID	Description			atus	Rule	Rule Tie	er Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM		VICE CON		Α				
		H7	SITE H7			A	Y			
		UPSTREAM	WITHIN 5 SER			Α				
00700	ENTRY POINT	3	ENTRY POINT			Α				
20816	WELL	2	WELL			Α				
61567	ATMOSPHERIC STORAGE									

61569 BOOSTEI	R PUMP										
				Contact Inf	ormation						
Name				Organization	ı			Job Title			
Mr. Glenn Gustine				Gustine Prop	erties, Inc.	President					
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code		
71 Mott Hill Road						East Har	npton	СТ	06424		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress				
860-267-5309		860-267-5	5312		860-883-7960						

Contact Role(s): Legal Contact

Jonnectic	ut Depa	runent	of Publi	Спеаг	ועו ווו	ınkıng	water	Section			
Wa	ter Qual	lity Mor	nitoring	and Co	ompli	ance S	chedul	e			
WS Name					Class	ification	Population	Owner Type	Primary Source		
IELSONS CAMP	GROUND - A	REA H				NC	60	Р	GW		
ere applicable)			Service	Resi	dential	Commercia	l Industri	al Combin	ed Agricultura		
AD			Connect	ions		1					
ST HAMPTON				1	'						
			Organizatio	n				Job Titl	e		
<b>e</b>			Gustine Pro	perties, In	С		Vice Presi	dent			
Mailing Address Line One Mailing Addre							City	State	Zip Code		
						East Hai	mpton	СТ	06424		
Extension	Fax	M	lobile Phone	Emerge	ency Phor	ne Email A	Address				
	860-267-5	5312		888-8	883-7957	gustines	srV@msn.c	om			
Legal Contact, C	Owner										
			Organizatio	n				Job Titl	e		
ge			Gustine Pro	perties Inc	;						
ine One		Mailing Add	ress Line Two	)			City	State	Zip Code		
						East Hai	mpton	СТ	06424		
Extension	Fax	M	lobile Phone	Emerge	ency Phor	ne Email A	ddress	1			
	860-267-	5312 86	50-883-7962	860-8	222-7062	gustines	rv@msn co	nm .			
	War PWS Name NELSONS CAMP Here applicable AD ST HAMPTON  E Ine One  Extension  Legal Contact, Cage ine One	Water Qual PWS Name NELSONS CAMPGROUND - A Dere applicable) AD ST HAMPTON  E ine One  Extension Fax 860-267-5 Legal Contact, Owner  Extension Fax	Water Quality Mor  PWS Name  NELSONS CAMPGROUND - AREA H  Inere applicable)  AD  ST HAMPTON  E  ine One Mailing Add  Extension Fax M  860-267-5312  Legal Contact, Owner  Ge  ine One Mailing Add  Extension Fax M  860-267-5312	Water Quality Monitoring  PWS Name  NELSONS CAMPGROUND - AREA H  Inere applicable)  AD  ST HAMPTON  Organization  E Gustine Pro  ine One  Mailing Address Line Two  Beach Contact, Owner  Organization  Gustine Pro  Gustine Pro  Mailing Address Line Two  Dranization  Gustine Pro  Mailing Address Line Two  Extension  Fax  Mobile Phone  Extension  Mailing Address Line Two	Water Quality Monitoring and Copy Name  NELSONS CAMPGROUND - AREA Horer applicable) AD  ST HAMPTON  Organization Gustine Properties, In ine One  Extension  Fax  Mobile Phone  Beach  Gustine Properties Inc.  Gustine Properties Inc.  Gustine Properties Inc.  Mailing Address Line Two  Dranization  Gustine Properties Inc.  Mailing Address Line Two  Extension  Fax  Mobile Phone  Emerge	Water Quality Monitoring and Compliance  Welsons Campground - Area H  Mere applicable)  AD  Service Connections  ST HAMPTON  Organization Gustine Properties, Inc  ine One  Mailing Address Line Two  Extension  Fax Mobile Phone B88-883-7957  Legal Contact, Owner  Organization Gustine Properties Inc  ine One  Mailing Address Line Two  Extension  Mailing Address Line Two  Extension  Gustine Properties Inc  ine One  Mailing Address Line Two  Extension  Mailing Address Line Two	Water Quality Monitoring and Compliance S  PWS Name  Classification   I  NC  Deere applicable)  AD  Connections  Connectio	Water Quality Monitoring and Compliance Schedul PWS Name   Classification   Population     NC   60     Industrial   Commercial   Industrial     NC   Footnotial   Ind	NELSONS CAMPGROUND - AREA H  NC 60 P  Idere applicable)  AD Connections 1  ST HAMPTON  Organization Job Titl  Gustine Properties, Inc Vice President  ine One Mailing Address Line Two City State  Extension Fax Mobile Phone Emergency Phone Email Address  860-267-5312 888-883-7957 gustinesrV@msn.com  Legal Contact, Owner  Organization Job Titl  Gustine Properties Inc  ine One Mailing Address Line Two City State  East Hampton CT  Extension Fax Mobile Phone Emergency Phone Email Address  Bob Titl  Gustine Properties Inc  ine One Mailing Address Line Two City State  East Hampton CT  Extension Fax Mobile Phone Emergency Phone Email Address  East Hampton CT  Extension Fax Mobile Phone Emergency Phone Email Address		

Connecticut Department of Public Health Drinking Water Section

# 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 schedule.

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

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

End of schedule

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	C		•	rtment of						ection	
		Wa	ter Qual	lity Monit	oring a	nd Com	ıplia	nce Sc	chedule		
PWS ID	PV	VS Name					Classifi	ication Po	opulation Ov	vner Type I	Primary Source
CT042042	24 RC	OSSINIS					N	С	25	Р	GW
Local Add	ress (whe	re applicable)			Service	Residen	tial Co	mmercial	Industrial	Combined	d Agricultural
62 WEST I	HIGH STR	EET			Connection	าร		1			
Towns Ser	rved: EAS	T HAMPTON									
				Monite	oring Red	quireme	nts				
Water Sy	stem Fa	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)						
<b>Total Co</b>	liform (	3100)							1 rc	outine (RT)	per quarter
Samj	pling Poir	nt (Sampling P	oint ID)			Monitori	ng Perio	od Coll	lection Period	d Comp	liance Status
Selec	ct from In	ventory of Act	ve Sampling	Points		10/1/23 -	12/31/	23		С	omplete
						1/1/24 -	3/31/2	4		С	omplete
						4/1/24 -	6/30/2	4			
						7/1/24 -	9/30/2	4			
Physical	Parame	ters (PPS)							1 rc	utine (RT)	per quarter
Sam	pling Poir	nt (Sampling P	oint ID)			Monitori	ng Perio	od Coll	lection Period	d Comp	liance Status
Selec	ct from In	ventory of Act	ive Sampling	Points		10/1/23 -	12/31/	'23		С	omplete
						1/1/24 -	3/31/2	4		С	omplete
						4/1/24 -	6/30/2	4			
						7/1/24 -	9/30/2	4			
Water Sy	stem Fa	cility: ENTR	POINT (W	/SF ID: 00700)							
Nitrate A	And Nitr	ite (NOX)								1 routine (	RT) per year
Sam	pling Poir	nt (Sampling P	oint ID)			Monitori	ng Peri	od Coll	lection Period	d Comp	liance Status
ENTF	RY POINT	(3)				1/1/23 -	12/31/2	23		С	omplete
						1/1/24 -	12/31/2	24		С	omplete
						1/1/25 -	12/31/2	25			
			Water Sy	stem Facili	ity and S	ampling	Point	t Inven	tory		
Water								Tota		d	
-		ystem Facility		Sampling Point				Colifo			Stage
Facility ID				ID	Description		Sta		e Rule Tie	er Asbestos	WQP 2 DBPR
00600	DISTRIB	JTION SYSTEM		4		ON SYSTEM					
				DOWNSTREAM							
				UPSTREAM		SERVICE CON					
00700	ENTRY P	OINT		3	ENTRY POII	NT	A				
20818	WELL			2	WELL			4			
				Con	tact Info	rmation					
Name				O	rganization					Job Title	
Mr. Mario	o Simoni				m Realty Gr	oup			Member		
Mailing A	ddress Lir	ie One		Mailing Address	s Line Two				City	State	Zip Code
199 White	e Birch Ro	ad						East Ham	·	СТ	06424
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress		
		1		1				1			

860-267-1106

860-267-7335

Contact Role(s): Legal Contact

(	Lonnectic	ut Depa	rtment c	or Public	Health	Drii	ıkıng	water	. Sec	ction	
	Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type P	rimary Source
CT0420424	ROSSINIS					N	С	25		Р	GW
ocal Address (wh	nere applicable)			Service	Residen	itial Co	mmercia	al Industri	ial C	Combined	Agricultural
62 WEST HIGH ST	REET			Connectio	ns		1				
Towns Served: EA	AST HAMPTON										
Name				Organization						Job Title	
A L M Realty Gro	up LLC										
Mailing Address L	ine One		Mailing Addre	ess Line Two				City		State	Zip Code
52 West High Stre	eet						East Ha	mpton		СТ	06424
<b>Business Phone</b>	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	ddress			
Contact Role(s):	Owner										
Name				Organization						Job Title	
Mr. Emilio Simon	i			Rossinis				Owner			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City		State	Zip Code
62 West High Stre	eet						East Ha	mpton		СТ	06424
<b>Business Phone</b>	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	ddress			
860-267-1106											

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - - C

Contact Role(s): Administrative 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 schedule.

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

End of schedule

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT0420454	SEARS PARK				NC	25	Р	GW				
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural				
52 NORTH MAIN STREET Connections 1												

Connecticut Department of Public Health Drinking Water Section

Towns Served: E	AST HAMPTON
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Monitoring Re	quirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23	10/1-11/15	Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
and a second second			(>=)

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

# **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 SEASONAL START UP COMPLETION
 4/1/2024

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventoi	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BATHMN	BATHHOUSE MEN	Α	Υ			
		BATHWN	BATHHOUSE WOMEN	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		PAVHS	PAVILION KITCHEN HAN	Α	Υ			
		PAVKS	PAVILION KITCHEN SIN	Α	Υ			
		PAVMAIN	PAVILION MAIN ROOM	Α	Υ			
		PAVMN	PAVILION MEN	Α	Υ			
		PAVOUT	PAVILION OUT DRINK	Α	Υ			
		PAVWN	PAVILION WOMEN	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20821	WELL	2	WELL	Α				

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 Departmei	nt of Public I	Health	i Dri	inking	Water	Section				
	Water Quality M	onitoring ar	nd Con	npli	ance S	chedul	e				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
CT0420454	SEARS PARK				NC	25	Р	GW			
Local Address	(where applicable)	Service	Resider	ntial (	Commercia	al Industria	ndustrial Combined Agricultu				

Connections

1

Towns Served: EAST HAMPTON

**62 NORTH MAIN STREET** 

				Co	ntact Inf	ormation					
Name					Organization		Job Title				
Mr. David Cox	rid Cox Town of East Hampton Town Manager										
Mailing Address Lin	e One		Mailing	Addre	ss Line Two		City	State	Zip Code		
20 East High Street							East Har	npton	СТ	06424	
Business Phone	Extension	Fax		Mot	ile Phone	Emergency Phone	Email Ad	ldress			
860-267-4468		860-267-2	1027			860-510-8867	dcox@e	@easthamptonct.gov			

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 schedule.

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

End of schedule

	Commontin	ut Danautica ant at	Dublic II.	alth Dui	lviva ar '	MotorCo	ati a ra	
		ut Department of			_		ction	
		ter Quality Monit	oring and					
PWS ID	PWS Name					opulation Owi		<u>-</u>
CT0420474	SPENCERS FUNE	RAL HOME		N	-	25	Р	GW
	ss (where applicable)		Service R Connections	esidential Co	mmercial	Industrial	Combined	Agricultural
112 MAIN S			Connections		1			
Towns Serve	ed: EAST HAMPTON	Monite	orina Doquir	omonts				
Water Syst	rem Facility: DISTR	IBUTION SYSTEM (WSF I	oring Requir	ements				
•	form (3100)	DOTION STOTEM (WSF)	D. 00000,			1 rou	tine (RT)	per quarter
	ing Point (Sampling Po	oint ID)	М	onitoring Perio	od Col	lection Period		iance Status
	from Inventory of Acti			/1/23 - 12/31/				mplete
				/1/24 - 3/31/2				mplete
				/1/24 - 6/30/2				
				/1/24 - 9/30/2				
Physical P	arameters (PPS)		<u> </u>	, -,,		1 rou	tine (RT)	per quarter
•	ing Point (Sampling Po	oint ID)	М	onitoring Perio	od Col	lection Period		iance Status
-	from Inventory of Acti	•		/1/23 - 12/31/				mplete
	•			/1/24 - 3/31/2				mplete
				/1/24 - 6/30/2				•
			7,	/1/24 - 9/30/2	4			
Water Syst	cem Facility: ENTRY	POINT (WSF ID: 00700)						
Nitrate Ar	nd Nitrite (NOX)					1	routine (I	RT) per year
Sampli	ing Point (Sampling Po	oint ID)	M	onitoring Perio	od Col	lection Period	Compl	iance Status
ENTRY	POINT (3)		1/	1/23 - 12/31/2	23		Co	mplete
			1/	1/24 - 12/31/2	24		Co	mplete
			1/	1/25 - 12/31/2	25			
		Other C	ompliance S	chedules				
Compliance	Schedule Activity			Due Da	te	Achieved	Date	
CROSS CON	NECTION SURVEY REP	ORT		3/1/202	.4			
		Water System Facili	ity and Sam	oling Point	Inven	tory		
Water					Tot			
System V	Nater System Facility		Sampling Point		Colife	orm Copper		Stage
System V Facility ID		ID	Description	Sta	Colifo tus Ru	orm Copper le Rule Tier	Asbestos	Stage WQP 2 DBPR
System V Facility ID	Nater System Facility DISTRIBUTION SYSTEM	ID 4	Description DISTRIBUTION S	YSTEM A	Colifo tus Ru A Y	orm Copper le Rule Tier	Asbestos	_
System V Facility ID		1D 4 DOWNSTREAM	Description DISTRIBUTION S WITHIN 5 SERVI	YSTEM A	Colife tus Ru A Y	orm Copper le Rule Tier	Asbestos	_
System V Facility ID	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM	Description DISTRIBUTION S WITHIN 5 SERVI	YSTEM A CE CON A CE CON A	Colife tus Ru A Y	orm Copper le Rule Tier	Asbestos	_
System V Facility ID  00600 E	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM 3	Description  DISTRIBUTION S  WITHIN 5 SERVI  WITHIN 5 SERVI  ENTRY POINT	YSTEM A CE CON A CE CON A	Colife tus Ru A Y A	orm Copper le Rule Tier	Asbestos	_
System V Facility ID 00600 E	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTION S WITHIN 5 SERVI WITHIN 5 SERVI ENTRY POINT WELL	YSTEM A CE CON A CE CON A	Colife tus Ru A Y A	orm Copper le Rule Tier	Asbestos	_
System V Facility ID 00600 E	DISTRIBUTION SYSTEM	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTION S WITHIN 5 SERVI WITHIN 5 SERVI ENTRY POINT WELL tact Information	YSTEM A CE CON A CE CON A	Colife tus Ru A Y A	orm Copper le Rule Tier		_
System   V   Facility ID   00600   E   00700   E   20823   V   Name	DISTRIBUTION SYSTEM ENTRY POINT WELL	DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUTION S WITHIN 5 SERVI WITHIN 5 SERVI ENTRY POINT WELL stact Informatic	YSTEM A CE CON A CE CON A A A A A A A	Colife tus Ru A Y A	orm Copper le Rule Tier	Asbestos  Job Title	_
System   V   Facility ID   00600   E   00700   E   20823   V   Name   Mr. Thomas	ENTRY POINT WELL s J. Portelance Jr.	DOWNSTREAM UPSTREAM 3 2 Con	Description  DISTRIBUTION S  WITHIN 5 SERVI  WITHIN 5 SERVI  ENTRY POINT  WELL  Tact Information  reganization  pencer Funeral Ho	YSTEM A CE CON A CE CON A A A A A A A	Colife tus Ru A Y A	orm Copper le Rule Tier	Job Title	WQP 2 DBPR
System V Facility ID  00600 E  00700 E 20823 V  Name  Mr. Thomas Mailing Add	ENTRY POINT WELL  s J. Portelance Jr. lress Line One	DOWNSTREAM UPSTREAM 3 2 Con Sp. Mailing Address	Description  DISTRIBUTION S  WITHIN 5 SERVI  WITHIN 5 SERVI  ENTRY POINT  WELL  Tact Information  reganization  pencer Funeral Ho	YSTEM A CE CON A CE CON A A A A A A A	Colife Rus A Y	President Copper Rule Tier	Job Title State	WQP 2 DBPR  Zip Code
System V Facility ID 00600 E 00700 E 20823 V	ENTRY POINT WELL  s J. Portelance Jr. lress Line One	DOWNSTREAM UPSTREAM 3 2 Con On Sp Mailing Address P.O. Box 90	Description DISTRIBUTION S WITHIN 5 SERVI WITHIN 5 SERVI ENTRY POINT WELL stact Information Dencer Funeral Hosel	YSTEM A CE CON A CE CON A A A A A A A	Colife tus Ru A Y	President City npton	Job Title	WQP 2 DBPR

860-267-9822

sfh@sbcglobal.net

860-267-4474

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

860-267-2226

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	.e	
DIAIC N	Cl :t: 1:	D 1.00	o =	_

PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0420474	SPENCERS FUNERAL HOME			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
112 MAIN STRE	ET	Connections		1			

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

siness Phone Extension Fax					Phone Email		<u> </u>		`		
Mailing Address Line One Mailing Address Line Two 47 West High Street						Fast Ha	East Hampton CT				Zip Code 06424
Mr. Charles Leblanc								CT	ato		
l ablass		C	rganization				D- · ·		Job	litle	
				rmation							
REATMENT PLA	ANT										
/ELL		2	WELL			Α					
		3		NT							
		UPSTREAM									
						Α					
ISTRIBUTION S	YSTEM	4				Α	Υ				
Water System Water System Facility Sampling Point Facility ID ID					St	Col	iform	Сорре	er	estos	Stage WQP 2 DBI
	water	System Facil	iity aliu 30	ampinig	r UIII				nd		
	Water	System Faci	lity and Sa				ntor	V			
										Co	inpiete
ENTRY POINT (3)							Complete Complete				
Sampling Point (Sampling Point ID)							•				
-	•										-
em Facility: I	ENTRY POINT	(WSF ID: 00700	)								
				7/1/24 -	9/30/	24					
, contact and find the second											mplete
Select from Inventory of Active Sampling Points						3	27			mplete	
				Monitoring Period			1 routine (RT) per quarte  Collection Period Compliance Status				
rameters (D	DC)			//1/24 -	9/30/	24		1 .	routino	/DT\	nor quarto
										Со	mplete
Select from Inventory of Active Sampling Points				10/1/23 - 12/31/23			Complete				
Sampling Point (Sampling Point ID)				<b>Monitoring Period</b>			Collection Period Compliance Status				
orm (3100)								1 ו	routine	(RT)	per quarte
em Facility: I	DISTRIBUTION	SYSTEM (WSF	ID: 00600)								
		Monit	toring Rec	quireme	nts						
d: EAST HAMP	TON										
47 WEST HIGH STREET					ciai ci		iai iii	aastriai	Com	birica	7 Igricultur
			Service	Residen	-					hined	Agricultur
ST PATRIC						NC	Popul 2		wner i	ype P	rimary Sourc
					Classi	C: +:	Damul	-+:	) T.	D	-i
PWS Name	water Qu	ality Moni	toring ar	nu Con	ihiic	ince s	ocne	uuit	•		
	s (where applications is (where applications	s (where applicable) SH STREET d: EAST HAMPTON  Dem Facility: DISTRIBUTION Dem (3100) Deg Point (Sampling Point ID) Dem Inventory of Active Sampling Dem Facility: ENTRY POINT Dem Inventory of Active Sampling Dem Facility: ENTRY POINT ID Dem Facility: Entry Point ID Dem Facility: Entry Point ID Dem Facil	S (where applicable) SH STREET d: EAST HAMPTON  Monit  The Facility: DISTRIBUTION SYSTEM (WSF Dorm (3100) The Point (Sampling Point ID) The Inventory of Active Sampling Points  The Facility: ENTRY POINT (WSF ID: 00700) The Monit (Sampling Point ID) The Facility: ENTRY POINT (WSF ID: 00700) The Monit (Sampling Point ID) The Point (Samp	Service Connection  Monitoring Rec Em Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Orm (3100)  Orm (3100)  Orm Inventory of Active Sampling Points  Organization  Water System Facility and Sampling Point (Sampling Point ID)  POINT (3)  Water System Facility and Sampling Point (Sampling Point ID)  POINT (3)  Water System Facility and Sampling Point (Sampling Point ID)  OWNSTREAM WITHIN 5 S  UPSTREAM WITHIN 5 S  VIELL 2 WELL  REATMENT PLANT  Contact Info  Organization	Service Connections  Wonitoring Requireme  Em Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Form (3100)  From Inventory of Active Sampling Points  In Inventory of Active Sampling Point (WSF ID: 00700)  In Inventory of Active Sampling Point (WSF ID: 00700)  In Inventory of Active Sampling Point (WSF ID: 00700)  In Inventory of Active Sampling Point (Sampling Point (Sampli	Service Connections Monitoring Requirements 10/1/23 - 12/31 1/1/24 - 3/31/ 4/1/24 - 6/30/ 7/1/24 - 9/30/ Service Connections Monitoring Pervice Connections Service Sampling Point ID Monitoring Pervice Connections 10/1/23 - 12/31 1/1/24 - 3/31/ 4/1/24 - 6/30/ 7/1/24 - 9/30/ Service Connections Service Conn	Service Connections  Service Connections  H STREET  Service Connections  Wonitoring Requirements  Service Connections  Wonitoring Requirements  Service Connections  Service Connections  Wonitoring Requirements  Service Connections  Service Connections  I 1  Monitoring Requirements  Service Connections  I 2  Monitoring Period Connections  I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service Connections   Service Connections   Commercial India   Commerc	Service (where applicable) Service Connections Service Service Service Connections Service Service Service Connections Service Service Service Connections Service Service Service Service Connections Service Service Service Service Service Connections Service	S (where applicable) IN STREET CONNECTIONS  Monitoring Requirements  Perm Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  From (3100) From Inventory of Active Sampling Points  Prom Inventory  Prom Inventory of Active Sampling Points  Prom Inventory  Prom Inventory of Active Sampling Points  Prom Inventory  Prom Inventory  Prom Inventory of Active Sampling Points  P	Service Applicable Service Connections Service Connection Service Connections Service

Contact Role(s): Legal Contact

	Connecticu	ıt Depa	rtment o	of Public	Health	Drii	nking	Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name					Classif	ication F	opulation	Owner Type	Primary Source
CT0420484 S	T PATRICK CHUF	RCH				N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	Industri	al Combine	ed Agricultural
47 WEST HIGH ST		Connections			1					
Towns Served: EA	ST HAMPTON									
Name				Organization					Job Title	9
Ms. Lori M. Lecho	wicz			St. Patrick Church Administrative A				ative Asst.		
Mailing Address Li	ne One		Mailing Addr	ress Line Two			City		State	Zip Code
47 West High Stre	et						East Har	mpton	СТ	06424
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email Ad	Email Address		
860-267-6644							Stpatric	k47@sbcgl	obal.net	
Contact Role(s):	Administrative C	Contact	"		1		1			

## Contact Role(s). Administrative Conta

#### Please note the following:

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

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

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

End of schedule

	Connecticut Departme	nt of Dublic II	iool+h	D.	uinlein a I	Motor	Coation	•		
	Connecticut Departme							1		
	Water Quality M	Ionitoring and	d Con	_						
PWS ID	PWS Name			Cla	ssification Po	opulation	Owner Typ	e Pri	mary Source	
СТ0420494	36 EAST HIGH STREET - EAST HAMPT	ON			NC	25	Р		GW	
Local Address	(where applicable)	Service	Residen	itial	Commercial	Industria	ıl Combii	ned	Agricultura	
		Connections			1					
Towns Served:	EAST HAMPTON									
	N	Nonitoring Requ	ireme	nts	3					
Water Systen	n Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)								
<b>Total Colifor</b>	m (3100)					1	routine (F	RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitoring Period Collection Period					nplia	nce Status	
Select fro	m Inventory of Active Sampling Points	:	10/1/23 - 12/31/23					Complete		
			1/1/24 -	- 3/3	1/24			Con	nplete	
			4/1/24 -	- 6/3	0/24					
			7/1/24 -	- 9/3	0/24					
<b>Physical Para</b>	ameters (PPS)					1	routine (F	RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period Coll	lection Per	iod Con	nplia	nce Status	
Select fro	m Inventory of Active Sampling Points	•	10/1/23 - 12/31/23					Con	nplete	
			1/1/24 - 3/31/24					Con	nplete	
			4/1/24 -	- 6/3	0/24					
			7/1/24 -	- 9/3	0/24					
Water Systen	n Facility: ENTRY POINT (WSF ID:	00700)								
Nitrate And	Nitrite (NOX)						1 routin	e (R1	') per year	
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period Coll	lection Per	iod Con	nplia	nce Status	
ENTRY PC	DINT (3)		1/1/23 -	12/3	31/23			Con	nplete	
			1/1/24 -	12/3	31/24			Con	nplete	
			1/1/25 -	12/3	31/25					
	Ot	her Compliance	Sched	lule	es					
Compliance Sc	hedule Activity			Due	Date	Achiev	ved Date			
RESPOND TO S	ANITARY SURVEY		g	9/25,	/2021					
	Publ	ic Notification R	equire	eme	ents					
		Compliance	Notice	?	Public Not	ification	PN	Certij	<u>fication</u>	
Violation /Citu	ation	Dariad	Tior			5 (				

NESPOND TO SANTIANT SONVET	3/2	23/2021								
Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	7/1/10 - 9/30/10	2	9/10/2010		9/20/2010					
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/23/2010		11/2/2010					
Repeat Total Coliform M&R Violation	8/1/10 - 8/31/10	2	1/19/2011		1/29/2011					
Total Coliform M&R Violation	8/1/10 - 8/31/10	2	1/28/2011		2/7/2011					

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20825	WELL #1	2	WELL	Α						
59150	TREATMENT - IRON REMOVAL									

	donnecticat Departmen	it of I ablic II	Carci	. D.		, water	Decelon	•	
	Water Quality M	onitoring and	d Con	npl	liance S	Schedul	le		
PWS ID	S ID PWS Name				ssification	Population	Owner Type	<b>Primary Source</b>	
CT0420494	36 EAST HIGH STREET - EAST HAMPTO	ON			NC	25	Р	GW	
Local Address	Service	Resider	ntial Commerci		al Industri	al Combin	ed Agricultural		
		Connections			1				

Towns Served: EAST HAMPTON

Contact Information									
Name		Organization		Job Title					
Mr. Shantilal Lala				B&H Lala, LL	C	Property Owner			
Mailing Address Line One Mailing Addre				ess Line Two		City		State	Zip Code
36 East High Street						East Har	npton	СТ	06424
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address			
860-267-1096					860-395-8117				

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 schedule.

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

End of schedule

	Connecticut De	partmer	nt of	Public H	ealth	Dr	inkii	ng V	Vater	Se	ction	
	Water Q	•						_			311011	
PWS ID	PWS Name	dancy 1-1	011100		u dom		ssificatio				ner Type Pr	imary Source
CT0420534	VFW #5095						NC		25		P	GW
Local Address (	(where applicable)			Service	Residen	tial	Comme	rcial	Industria	I	Combined	Agricultural
20 NORTH MA	PLE STREET			Connections			1					
Towns Served:	EAST HAMPTON											
		М	onito	ring Requ	ireme	nts						
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (	WSF ID	): 00600)								
<b>Total Colifor</b>	m (3100)								1	rοι	ıtine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ng P	eriod	Colle	ection Per	iod	Compli	ance Status
Select fro	m Inventory of Active Samp	oling Points		:	10/1/23 -	12/	31/23				Coi	mplete
					1/1/24 -	3/3	1/24				Coi	mplete
					4/1/24 -	6/3	0/24					
					7/1/24 -	9/3	0/24					
<b>Physical Para</b>	ameters (PPS)								1	rou	ıtine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ng P	eriod	Colle	ection Per	iod	Compli	ance Status
Select fro	m Inventory of Active Samp	oling Points		:	10/1/23 -	12/3	31/23				Coi	mplete
					1/1/24 -	3/3	1/24				Coi	mplete
					4/1/24 -							
					7/1/24 -	9/3	0/24					
Water Systen	n Facility: ENTRY POINT	Γ (WSF ID: 0	0700)									
Nitrate And	Nitrite (NOX)									1	routine (R	T) per year
	Point (Sampling Point ID)				Monitori			Colle	ection Per	iod		ance Status
ENTRY PO	DINT (3)				1/1/23 -							mplete
					1/1/24 -			_			Coi	mplete
					1/1/25 -		•					
		Oth	er Co	mpliance	Sched	lule	es					
Compliance Sc	hedule Activity						Date		Achiev	red	Date	
CROSS CONNE	CTION SURVEY REPORT				3	3/1/:	2026					
		Public	Noti	fication R	equire	eme	ents					
			Co	mpliance	Notice		<u>Public</u>	: Notij	<u>fication</u>		PN Cert	<u>ification</u>
Violation/Situe				Period	Tier		Require		Performed		Due to DPH	Received
Total Coliform	MCL Violation		1/1/:	14 - 3/31/14	2	4	4/20/20	14		4	4/30/2014	
	Wate	r System I	Facilit	ty and Sar	npling	Ро	int In	vent	ory			
Water								Tota	l Lead o	ınd		
*	ter System Facility			Sampling Poil	nt		(	Colifor				Stage
Facility ID		ID		Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4		DISTRIBUTION			Α	Υ				
				WITHIN 5 SER			A					
		UPSTRE		WITHIN 5 SER		N	A					
		VFW I		KITCHEN SINK			A	Y				
		VFWBA		BAR SINK #1			A	Y				
		VFWBA		BAR SINK #2	L/		A	Y				
		VFWBK		BACK BAR SIN			A	Y				
		VFWM		MEN'S ROOM	SINK		A	Y				
		VFWU	IIL	UTILITY SINK			Α	Υ				

WOMEN'S ROOM SINK

**VFWWOM** 

Υ

Α

	Water Quality Monitoring and Compliance Schedule										
Č V							T T T T T T T T T T T T T T T T T T T	Pri	mary Source		
CT0420534	VFW #5095				NC	25	Р		GW		
Local Address (where applicable)		Service	Residen	ntial Commerci		al Industri	al Combin	ed	Agricultural		
20 NORTH MA	Connections			1							

Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00700	ENTRY POINT	3	ENTRY POINT	А						
20829	WELL	2	WELL	Α						
61714	TREATMENT PLANT									

		C	ontact ini	ormation					
			Organization	l		Job Title			
War Post 5095									
e One		Mailing Addr	ess Line Two		City	State	Zip Code		
20 North Maple P O Box					East Hampton	CT	06424		
Extension	Fax	Mo	Mobile Phone Emergency Phon		Email Address				
vner					•				
			Organization			Job Title			
1			VFW Post 50	95					
e One		Mailing Addr	ess Line Two		City	State	Zip Code		
					East Hampton	CT	06424		
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
					rwanderson42@comcast.net				
	vner  e One  Extension	e One  Extension Fax  vner  e One  Extension Fax	e One Mailing Address 301  Extension Fax Month  wner  e One Mailing Address 301  Extension Fax Month  Extension Fax Month  Extension Fax Month  Mailing Address 301  Extension Fax Month  Extension Fa	War Post 5095  e One	War Post 5095  e One	War Post 5095  One Mailing Address Line Two City P O Box 301 East Hampton Extension Fax Mobile Phone Emergency Phone Email Address  Viner Organization VFW Post 5095 E One Mailing Address Line Two City East Hampton Extension Fax Mobile Phone Emergency Phone Email Address	War Post 5095  One Mailing Address Line Two City State P O Box 301 East Hampton CT  Extension Fax Mobile Phone Emergency Phone Email Address  Verwer  Organization Job Title VFW Post 5095  One Mailing Address Line Two City State East Hampton CT  Extension Fax Mobile Phone Emergency Phone Email Address  East Hampton CT  Extension Fax Mobile Phone Emergency Phone Email Address rwanderson42@comcast.net		

Contact Role(s): Administrative Contact, Legal Contact

# Please note the following:

Towns Served: EAST HAMPTON

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

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

End of schedule

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Schedule Generation Date: 4/3/2024

		cticut Depa					U			ction	
		Water Qua	lity Monit	oring and							
PWS ID CT0420554	PWS Name	ENERAL EAST HAN	1PTON		CI	assificati NC	ion Pop	ulation 25	Owr	ner Type   Pr P	imary Source GW
	ess (where applic			Service	Residentia		ercial	Industria	al	Combined	Agricultural
	IIGH STREET			Connections		1	_				
Towns Serv	ved: EAST HAMP	TON									
			Monito	oring Requ	irement	:S					
Water Sys	tem Facility:	DISTRIBUTION S									
<b>Total Coli</b>	iform (3100)							1	rou	tine (RT)	er quarter
Sampl	ling Point (Samp	ling Point ID)			Monitoring	Period	Colle	ction Pe	riod	Compli	ance Status
Select	from Inventory	of Active Sampling	Points		10/1/23 - 12	2/31/23				Со	mplete
					1/1/24 - 3/	31/24				Со	mplete
					4/1/24 - 6/	'30/24					
					7/1/24 - 9/	'30/24					
Physical F	Parameters (Pl	PS)						1	rou	tine (RT) լ	er quarter
	ling Point (Samp				Monitoring		Colle	ction Per	riod	Compli	ance Status
DISTR	IBUTION SYSTEM	l (4)			10/1/23 - 12						mplete
					1/1/24 - 3/					Со	mplete
					4/1/24 - 6/						
		<b>_</b>			7/1/24 - 9/	30/24					
	•	ENTRY POINT (V	VSF ID: 00700)								
	nd Nitrite (NO	<del>-</del>					- "			=	T) per year
	ling Point (Samp	ling Point ID)			Monitoring		Colle	ction Per	riod		ance Status
ENTRY	POINT (3)				1/1/23 - 12					Co	mplete
					1/1/24 - 12						
			•		1/1/25 - 12		_	•			
		thly Water S	<u>-                                      </u>	ity (WSF) I	Level Mo	nitori	ng Ke	quirei	mei	nts	
Water Sys	tem Facility: <b>E</b>	NTRY POINT (W	/SFID: 00700)								
Analyte	e	<b>Monitoring Requ</b>	irement (Summa	ary Type)	Operat	ing Limit	t			Samples Re	eq/Month
рН		Entry Point pH M	onitoring (PHRD			um: 7.0	PH			4	
Start Da	ate: 3/1/2019			•	nce History	<b>':</b>	Operat	ting Limi	t	Monitor	
					ing Period		Compl	iance Sta	atus:	Complia	nce Status:
					23 - 11/30/2						
					23 - 12/31/2						
					4 - 1/31/202						
					4 - 2/29/202 4 - 3/31/202						
		\\/-tC			<u> </u>						
		water's	ystem Facili	ity and Sar	ripling P	oint ir					
-	Water System Fo	acility	Sampling Point ID	Sampling Poil Description	nt		Total Coliforn	п Сорј	oer	Ashastas	Stage
Facility ID	DICTRIBUTION	/CTEN/			I CVCTCA 4	Status ^	Rule	Kule	ner	ASDESTOS	WQP 2 DBPR
00600	DISTRIBUTION S	T S I E IVI	4 DOM/NISTREAM	DISTRIBUTION		A	Υ				
			DOWNSTREAM			A					
00700	ENITOV DOINIT		UPSTREAM	WITHIN 5 SER		Α					
	ENTRY POINT		3	ENTRY POINT		Α					
61248	WELL 1		2	WELL 1		Α					

61252 TREATMENT PLANT

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

				1				
PWS ID	PWS Name			Classifica	tion P	opulation	Owner Type	Primary Source
CT0420554	DOLLAR GENERAL EAST HAMPTON			NC		25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Comr	mercial	Industri	al Combine	ed Agricultural
197 EAST HIGH	STREET	Connections			1			

			C	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Antonios Arnid	is			25-70 Astoria	a Blvd Realty, LLC		Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
96 Amherst Street						Garden	City	NY	11530	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ac	ddress			
917-887-6964						paauto@	aol.com			

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

# Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	<b>Connecticut Department</b>	of Public H	ealth	D	rinking	Water	Section	L	
	Water Quality Mon	nitoring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prir	mary Source
CT0429123	CHATHAM CORNER BUILDING				NC	28	Р		GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural
240 MIDDLET	MIDDLETOWN AVE Connections						4		

240 MIDDLETOWN AVE			7
Towns Served: EAST HAMPTON			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Total Coliform (3100)		1 rout	ine (RT) per quartei
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Other Complia	ance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

•			
Compliance Schedule Activity	<b>Due Date</b>	Achieved Date	
CROSS CONNECTION EXEMPTION	3/1/2012		

	Wa	ter System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
49883	WELL 1	2	WELL 1	Α					
58375	TREATMENT PLANT								

				Contact Inf	ormation				
Name Organization								Job Title	
Mr. Jeffrey M. Paln	ner			Shalmuk Inve	estors, LLC		Owner		
Mailing Address Lin	e One		Mailing	Address Line Two			City State Zip (		
240 Middletown Av	enue					East Har	mpton	СТ	06424
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-638-7873		860-346-9	232		860-638-7873	jefpalme	er@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	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/S Nama	Classification	Donulation	Owner Type	Dri

PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0429123	CHATHAM CORNER BUILDING			NC	28	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
240 MIDDLETO\	VN AVE	Connections				4	

#### Please note the following:

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

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

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

End of schedule

	Connecticut Department	of Public H	lealth	Di	rinking	Water	Section	
	Water Quality Mon	itoring and	d Con	npl	liance S	chedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0429154	227 WEST HIGH STREET - E HAMPTON				NC	39	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combin	ed Agricultural
227 WEST HIG	27 WEST HIGH ST Connections						4	

227 WEST HIGH ST

Towns Served: EAST HAMPTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Water System Facility: WELL 1 (WSF ID: 57699)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
WELL 1 (2)	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		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.

	0	. D		CD 11:	TT 1.1	D .	1.	TA		C		
	Connecticu	t Depa	rtment o	f Public	Health	Dri	inkir	ng W	ater	Sec	ction	
	Wate	er Qual	lity Moni	toring a	nd Com	pli	ance	Sch	edule	9		
PWS ID	PWS Name					Class	ificatio	n Pop	ulation	Own	er Type P	rimary Sour
CT042915	227 WEST HIGH ST	REET - E H	AMPTON				NC		39		Р	GW
Local Add	lress (where applicable)			Service	Resident	ial C	Comme	rcial	ndustria	I (	Combined	Agricultur
227 WEST	Γ HIGH ST			Connection	ns						4	
Towns Se	rved: EAST HAMPTON				•			,				,
			Monit	oring Red	quireme	nts						
Water Sy	stem Facility: WELL 1	(WSF ID:	57699)									
E. Coli (	3014)								1	rou	tine (RT	) per mont
Sam	pling Point (Sampling Poi	nt ID)			Monitorii	ng Pe	riod	Collec	tion Peri		-	iance Status
					2/1/24 -	2/29,	/24				Co	mplete
					3/1/24 -	3/31,	/24				Co	omplete
					4/1/24 -	4/30,	/24					
					5/1/24 -	5/31,	/24					
					6/1/24 -	6/30,	/24					
					7/1/24 -	7/31,	/24					
					8/1/24 -	8/31,	/24					
					9/1/24 -	9/30,	/24					
					10/1/24 -	10/3	1/24					
	V	Vater Sy	stem Facil	lity and S	ampling	Poi	nt Inv	ento/	ry			
Water	Motor Control English		C	. C	No. for 4			Total	Lead a			
System Facility IL	Water System Facility	3	Sampling Point ID	Sampling P Description				oliforn Rule			Achastas	Stag WQP 2 DB
00600	DISTRIBUTION SYSTEM		2	<u> </u>	ON SYSTEM	S	<u>tatus</u> A	Kule	Kule I	iei	ASDESIUS	WQF Z DB
00000	DISTRIBUTION STSTEIN		4	DISTRIBUTI			A	Υ				
			4 DOWNSTREAM		_		A	ī				
			UPSTREAM		SERVICE CON		A					
00700	ENTRY POINT		3	ENTRY POI			A					
57699	WELL 1		2	WELL 1	N I		A					
37033	WELL I						^					
Name a				ntact Info	rmation						Lab Title	
Name	in Duff.		C	)rganization				D.~	on orty ( O		Job Title	
Mr. Mart			Nacilia - Addus	an Lina Tura					operty O	wne		7in Codo
	ddress Line One		Mailing Addres	ss line Two			l la al		City		State	Zip Code
P.O. Box 3		Fav	Mob	ilo Dhono		Dhan	Hade		200		СТ	06438
	ss Phone Extension 18-9324	Fax	IVIOD	oile Phone	Emergency	PHON	ie Ellia	ıı Addr	255			
	cole(s): Legal Contact, Ov	vnor										
		VIICI										
Contact R	Legal Contact, Ov		_	ranization							Joh Title	
Contact R Name				organization	. 66						Job Title	
Contact R Name <b>Ms. Bonn</b>				he Tavern Or	n 66				City		Job Title State	Zip Code

Mobile Phone

860-819-8651

Fax

Extension

Contact Role(s): Administrative Contact

East Hampton

tavern66@comcast.net

Emergency Phone Email Address

06424

CT

227 West High St

**Business Phone** 

860-267-6569

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/S Nama	Classification	Donulation	Owner Type	Dri

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0429154	227 WEST HIGH STREET - E HAMPTON			NC	39	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
227 WEST HIGH	ST	Connections				4	

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

End of schedule

	Conne	ecticut Departmer	nt of Public H	lealth	D	rinking	g Wa	iter	Secti	on	
		Water Quality Mo	onitoring an	d Con	1p	liance S	Sche	dule	9		
PWS ID	PWS Nam	<u>_</u>	<u> </u>		_					ype Pr	rimary Source
CT0429164	HOPE CH	JRCH OF EAST HAMPTON				NC	25	5	Р		GW
Local Address (	(where appli	icable)	Service	Residen	tial	Commerci	ial Ind	dustria	l Com	bined	Agricultural
230 EAST HIGH	ST (ROUTE	66)	Connections							1	
Towns Served:	EAST HAME	PTON		1		-					-
		M	onitoring Requ	iireme	nts	S					
Water System	n Facility:	DISTRIBUTION SYSTEM (	WSF ID: 00600)								
<b>Total Colifor</b>	m (3100)							1	routine	(RT) <sub> </sub>	per quarter
Sampling	Point (Sam	pling Point ID)		Monitori	ing I	Period C	ollectio	on Peri	od (	ompli	ance Status
Select fro	m Inventory	of Active Sampling Points		10/1/23 -		-				Со	mplete
				1/1/24 -		*					
				4/1/24 -		*					
				7/1/24 -	- 9/3	30/24					
Physical Para	-	·									per quarter
		pling Point ID)		Monitoring Period			ollection	on Peri	od (		ance Status
Select fro	m Inventory	of Active Sampling Points		10/1/23 -						Со	mplete
				1/1/24 -							
				4/1/24 -							
	e			7/1/24 -	- 9/3	30/24					
-		ENTRY POINT (WSF ID: 00	0700)						4	: /D	T\
Nitrate And	-	DX) pling Point ID)		Monitori	ina	Pariod C	ollectio	on Bori		-	T) per year ance Status
ENTRY PO	-	oning Foint ID)		1/1/23 -			onectic	JII PEII	ou c		mplete
LIVINITO	/1141 (3)			1/1/24 -						CO	inpiete
				1/1/25 -		<del></del> _					
	Moi	nthly Water System	Facility (WSF)			•	Regu	ıiron	nants		
Water System		ENTRY POINT (WSFID: 00			,,,,	8	печ				
Analyte	in a dimey.	Monitoring Requirement (S		One	rati	ng Limit			Sam	nles Re	eq/Month
pH		Entry Point pH Monitoring				m: 7.0 PH			Jaili	9163 M	_
Start Date:	8/1/2014	Littly Forme pri Monitoring	` '	nce Histo					N/	onitor	
Start Bate.	0/1/2014		· · · · · · · · · · · · · · · · · · ·	ing Perio	_	O.	erating mplian	_			nce Status:
				23 - 11/3			прпап	ice Sta	tus.		
				23 - 12/3							
				4 - 1/31/2							
				4 - 2/29/2							
				4 - 3/31/2							
		Public	Notification R	equire	em	ents					
			Compliance	Notice	_	Public N	otificat	tion	P	N Cert	<u>ification</u>
Violation/Situ	ation		Period	Tier		Required	-	ormed			Received

Public Notification Requirements										
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
pH M&R Violation	8/1/14 - 8/31/14	3	11/3/2015		11/13/2015					
pH M&R Violation	9/1/14 - 9/30/14	3	11/6/2015		11/16/2015					

Water System Facility and Sampling Point Inventory									
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0429164	HOPE CHURCH OF EAST HAMPTON			NC	25	Р	GW
Local Address (v	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural	
230 EAST HIGH	ST (ROUTE 66)	Connections				1	

	Wate	er System Facili	ity and Sampling	Point I	nvento	ry		
Water System Water Syste Facility ID	em Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POIN	Т	3	ENTRY POINT	Α				
58830 WELL 1		2	WELL 1	Α				
58834 TREATMENT	PLANT							 

				Contact Info	ormation					
Name				Organization			Job Title			
Mr. Thomas Ingala		Hope Church	Hope Church			Pastor				
Mailing Address Line One Mailing Address				Address Line Two		City		State	Zip Code	
PO Box 44						East Hamp	oton	СТ	06424	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address				
860-267-9607	103	860-267-6	5506			tingala@cthope.com				

Contact Role(s): Administrative Contact, Legal Contact

# Please note the following:

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

End of schedule

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Schedule Generation Date: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source					
CT0429184	ST. PATRICK CHURCH - PARISH CENTER			NC		33	Р	GW					
Local Address (	where applicable)	Service	Residen	esidential Co		al Industri	al Combine	ed Agricultural					
47 W. HIGH STF	REET	Connections	5		1								
Towns Served: EAST HAMPTON													

Requirements		
500)		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
10/1/23 - 12/31/23		Complete
1/1/24 - 3/31/24		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 rout	ine (RT) per quarter
Monitoring Period	<b>Collection Period</b>	Compliance Status
10/1/23 - 12/31/23		Complete
1/1/24 - 3/31/24		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
10/1/23 - 12/31/23		Complete
1/1/24 - 3/31/24		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 r	outine (RT) per year
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
1/1/23 - 12/31/23		Complete
1/1/24 - 12/31/24		Complete
1/1/25 - 12/31/25		
tion Requirements		
	10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 1/1/23 - 12/31/23 1/1/24 - 12/31/23 1/1/24 - 12/31/23	1 rout  Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 9/30/24  1 rout  Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Collection Period  10/1/23 - 12/31/23  1/1/24 - 9/30/24  1 r  Monitoring Period  1/1/23 - 12/31/23  1/1/24 - 12/31/23  1/1/24 - 12/31/24  1/1/25 - 12/31/25

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>Pl</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015						
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016						
Nitrate M&R Violation	4/1/16 - 6/30/16	2	10/27/2016		11/6/2016						

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
59511	PARISH WELL	2	PARISH WELL	Α							

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name		Classification Popu		Population	Owner Type	Primary Source	
CT0429184	ST. PATRICK CHURCH - PARISH CENTER				NC	33	Р	GW
Local Address (w	here applicable)	Service	Residentia		Commerci	al Industri	al Combine	ed Agricultural
47 W. HIGH STR	Connections			1				

**Water System Facility and Sampling Point Inventory** Lead and Water **Total** Sampling Point Sampling Point Water System Facility **Coliform** System Copper Staae ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status TREATMENT PLANT 61432 **Contact Information** Name Organization Job Title Saint Patricks Roman Catholic Church Mailing Address Line One Mailing Address Line Two City State Zip Code 47 W High Street CT 06424 East Hampton Emergency Phone Email Address **Business Phone Extension** Fax Mobile Phone 860-267-6644 stpatdfm@sbcglobal.net Contact Role(s): Owner Organization Job Title Name Father Gerald S. Kirby St. Patricks Church Priest Mailing Address Line One Mailing Address Line Two City State Zip Code 06424 47 W. High Street East Hampton CT **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

860-267-6644

Towns Served: EAST HAMPTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Stpatrick47@sbcglobal.net

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Classification		Population		Owner Type	Pri	mary Source
CT0429224	13 NORTH MAIN STREET			NC		25		Р		GW
Local Address	Local Address (where applicable)		Residenti		ntial Commerci		Industria	ial Combine		Agricultural
13 NORTH MA	IN ST. EAST HAMPTON	Connections						1		

Towns Served: EAST HAMPTON				
Monitor	ing Requirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)			
Total Coliform (3100)		1 rout	tine (RT) per quarter	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>	
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
Physical Parameters (PPS)		1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>	
DISTRIBUTION (4)	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete	
	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			
Water System Facility: WELL 1 (WSF ID: 61826)				
E. Coli (3014)		1 rou	tine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status	
WELL 1 (2)	11/1/23 - 11/30/23		Complete	
	12/1/23 - 12/31/23		Complete	
	1/1/24 - 1/31/24		Complete	
	2/1/24 - 2/29/24		Complete	
	3/1/24 - 3/31/24			
	4/1/24 - 4/30/24			
	5/1/24 - 5/31/24		<del></del>	
	6/1/24 - 6/30/24			
	7/1/24 - 7/31/24			
	8/1/24 - 8/31/24			
	### Monitoring Period Collection Period Collecti			
	10/1/24 - 10/31/24			

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	7/1/20 - 9/30/20	3	1/12/2022		1/22/2022						
Total Coliform M&R Violation	4/1/20 - 6/30/20	3	1/12/2022		1/22/2022						
Physical Parameters M&R Violation	7/1/20 - 9/30/20	3	1/12/2022		1/22/2022						
Physical Parameters M&R Violation	4/1/20 - 6/30/20	3	1/12/2022		1/22/2022						

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

	<u></u>			<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0429224	13 NORTH MAIN STREET			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
13 NORTH MAI	N ST. EAST HAMPTON	Connections				1	

	Wa	ater System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ				
		DOWNSTREAM	5 SERVICE CONNECTION	Α	Υ				
		UPSTREAM	5 SERVICE CONNECTION	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					_
61826	WELL 1	2	WELL 1	Α					
61830	TREATMENT PLANT								

			Co	ontact Inf	ormation					
Name		Organization	1	Job Title						
Mr. Aaron Tyler		13 North Ma	nin St, LLC							
Mailing Address Line One Mailing Addr				ess Line Two		City		State	Zip Code	
13 North Main Stree	et, LLC		24 Lafayette	Road		Marlbord	ough	СТ	06447	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress			
860-250-9894						atylercor	nst@comcast.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department	of Public H	leaith	ועו	rinking	water	Section		
	Water Quality Mor	nitoring and	d Con	npl	iance S	chedul	e		
PWS ID	PWS ID PWS Name					Population	Owner Type	<b>Primary Source</b>	
CT0429234	NELSON'S CAMPGROUND REC HALL WEL	LL		NC		25	Р	GW	
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural	
71 MOTT HILL	ROAD	Connections			1				

Mon	itoring Requirements				
Water System Facility: DISTRIBUTION (WSF ID: 006					
Total Coliform (3100)	•	1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Physical Parameters (PPS)		1 routine (RT) per quart			
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
DISTRIBUTION (4)	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Water System Facility: ENTRY POINT (WSF ID: 0070	00)				
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				
Othor	Compliance Schedules				

# Other Compliance Schedules

Compliance Schedule Activity

CROSS CONNECTION SURVEY REPORT

3/1/2028

	Wa	ter System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION	4	DISTRIBUTION	Α	Υ				
		DOWNSTREAM	5 SERVICE CONNECTION	Α	Υ				
		UPSTREAM	5 SERVICE CONNECTION	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
61862	WELL #4	2	WELL	Α					
61866	TREATMENT PLANT								

			С	ontact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Bruce Gustine				Gustine Prop	perties, Inc		Vice President			
Mailing Address Line One Mailing Ad				ress Line Two		City		State	Zip Code	
71 Mott Hill Road						East Han	npton	СТ	06424	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress			
860-267-5363		860-267-	5312		888-883-7957	gustines	inesrV@msn.com			
Contact Role(s): Le	gal Contact, C	wner				•				

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.

PWS ID	PWS Name			(	Classif	ication	Population	Owner Type I	Primary Source
СТ0429234	NELSON'S CAMP	GROUND REC HALL	. WELL			IC	25	Р	GW
Local Address (where applicable) Service Residential Commerc								al Combined	d Agricultural
71 MOTT HILL RO	DAD		Connection	S		1			
Towns Served: E	AST HAMPTON		·				·	·	
Name			Organization	Organization Job 1					
ranne									
	lge		Gustine Proper	ties Inc					
Miss Colynn Hoo		Mailin	Gustine Proper g Address Line Two	rties Inc			City	State	Zip Code
Miss Colynn Hoo Mailing Address	Line One	Mailin		rties Inc		East Ha		State	Zip Code 06424
Miss Colynn Hoo Mailing Address 71 Mott Hill Roa Business Phon	Line One d	Mailin <sub>i</sub>	g Address Line Two	ties Inc  Emergency F	Phone		mpton		-

#### contact Role(s). Administrative con

#### Please note the following:

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

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

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

End of schedule

	Connecticut Departmen					_			ction		
	Water Quality Mo	onitoring and	d Con	-							
PWS ID	PWS Name			Clas	ssificatio	n Po	-	Owr		Primary S	ourc
CT0429204	D'ELIANA				NC		29		Р	GW	
	where applicable)	Service	Resider	ntial		rcial	Industri	al	Combine	d Agricu	tura
38 WEST HIGH		Connections	1		1						
Towns Served:	EAST HAMPTON										
		onitoring Requ	ireme	nts	<b>•</b>						
•	· · · · · · · · · · · · · · · · · · ·	VSF ID: 00600)									
	•					- "			-		
						Colle	ection Pe	riod		liance Sta	tus
Select froi	m Inventory of Active Sampling Points	-			-					omplete	
									C	omplete	
					•						
	. (550)		7/1/24	- 9/3	0/24						
-				<b>.</b>	Sauta d	6-11-					
						Colle	ection Pe	rıoa		liance Sta	tus
Select froi	m inventory of Active Sampling Points	-								Complete	
									C	omplete	
Mater System	Seculity: ENTRY DOINT (MCF ID: 00	700\	//1/24	- 9/3	0/24						
		700)						4		DT\	
	•		Monitor	ina D	Pariod	Colle	stion Bo				
						Cone	ction Pe	rioa		liance Sta	lus
ENTRYPO	1141 (3)									Complete Complete	
						_				ompiete	
Mater System	Seculity: WELL 1 (WSE ID: 622E7)		1/1/25 -	12/5	51/25						
•								1		F\	
			Monitor	ina D	Period	Colle			-	l) per mo liance Sta	
						Cone	ction re	Hou		Complete	lus
VVLLL I (2	)									Complete	
		-			•					Complete	
				-						Complete	
										ompiete	
						_					
	Othe										
Compliance Sci							Achie	eved I	Date		
CROSS CONNE	CTION SURVEY REPORT			3/1/	2025						
	Water System F	acility and Sar	npling	Po	int Inv	/ent	ory				
Water											
		Daint Committee Dair					-	-			

System Water System Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 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.

Coliform Copper

Stage

Sampling Point Sampling Point

		***	A 11. 3.4			1.0	,		, ,					
		Water	Quality M	onit	oring and	d Con	npl	liance S	Sch	iedul	e			
PWS ID		PWS Name					Cla	ssification	Pop	ulation	Ow	ner Type	Prir	mary Source
CT042920	)4	D'ELIANA						NC		29		Р		GW
Local Add	ress (w	here applicable)			Service	Residen	itial	Commerci	ial I	Industria	al	Combine	b	Agricultural
38 WEST	HIGH S	TREET			Connections	1		1						
Towns Se	rved: E	AST HAMPTON												
00600	DISTR	IBUTION SYSTEM	4		DISTRIBUTION	J SYSTEM	1	A						
00000	ווכוט	IDOTION STSTEM			DISTRIBUTION	V SISILIV								
00700	ENTR	Y POINT	3		ENTRY POINT			Α						
62357	WELL	1	2		WELL 1			Α						
62359	TREA	TMENT PLANT												

			Co	ontact Inf	ormation					
Name				Organization	l		Job Title			
Mr. George Miklos			D'eliana			Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
116 Hubbard Drive						Glastonb	oury	СТ	06033	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress			
						georgem	niklos2011@	gmail.com		

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

## Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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	Conne	ecticut Dep	artment of	Public H	Health 1	Drink	ing V	Vater	Sec	ction	
		Water Qu	ality Monit	oring an	d Com	pliand	ce Sc	hedule	e		
PWS ID	PWS Nam	ie			(	Classificat	ion Po	pulation	Own	er Type Pr	imary Source
CT042924		ENTS MARINA				NC		180		Р	GW
	ress (where appl	· · · · · · · · · · · · · · · · · · ·		Service	Residenti	al Comm	nercial	Industria	ıl (	Combined	Agricultural
		HAMPTON, CT 0	6424	Connections			1				
Towns Ser	ved: EAST HAMF	PTON									
				oring Requ	uiremen	ts					
•	•	DISTRIBUTION	SYSTEM (WSF II	D: 00600)						. (>=\	
	liform (3100)	nling Boint (D)			Monitoria	a Dovind	Calle				per quarter
	t from Inventory	of Active Sampli	ng Points		<i>Monitorin</i> 10/1/23 - 1		Cone	ection Peri	ioa		mplete
Selec	t iroin inventory	of Active Sampin	ilg Politis		1/1/24 - 3					CO	inpiete
					4/1/24 - 6						
					7/1/24 - 9						
Physical	Parameters (P	PPS)			, _,	,,		1	rout	ine (RT) ı	per quarter
-	oling Point (Sam				Monitorin	g Period	Colle	ection Peri			ance Status
Selec	t from Inventory	of Active Sampli	ng Points		10/1/23 - 1	2/31/23				Со	mplete
					1/1/24 - 3	3/31/24					
					4/1/24 - 6						
					7/1/24 - 9	9/30/24					
Water Sy:	stem Facility:	ENTRY POINT	(WSF ID: 00700)								
	And Nitrite (NO									=	T) per year
	oling Point (Sam	pling Point ID)			Monitorin		Colle	ection Peri	iod		ance Status
ENIK	Y POINT (3)				1/1/23 - 1 1/1/24 - 1					Co	mplete
				-	1/1/24 - 1		_				
	Moi	nthly Water	System Facil	ity (WSF)			ing Re	equiren	nen	ıts	
Water Sv		ENTRY POINT (		icy (1131 )	20101111		8	squii cii			
Analyt			uirement (Summa	arv Type)	Opera	ating Limi	t		S	Samples Re	ea/Month
рН			Monitoring (PHRD		Minim	num: 7.0	PH			4	
Start D	oate: 9/1/2022				ance Histor	y:	Opera	iting Limit	t	Monitor	ing
				Monito	ring Period		-	liance Sta		Complia	nce Status:
					23 - 11/30,						
				• • •	23 - 12/31/						
					4 - 1/31/20						
					4 - 2/29/20						
			0.1.	. ,	4 - 3/31/20						
			Other C	ompliance							
	ce Schedule Activ					ue Date		Achiev	ved D	ate	
CROSS CO	NNECTION SURV		_	<u> </u>	•	/1/2025					
		Water	System Facili	ity and Sai	mpling F	Point In	nvent	ory			
Water	14/		C	C !!	-		Total				
	Water System I	acility	Sampling Point ID	Sampling Poil Description	ınt		Colifor Rule			Achastas	Stage
Facility ID 00600	DISTRIBUTION S	CVSTEM	4	DISTRIBUTION	N SYSTEM	<u>Status</u> A	Kule	Kule I	iler	ASDESTOS	WQP 2 DBPR
	ENTRY POINT	DISTEIVI	3	ENTRY POINT		A					
00700	LIVINI FUINI		J	LIVITAT FOINT		^					

Α

WELL 1

2

62551 WELL 1

	Water Quality Mo	onitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0429244	ST. CLEMENTS MARINA				NC	180	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
49 OAKUM DOO	CK RD, EAST HAMPTON, CT 06424	Connections			1			

	Water 9	System Facili	ty and Sam	pling Point In	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
62553	MARINA TREATMENT PLANT								
62558	ATMOSPHERIC STORAGE TANKS								
62562	BOOSTER PUMPS								

			C	ontact Inf	ormation						
Name				Organization	1			Job Title			
Mr. William (Billy) E	Bowe			St Clement's	Castle & Marina		Facilities M	lanager			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City State Zi				
PO Box 427						Portland	ł	СТ	06480		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress				
860-342-0593						bbowe@	saintcleme	ntscastle.com	l		
Contact Role(s): Ac	dministrative C	ontact			-	•					
Name				Organization	1			Job Title			
Mr. Jonathan Rams	ay			St Clement's	Castle & Marina		Cfo				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
1931 Portland-Coba	lt Road		PO Box 427			Portland	ł	СТ	06480		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress				
860-342-2224	247					jramsay	@saintclem	entscastle.cor	n		
Contact Role(s): Le	gal Contact, O	wner			1	-1					

# Please note the following:

Towns Served: EAST HAMPTON

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