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PWS 10 PWS Name Classification Population Owner Type Primary Source Cro6a10192 LITTLE CITY CAMPGROUND Service Residential Commercial Industrial Combined Agricultura 733 LITTLE CITY ROAD Connections 1 Commercial Industrial Combined Agricultura 733 LITTLE CITY ROAD Connections 1 Toutine (RT) per quarter Sampling Point Sampling Point (Sampling Point Santiary Survey 9/18/2011 9/1		Connecticut Depa	artmer	it of	Public H	lealth	Dr	inkir	ıg V	Vater S	ection	
Description PWS Name Classification Population Owner Type Primary Source Control Primary Source Control Primary Source P		Water Oua	lity Mo	onit	oring and	d Com	nli	ance	Scl	nedule		
Crost Contact Complete Service Residential Commercial Industrial Combined Agricultura Agricultura Towns Served: HADDAM Monitoring Requirements Service Towns Served: HADDAM Monitoring Reguirements Service Towns Served: HADDAM Monitoring Period Service	PWS ID				011118 0111						wner Type Pri	mary Source
Service Residential Commercial Industrial Combined Agricultura Agricultura Combined Agricultura Computer Compu							Ciass					
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### Addition of the compliance	Sampling	Point (Sampling Point ID)				Monitorin	ng Pe	riod	Colle	ction Perio	d Complia	nce Status
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Other Compliance Schedules Compliance Schedule Activity RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY Public Notification Requirements Compliance Period Tier Required Performed Due to DPH Received Physical Parameters M&R Violation Water System Facility and Sampling Point Inventory Water System Water System Facility Facility ID Description O600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A						1/1/24 - 1	12/31	1/24				
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RESPOND TO SANITARY SURVEY Public Notification Requirements Compliance Period Tier Required Performed Due to DPH Received Physical Parameters M&R Violation Water System Facility and Sampling Point Inventory Water System Water System Facility Facility ID Description A DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A PN Certification Period Tier Required Performed Due to DPH Received Performed County Interventory PN Certification Period Tier Required Performed Due to DPH Received Performed Du	Compliance Sc	hedule Activity				E	Due D	ate		Achieve	d Date	
Public Notification Requirements Compliance Notice Public Notification PN Certification PN Certif	RESPOND TO S	ANITARY SURVEY				4,	/15/2	2012				
Public Notification Requirements Compliance Period Tier Required Performed Due to DPH Received	RESPOND TO S	ANITARY SURVEY				6,	/12/2	2016				
Compliance Period Tier Required Performed Due to DPH Received Physical Parameters M&R Violation 4/1/04 - 6/30/04 3 11/7/2004 11/17/2004 Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPI ODWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	RESPOND TO S	ANITARY SURVEY				9,	/18/2	2021				
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Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID Description SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A					Period	Tier				erformed	Due to DPH	Received
Water System Water System Facility Facility ID Sampling Point ID Description Status A DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPI A Y DOWNSTREAM WITHIN 5 SERVICE CON A	Physical Param	eters M&R Violation		4/1,	/04 - 6/30/04	3	1	1/7/200)4		11/17/2004	
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Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPI O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A												
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	,	ter System Facility		Point		nt		C	-			Stage
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A		EDIDUTION SYSTEM			•	1.63/6777	S			Kule Tie	er Asbestos	NQP 2 DBPR
UPSTREAM WITHIN 5 SERVICE CON A	00600 DIST	IKIRUTION SYSTEM		DE 4.5.5					Υ			
LINIAN EVITA ANTRA DUNAL	00700 51:-	DV DOINT		AIVI			l					
			3		ENTRY POINT			A				
20053 WELL 2 WELL A Contact Information	20053 WEI	LL	2	_		_		А				

Contact InformationNameOrganizationJob TitleMr. Al OktavecLittle City CampgroundMailing Address Line OneMailing Address Line TwoCityStateZip Code741 Little City RoadHigganumCT06441

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

	Connectic	ut Depa	rtment of	Public	Health	Drin	ıking	Water S	Section	
	Wa	ter Qua	lity Monite	oring a	nd Con	nplia	nce S	Schedule		
PWS ID	PWS Name					Classifi	cation	Population O	wner Type	Primary Source
CT0610192	LITTLE CITY CAN	IPGROUND				N	С	30	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industrial	Combine	ed Agricultural
733 LITTLE CITY P	ROAD			Connection	ns 1					
Towns Served: H.	ADDAM					'				
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address		
860-345-8469					860-345	-4886				
Contact Role(s):	Legal Contact, C	Owner								
Name			Or	ganization					Job Title	9
Ms. Cheryl Oktav	vec .		Lit	tle City Cam	pground					
Mailing Address	Line One		Mailing Address	Line Two				City	State	Zip Code
741 Little City Ro	ad						Higgan	um	СТ	06441
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address		
860-345-8469					860-345-	-4886	oktave	cc@yahoo.cor	n	
Contact Role(s):	Administrative	Contact	•							

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

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

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

End of schedule

	Connectic	ut Depa	irtment of	Public	Health	Drir	nking	g Wa	ater S	ection	
	Wa	ter Qua	lity Monit	oring a	nd Com	plia	nce S	Sch	edule		
PWS ID	PWS Name					Classifi	ication	Popu	lation Ov	vner Type I	Primary Source
CT061005	4 BRAINERD MEM	ORIAL LIBRA	ARY			N	С	2	25	L	GW
Local Addı	ress (where applicable)			Service	Resident	ial Co	mmerci	ial Ir	ndustrial	Combined	d Agricultural
	ROOK ROAD			Connection	ns		1				
Towns Ser	ved: HADDAM										
				oring Red	quireme	nts					
•	stem Facility: DISTR	IBUTION S	YSTEM (WSF II	D: 00600)							
	liform (3100)										per quarter
_	oling Point (Sampling P	-			Monitorii	_		Collect	ion Period		liance Status
Selec	t from Inventory of Act	ive Sampling	Points		10/1/23 -					С	omplete
					1/1/24 -						
					4/1/24 -						
	- ()				7/1/24 -	9/30/2	.4		_	(>=)	
-	Parameters (PPS) pling Point (Sampling P	oint ID)			Monitorii	na Pori	od C	`allect	1 ro ion Period		per quarter liance Status
	t from Inventory of Act	-	Points		10/1/23 -			.onect	ion Period		omplete
Jeiec	t from inventory of Act	ive Jamping	, 1 011113		1/1/24 -						ompiete
					4/1/24 -						
					7/1/24 -						
Water Sv	stem Facility: ENTR	Y POINT (V	VSF ID: 00700)		, , <u>, , , , , , , , , , , , , , , , , </u>	· ·					
•	And Nitrite (NOX)	•	•						1	l routine (RT) per year
	oling Point (Sampling P	oint ID)			Monitorii	ng Perio	od C	ollect	ion Period	-	liance Status
ENTR	Y POINT (3)				1/1/23 - 3	12/31/2	23			С	omplete
					1/1/24 - 3	12/31/2	24				
					1/1/25 - 1	12/31/2	25				_
		Water S	ystem Facili	ity and Sa	ampling	Point	t Inve	nto	ry		
Water							T	otal	Lead and	1	
System	Water System Facility		Sampling Point					iform			Stage
Facility ID			ID	Description		Sta	itus F	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1	4	DISTRIBUTION			A	Y			
			DOWNSTREAM				A -				
00700	ENTRY BOINT		UPSTREAM	WITHIN 5 S			4				
00700	ENTRY POINT		3	ENTRY POIN	N I	<i>F</i>					
21027	WELL		2	WELL		Α	4				
62280	TREATMENT PLANT										
			Con	tact Info	rmation						
Name			10	rganization						Job Title	
Haddam											
Mailing Ac	ddress Line One		Mailing Address	s Line Two				Ci	ity	State	Zip Code
Business	s Phone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email /	Addre	SS		
Contact Ro	ole(s): Owner										
20	(-).										

С	onnectic	ut Depa	rtme	nt of	Public	Health	n Drii	nking	Water	Sectio	n	
	Wat	ter Qua	lity M	lonit	oring a	ınd Cor	nplia	nce S	chedul	e		
PWS ID PV	VS Name						Classif	ication F	opulation	Owner Typ	e P	rimary Source
CT0610054 BF	RAINERD MEM	ORIAL LIBRA	NRY				N	IC	25	L		GW
Local Address (whe	re applicable)				Service	Reside	ntial Co	mmercia	Industria	al Comb	ined	Agricultura
920 SAYBROOK RO	AD				Connectio	ons		1				
Towns Served: HAD	DDAM					-			-			
Name				Or	ganization					Job T	itle	
Ms. Lizz Milardo				Bra	ainerd Mer	norial Libra	ry		First Selec	tman		
Mailing Address Lir	ne One		Mailing	Address	Line Two				City	Stat	e	Zip Code
30 Field Park Drive								Haddam	1	СТ		06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergend	y Phone	Email Ad	ddress		·	
860-345-8531		860-345-3	3730					firstsele	ctman@ha	ddam.org		
Contact Role(s): A	dministrative	Contact, Ow	ner					·				
Name				Or	ganization					Job T	itle	
Mr. Thomas Piezzo)			Bra	ainerd Mer	norial Libra	ry		Director			
Mailing Address Lir	ne One		Mailing	Address	Line Two				City	Stat	e	Zip Code
920 Saybrook Road	<u> </u>							Haddam	l	СТ		06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergend	y Phone	Email Ad	ddress			
860-345-2204		860-345-7	7735					tpiezzo@	gbrainerdli	brary.org		
Contact Role(s): Lo	egal Contact											
Name				Or	ganization					Job T	itle	
Ms. Marijean Conr	ad			Bra	ainerd Mer	norial Libra	ry					
Mailing Address Lir	ne One		Mailing	Address	Line Two				City	Stat	e	Zip Code
920 Saybrook Road								Haddam	1	СТ		06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergeno	y Phone	Email Ad	ddress			
860-345-2204		860-345-7	7735					conradn	narijean@g	mail.com		
Contact Role(s): L	egal Contact											

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

Schedule Generation Date: 4/3/2024

	Connecticut De	•				_			l
	Water Q	uality Monit	oring an	d Comp	oliano	ce Scl	nedule	9	
PWS ID	PWS Name			С	lassificat	ion Po	oulation (Owner Type	Primary Source
CT0610074	CAMP BETHEL				NC		25	Р	GW
Local Address ((where applicable)		Service	Residentia	al Comn	nercial	Industrial	Combin	ed Agricultural
124 CAMP BET	HEL ROAD		Connections		7	'8			
Towns Served:	HADDAM								
		Monite	oring Requ	uiremen	ts				
Water System	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Colifori	m (3100)						2 :	routine (R	T) per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Peri	od Com	pliance Status
Select from	m Inventory of Active Sam	pling Points		4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Physical Para	ameters (PPS)						2 :	routine (R	T) per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Peri	od Com	pliance Status
Select from	m Inventory of Active Sam	pling Points		4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Water System	n Facility: ENTRY POIN	T - WEST (WSF ID:	00700)						
Nitrate And I	Nitrite (NOX)							1 routine	(RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Peri	od Com	pliance Status
ENTRY PO	DINT (3-WEST)			1/1/23 - 12	2/31/23				Complete
				1/1/24 - 12	2/31/24				
				1/1/25 - 12	2/31/25				
Water System	n Facility: ENTRY POIN	T - EAST (WSF ID:	00701)						
Nitrate And I	Nitrite (NOX)							1 routine	(RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Peri	od Com	pliance Status
ENTRY PO	OINT - EAST (3-EAST)			1/1/23 - 12	2/31/23				Complete
				1/1/24 - 12	2/31/24				
				1/1/25 - 12	2/31/25				
		Other C	ompliance	Schedu	les				
Compliance Sci	hedule Activity			Dι	ıe Date		Achiev	ed Date	
SEASONAL STA	RT UP COMPLETION			4/	1/2024				
	Wate	er System Facil	ity and Sai	mpling P	oint l	nvent	ory		
Water		•	•			Total	Lead a	nd	
System Wat	ter System Facility	Sampling Point		int		Colifor			Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbest	os WQP 2 DBPF
00600 DIST	TRIBUTION SYSTEM	4-EAST	DISTRIBUTIO	N SYSTEM	Α	Υ			
		4-WEST	DISTRIBUTIO	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α				

	Wate	r System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4-EAST	DISTRIBUTION SYSTEM	Α	Υ				
		4-WEST	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WEST	3-WEST	ENTRY POINT	Α					
00701	ENTRY POINT - EAST	3-EAST	ENTRY POINT - EAST	Α					
21029	WELL WEST	2	WELL	Α					
22844	WELL EAST	2	WELL 2	Α					
61271	ATMOSPHERIC TANKS (WEST WELL)								
61272	ATMOSPHERIC TANKS (EAST WELL)								

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0610074	CAMP BETHEL				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
124 CAMP BETH	EL ROAD	Connections			78			

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Stephen Gepha	ard			Camp Bethe	Association, Inc.		Chairman En	v. Comm.	
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
7 High Street						Deep Riv	/er	СТ	06417
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-966-9344		860-434-	6150		860-360-3838	sgephar	d@gmail.com		
Contact Role(s): Ac	dministrative	Contact							
Name				Organization	1			Job Title	
Camp Bethel Assoc	iation, Inc.								
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
124 Camp Bethel Ro	oad					Haddam		СТ	06438
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-345-2290									
Contact Role(s): Le	gal Contact, C)wner			•				

Please note the following:

Towns Served: HADDAM

- 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

	Conne	•	artment of							ction	
		Water Qu	ality Monit	oring an	d Comp	lianc	e Sc	hedul	e		
PWS ID	PWS Nam	е			Cl	assificat	ion Po	pulation	Owr	ner Type Pri	mary Source
CT0610154	FIRST CON	NGREGATIONAL (CHURCH OF HADD	AM		NC		61		Р	GW
Local Address	(where appli	cable)		Service	Residentia	Comm	nercial	Industria	al	Combined	Agricultural
905 SAYBROOF	K ROAD			Connections		1	L				
Towns Served:	HADDAM										
				oring Requ	uirement	S					
•		DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colifor											er quarter
		oling Point ID)			Monitoring		Colle	ection Per	iod	-	ince Status
Select fro	m Inventory	of Active Sampli	ng Points		10/1/23 - 12	· · ·				Cor	nplete
					1/1/24 - 3/						
					4/1/24 - 6/	-					
					7/1/24 - 9/	30/24					
Physical Para	-										er quarter
		oling Point ID)			Monitoring		Colle	ection Per	iod		ince Status
Select fro	m Inventory	of Active Sampli	ng Points		10/1/23 - 12					Cor	nplete
					1/1/24 - 3/						
					4/1/24 - 6/	•					
					7/1/24 - 9/	30/24					
Water Systen	n Facility:	ENTRY POINT	(WSF ID: 00700)								
Nitrate And	· -	= =									T) per year
		oling Point ID)			Monitoring		Colle	ection Per	iod	-	ince Status
ENTRY PC	DINT (3)				1/1/23 - 12					Cor	nplete
					1/1/24 - 12						
					1/1/25 - 12						
			System Facil	ity (WSF) I	Level Mo	nitori	ing Re	equirer	ner	nts	
Water Systen	n Facility: I	ENTRY POINT (WSFID: 00700)								
Analyte		Monitoring Red	quirement (Summa	ary Type)	Operat	ing Limi	t		:	Samples Re	q/Month
pН		Entry Point pH	Monitoring (PHRD	•		ım: 7.0	PH			4	
Start Date:	4/1/2016			-	ance History	:	Opera	ting Limit	t	Monitori	_
					ring Period		Comp	liance Sta	itus:	Compliar	nce Status:
					23 - 11/30/2						
					23 - 12/31/2						
					4 - 1/31/202						
					4 - 2/29/202						
				3/1/202	4 - 3/31/202	24					
			Other Co	ompliance	Schedul	les					
Compliance Sc						e Date		Achiev	ved L	Date	
CROSS CONNE	CTION EXEM				·	./2028					_
		Water	System Facili	ty and Sar	mpling P	oint Ir	rvent	ory			
Water	_						Tota				
-	ter System F	acility	Sampling Point		nt		Colifor				Stage
Facility ID			ID .	Description		Status		Rule	iler	Aspestos	WQP 2 DBPR
00600 DIS	TRIBUTION S	YSTEM	4	DISTRIBUTION		A	Υ				
			DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α					

WS2612-2

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FCCTAP

	Connecticut Department of	I ublic I	Carti	י ע	1111111111	vvacci	beenon		
	Water Quality Monit	oring and	d Con	npl	liance S	chedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prim	nary Source
CT0610154	FIRST CONGREGATIONAL CHURCH OF HADD	AM			NC	61	Р		GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed A	Agricultural
905 SAYBROO	K ROAD	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: HADDAM

Wat	er System Facil	ity and Sampling Po	oint Ir	nvento	у			
Water System Water System Easility	Campling Doint	Campling Doint		Total	Lead and		Chara	
System Water System Facility Facility ID	ID	Sampling Point Description	Status	Coliform Rule	Copper Rule Tier	Asbestos	Stag WQP 2 DB	
	FCCTAP1	00600	Α	Υ				
	FCCTAP-1	KITCHEN SINK R	Р	Υ	1			
	FCCTAP2	00600	Α	Υ				
	FCCTAP-2	KITCHEN SINK L	Р	Υ	1			
	FCCTAP3	00600	Α	Υ				
	FCCTAP-3	DOWNSTAIRS MENS RM	Р		1			
	FCCTAP4	00600	Α	Υ				
	FCCTAP-4	DOWNSTAIRS LADIES RM	Р		1			
	FCCTAP5	00600	Α	Υ				
	FCCTAP-5	UPSTAIRS MENS RM	Р		1			
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
10966 WELL	2	WELL	Α					
57379 TREATMENT STATION								

Certified Operator Information

Water System Facility: TREATMENT STATION (WSF ID: 57379)

 Facility Classification:
 CLASS 1 TREATMENT PLANT
 Certification

 Operator Name
 Operator Type
 Certification(s)
 Expiration

 O'SHAUGHNESSY, WILLIAM J.
 CHIEF OPERATOR
 WATER TREATMENT PLANT OPERATOR - CLASS II
 6/30/2024

O SHAUGHNESSY, V	VILLIAIVI J.		CHIEF U	PERATUR	WATER TREATIVIEN	I PLAINT	PLAINT OPERATOR - CLASS II 0/3						
				Contact Inf	ormation								
Name				Organization	ı			Job Title					
Mr. Mark Soneson				First Cong. C	Church , Haddam		Property Co	ommittee					
Mailing Address Lin	ie One		Mailing	Address Line Two			City	State	Zip Code				
P. O. Box 215						Haddam		СТ	06438				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	il Address						
860-250-0864						msoneson@sbcglobal.net							
				_	*								

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Sour CT0610184 HADDAM MEADOWS S.P. NC 780 S GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultur ROUTE 154 HADDAM Connections 1 Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarte
PWS ID PWS Name CT0610184 HADDAM MEADOWS S.P. NC 780 S GW Local Address (where applicable) Service Connections 1 Industrial Combined Agriculture Connections 1 Towns Served: HADDAM Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter
CT0610184 HADDAM MEADOWS S.P. Local Address (where applicable) ROUTE 154 HADDAM Towns Served: HADDAM Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) NC 780 S GW Residential Commercial Industrial Combined Agriculture Connections 1 Monitoring Requirements 1 routine (RT) per quarter
Local Address (where applicable) ROUTE 154 HADDAM Towns Served: HADDAM Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Service Residential Commercial Industrial Combined Agriculture Agriculture Monitoring Requirements 1 1 routine (RT) per quarte
ROUTE 154 HADDAM Towns Served: HADDAM Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarte
Towns Served: HADDAM Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarte
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarte
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarte
Total Coliform (3100) 1 routine (RT) per quarte
· · · ·
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24
7/1/24 - 9/30/24
Physical Parameters (PPS) 1 routine (RT) per quarte
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
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 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
Other Compliance Schedules
Compliance Schedule Activity Due Date Achieved Date
SEASONAL START UP COMPLETION 4/1/2024
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper Stag
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DB
00600 DISTRIBUTION SYSTEM 101 EXTERIOR FAUCET A Y
4 DISTRIBUTION SYSTEM A Y
DOWNSTREAM WITHIN 5 SERVICE CON A
UPSTREAM WITHIN 5 SERVICE CON A
00700 ENTRY POINT 3 ENTRY POINT A
21037 WELL 2 WELL A
Contact Information
Name Organization Job Title
Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer
Mailing Address Line One Mailing Address Line Two City State Zip Code
163 Great Hill Road Portland CT 06480
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

860-424-3333

david.cooley@ct.gov

860-205-7552

860-344-2560

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

860-342-2215

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

			0		1				
PWS ID	PWS Name				Classifica	ation F	Population	Owner Type	Primary Source
CT0610184	HADDAM MEADOWS S	S.P.			NC	,	780	S	GW
Local Address (v	where applicable)		Service	Resider	ntial Com	nmercia	l Industri	al Combine	ed Agricultural
ROUTE 154 HAD	DDAM		Connections	1					

Towns Served: HADDAM

Please note the following:

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

End of schedule

(Connecticut	Department	of Public	c Health l	Drin	king W	ater Se	ction	
	Wate	r Quality Moi	nitoring a	and Comi	nliai	nce Sch	edule		
PWS ID P	WS Name				<u> </u>			ner Type	Primary Source
CT0610194 F	IADDAM NECK CO	NGREGATIONAL CHU	RCH		NO	-	25	Р	GW
Local Address (wh	ere applicable)		Service	Residenti	al Cor	nmercial Ir	ndustrial	Combine	d Agricultural
408 QUARRY HILL	ROAD		Connecti	ons		1			
Towns Served: HA	DDAM		,	, , , , , , , , , , , , , , , , , , ,	'	1	,		
				equiremen	ts				
,	•	UTION SYSTEM (W	SF ID: 00600)						
Total Coliform	•							=) per quarter
	int (Sampling Poin			Monitoring			ion Period		liance Status
Select from I	nventory of Active	Sampling Points		10/1/23 - 1				(Complete
				1/1/24 - 3					
				4/1/24 - 6					
	/ >			7/1/24 - 9)/30/24	4			
Physical Param								-) per quarter
	int (Sampling Poin			Monitoring			ion Period		liance Status
Select from I	nventory of Active	Sampling Points		10/1/23 - 1	-			(Complete
				1/1/24 - 3	-				
				4/1/24 - 6					
				7/1/24 - 9	0/30/24	7			
,	•	OINT (WSF ID: 007	00)					. •	·
Nitrate And Nit	• •				. ·				(RT) per year
	int (Sampling Poin	לוו)		Monitoring			ion Period		liance Status
ENTRY POINT	(3)			1/1/23 - 12				(Complete
				1/1/24 - 12					_
		2.1		1/1/25 - 12		5			
		Othe	r Compliai	nce Schedu	ıles				
Compliance Sched	lule Activity			Di	ue Dat	е	Achieved I	Date	
RESPOND TO SAN	ITARY SURVEY			2/	/5/200	6			
	W	ater System Fa	cility and	Sampling F	oint	Invento	ry		
Water						Total	Lead and		
	System Facility		oint Sampling			Coliform			Stage
Facility ID		ID	Description		Stat		Rule Tier	Asbesto	s WQP 2 DBPR
00600 DISTRII	BUTION SYSTEM	4		TION SYSTEM	Α	. Y			
			AM WITHIN 5		Α	ı			
		UPSTREAM		SERVICE CON	Α	<u>.</u>			
00700 ENTRY	POINT	3	ENTRY PC	DINT	Α	ı			
21038 WELL		2	WELL		Α				
		C	Contact Inf	ormation					
Name			Organization					Job Title	
Reverend James A	A. Simpson		Haddam Ned	k Congreg'l Ch	urch	Mii	nister		
Mailing Address L	ine One	Mailing Add	dress Line Two			С	ity	State	Zip Code
305 Rock Landing	Road					Haddam Ne	ck	СТ	06424
Business Phone	Extension	Fax N	Nobile Phone	Emergency P	hone	Email Addre	SS		

860-267-4255

james4056@sbcglobal.net

860-301-4124

860-301-4124

Contact Role(s): Administrative Contact, Legal Contact

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

vater quanty fromtoring and compliance beneaute								
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0610194	HADDAM NECK CONGREGATIONAL CHURCH				25	Р	GW	
Local Address (w	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combin	ed Agricultural	
408 QUARRY HII	L ROAD	Connections		1				
Towns Served: H	IADDAM							

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End of schedule

	C			- f Dl.li -	II lel-	D:	1-: 1	A7 - L C	241	
	C(ut Department							
			ter Quality Mor	nitoring a		1				
PWS ID	PW	/S Name			1	Classifi	cation Po	opulation C	wner Type	Primary Source
CT06102	54 HI	GGANUM CON	IGREGATIONAL CHURCH			N	С	25	Р	GW
Local Add	dress (whe	re applicable)		Service	Resident	ial Co	mmercial	Industrial	Combine	d Agricultural
340 SAYB	BROOK ROA	AD		Connectio	ns		1			
Towns Se	erved: HAD	DAM								
			Mor	nitoring Re	quiremer	its				
Water S	ystem Fac	cility: DISTR	IBUTION SYSTEM (WS	SF ID: 00600)						
Total Co	oliform (3	3100)						1 r	outine (RT) per quarter
Sam	npling Poin	t (Sampling P	oint ID)		Monitorin	g Perio	od Coll	ection Perio	od Comp	oliance Status
Sele	ect from Inv	entory of Act	ve Sampling Points		10/1/23 - 1	12/31/	23		(Complete
					1/1/24 - 3	3/31/2	4			
					4/1/24 - 6	5/30/2	4			
					7/1/24 - 9	9/30/2	4			
Physica	l Paramet	ers (PPS)						1 r	outine (RT) per quarter
Sam	npling Poin	t (Sampling P	oint ID)		Monitorin	g Perio	od Coll	ection Perio	od Comp	oliance Status
Sele	ct from Inv	entory of Act	ve Sampling Points		10/1/23 - 3	12/31/	23		(Complete
					1/1/24 - 3	3/31/2	4			
					4/1/24 - 6	5/30/2	4			
					7/1/24 - 9	9/30/2	4			
Water S	ystem Fac	cility: ENTR	POINT (WSF ID: 007	00)						
	And Nitri								1 routine	(RT) per year
Sam	npling Poin	t (Sampling P	oint ID)		Monitorin	g Perio	od Coll	ection Perio	od Comp	oliance Status
ENT	RY POINT (3)			1/1/23 - 1	2/31/2	23		(Complete
					1/1/24 - 1	2/31/2	24			
					1/1/25 - 1	2/31/2	25			
			Motor Custom Fo	-:::						
			Water System Fa	cility and S	ampling I	Point	Inven	tory		
Water			water system ra	cility and S	ampling I	Point	Inven:	<u> </u>	nd	
System		stem Facility	Sampling Po	int Sampling I	Point	Point	Tota Colifo	ıl Lead aı rm Coppe	er	Stage
			•		Point	Point Sta	Tota Colifo	ıl Lead aı rm Coppe	er	_
System	D		Sampling Po ID	int Sampling I Description	Point		Toto Colifo tus Rul	ıl Lead aı rm Coppe	er	_
System Facility II	D	stem Facility	Sampling Po ID 4	int Sampling I Description	Point n	Sta	Tota Colifo tus Rul	ıl Lead aı rm Coppe	er	_
System Facility II	D	stem Facility	Sampling Po ID 4	int Sampling I Description DISTRIBUT AM WITHIN 5.5	Point n	Sta:	Tota Colifo tus Rul Y	ıl Lead aı rm Coppe	er	
System Facility II	D	USTEM Facility	Sampling Po ID 4 DOWNSTREA	int Sampling I Description DISTRIBUT AM WITHIN 5.5	Point n ION SYSTEM SERVICE CON SERVICE CON	Star A	Toto Colifo Rul Y	ıl Lead aı rm Coppe	er	Stage s WQP 2 DBPR
System Facility II 00600	D DISTRIBU	USTEM Facility	Sampling Po ID 4 DOWNSTREA UPSTREAM	int Sampling I Description DISTRIBUT AM WITHIN 5 S	Point n ION SYSTEM SERVICE CON SERVICE CON	Star A A	Tota Colifo Rul Y	ıl Lead aı rm Coppe	er	_
System Facility III 00600 00700	D DISTRIBU	USTEM Facility	Sampling Po ID 4 DOWNSTREA UPSTREAM 3 2	int Sampling I Description DISTRIBUT AM WITHIN 5 S WITHIN 5 S ENTRY POI	Point n ION SYSTEM SERVICE CON SERVICE CON NT	Star A A A	Tota Colifo Rul Y	ıl Lead aı rm Coppe	er	_
System Facility III 00600 00700	D DISTRIBU	USTEM Facility	Sampling Po ID 4 DOWNSTREA UPSTREAM 3 2	int Sampling I Description DISTRIBUT AM WITHIN 5 S WITHIN 5 S ENTRY POI	Point n ION SYSTEM SERVICE CON SERVICE CON NT	Star A A A	Tota Colifo Rul Y	ıl Lead aı rm Coppe	er	s WQP 2 DBPR
System Facility III 00600 00700 21044	D DISTRIBU	JTION SYSTEM	Sampling Po ID 4 DOWNSTREA UPSTREAM 3 2	int Sampling I Description DISTRIBUT AM WITHIN 5 S ENTRY POI WELL	Point n ION SYSTEM SERVICE CON SERVICE CON NT Ormation	Star A A A	Tota Colifo tus Rul Y	ıl Lead aı rm Coppe	er ier Asbesto Job Title	s WQP 2 DBPR
System Facility II 00600 00700 21044 Name Mr. Briar	D DISTRIBU	JITION SYSTEM	Sampling Po ID 4 DOWNSTREA UPSTREAM 3 2	int Sampling I Description DISTRIBUT AM WITHIN 5 S ENTRY POI WELL Ontact Info	Point n ION SYSTEM SERVICE CON SERVICE CON NT Ormation	Star A A A	Tota Colifo tus Rul Y	rm Coppe e Rule Ti	er ier Asbesto Job Title	s WQP 2 DBPR
System Facility II 00600 00700 21044 Name Mr. Brian Mailing A	D DISTRIBU ENTRY P WELL	UTION SYSTEM OINT e One	Sampling Po ID 4 DOWNSTREA UPSTREAM 3 2	DISTRIBUT AM WITHIN 5 S WITHIN 5 S ENTRY POI WELL Ontact Info	Point n ION SYSTEM SERVICE CON SERVICE CON NT Ormation	Star A A A	Tota Colifo tus Rul Y	Il Lead au rm Coppe e Rule To Chair of Tru City	Job Title	s WQP 2 DBPR

860-301-3043

860-345-3503

Contact Role(s): Administrative Contact

Schedule Generation Date: 4/3/2024 Page 13

blajthayer@sbcglobal.net

(Connecticut Department of Public Health Drinking Water Section										
	Wat	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name	16					ication	Population	Owner Type	Primary Source	
CT0610254	HIGGANUM CON	GANUM CONGREGATIONAL CHURCH					IC	25	Р	GW	
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural	
340 SAYBROOK ROAD			Connection	ns		1					
Towns Served: HA	ADDAM				'				1		
Name			C	Organization					Job Title	е	
Mr. Sam Crum			H	ligganum Cor	ngregationa	al Church	า	Board of F	Finance		
Mailing Address L	ine One		Mailing Addre	ss Line Two City			State	Zip Code			
Higganum Congre	gational Church		23 Parsonage	Road			Higganı	ım	СТ	06441	
Business Phone	Extension	Fax	Mot	oile Phone	Emergenc	y Phone	Email A	ddress			
860-345-4304											
Contact Role(s):	Legal Contact										

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

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0610294	HIGGIES FOOD AND ICE CREAM, LLC				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
236 SAYBROOK	ROAD	Connections			1			

Towns Served: HADDAM

Towns Served: HADDAM			
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)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24	_	
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 12/21/24		

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		

1/1/25 - 12/31/25

Other Compliance Schedules

-		
Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/15/2021	
SEASONAL START UP COMPLETION	3/1/2024	

Public (Notification	Requirements
----------	--------------	--------------

	Compliance	Notice	Public No	tification	PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/22 - 3/31/22	3	6/2/2023		6/12/2023	
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	6/2/2023		6/12/2023	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	3/2/22 -	2	7/8/2023		7/18/2023	

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	ctatua Rule	Rule Tier	Asbestos WOP 2 DBPR
NOTE: This information has been provided to help own	ers and operators of	public water systems	maintain compliance with drinki	ng water quality	y monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticu	it Depa	rtment of	Public l	Health	Drin	king V	Water:	Section	
	Wat	er Qual	lity Monit	oring an	nd Con	nplia	nce Sc	hedule	e	
PWS ID	PWS Name					Classifi	cation Po	pulation	Owner Type	Primary Source
CT0610294	HIGGIES FOOD AN	ND ICE CREA	AM, LLC			N	С	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercial	Industria	I Combine	d Agricultural
236 SAYBROOK I	ROAD			Connections	S		1			
Towns Served: H	IADDAM									
00600 DISTR	RIBUTION SYSTEM		4	DISTRIBUTIO	N SYSTEM	<u> </u>				
00000 01311	ADOTION STSTEM		DOWNSTREAM							
			UPSTREAM	WITHIN 5 SE						
00700 ENTR	Y POINT		3	ENTRY POIN		<i>F</i>				
21048 WELL			2	WELL	' •					
21010 1122							<u> </u>			
				tact Infor	rmation	1				
Name				rganization					Job Title	
Ms. Rebecca Ro				ime Concessi	ons LLC					
Mailing Address			Mailing Address	ss Line Two				City	State	Zip Code
2 Highland Aven							Portland		СТ	06480
Business Phon		Fax	Mobil	le Phone	Emergency	,				
860-716-9250					860-575	-7264	Prime.co	ncessions@	yahoo.com	
	Administrative C	ontact, Ow								
Name			Or	rganization					Job Title	2
Mr. Dan Still										
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
15 Hope Road							Amston		СТ	06231
Business Phon		Fax	Mobil	le Phone	Emergency	/ Phone				
860-874-2683							stillyman	3233@gma	ail.com	
Contact Role(s):	Legal Contact, O	wner								

- 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 Depa	artment of	Public Health I	rinki	ng Wa	ater Se	ction
Water Oua	lity Monit	oring and Comp	olianc	e Sche	edule	
PWS ID PWS Name	- <i>y</i>					er Type Primary Source
CT0610304 GAS PLUS			NC	3		P GW
Local Address (where applicable)		Service Residentia	l Comm	ercial In	dustrial	Combined Agricultural
210 SAYBROOK ROAD		Connections	1			
Towns Served: HADDAM						
	Monito	oring Requirement	ts			
Water System Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampling	g Points	10/1/23 - 1	2/31/23			Complete
		1/1/24 - 3,	/31/24			Complete
		4/1/24 - 6,	/30/24			
		7/1/24 - 9,	/30/24			
Physical Parameters (PPS)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampling	g Points	10/1/23 - 1	2/31/23			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 (NSF ID: 00700)					
Nitrate And Nitrite (NOX)					1 1	outine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12	/31/23			Complete
		1/1/24 - 12	/31/24			Complete
		1/1/25 - 12	/31/25			
Water System Facility: WELL (WSF ID: 2	21049)					
E. Coli (3014)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
WELL (2)		10/1/23 - 1	2/31/23			Complete
		1/1/24 - 3,	/31/24			Complete
		4/1/24 - 6,	/30/24			
		7/1/24 - 9,	/30/24			
Water S	ystem Facili	ty and Sampling P	oint In	ventor	У	
Water				Total	Lead and	
System Water System Facility		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		
		WITHIN 5 SERVICE CON	Α			
	UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENTRY POINT	3	ENTRY POINT	Α			
21049 WELL	2	WELL	Α			
	Con	tact Information				

Rusiness Phone Extension Fax Mohile Phone Emergency Phone Email Address

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.

Job Title

State

 CT

Zip Code 06441

Page 17

Owner

City

Higganum

Schedule Generation Date: 4/3/2024

Organization

Gas Plus

Mailing Address Line Two

Name

Mr. Richard Gosselin

210 Saybrook Road

Mailing Address Line One

(Connectic	ut Depa	ırtme	nt of	Public	Health	Drin	ıking	Water	Section	l	
	Wa	ter Qua	lity M	lonit	oring ai	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name						Classifi	cation	Population	Owner Type	Prir	mary Source
CT0610304	GAS PLUS						N	С	30	Р		GW
ocal Address (w	here applicable)				Service	Residen	tial Co	mmerci	al Industri	al Combin	ed	Agricultural
210 SAYBROOK R	OAD				Connections			1				
Towns Served: H	ADDAM					,	,		,			
860-345-3174	Exterioron	Tux		WIODII	CTTOTIC	Emergency	THORE	Lillair	1001 033			
Contact Role(s):	Administrative	Contact, Leg	gal Conta	ct, Own	er							
Name				Or	ganization					Job Titl	e	
Mr. Mustafa Aya	ız			Ga	s Plus				Owner			
Mailing Address	Line One		Mailing	Address	Line Two				City	State	- 2	Zip Code
210 Saybrook Ro	ad							Higgan	um	СТ		06441
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address			
860-345-3174												
Contact Role(s):	Owner		,		,							

- 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

	Co	nnectic	ut Departmei	nt of	f Public	He	alth D	rin	king I	Nater 9	Section	n	
	GC.		ter Quality M									,11	
PWS ID	P\Λ	'S Name	ter Quarity M	OIIIC	oring a	IIu ·						ne P	rimary Source
CT061032		SAYBROOK RO	ΩΔΩ				Cit	N(27	P	pc i	GW
	-	e applicable)			Service	Re	esidential	_	nmercial	Industrial		nined	
	OOK ROAD	* * * * * * * * * * * * * * * * * * * *			Connection		2		1	maasma	COIII	Jirica	7 Igricalitarar
	rved: HAD								_				
			M	onite	oring Rec	nuir	ement	S					
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM(74							
Total Co	liform (3	100)								1	routine	(RT)	per quarter
Sam	pling Point	t (Sampling Po	oint ID)			Mo	onitoring	Perio	d Coll	ection Peri	od C	ompli	ance Status
Selec	ct from Inv	entory of Acti	ve Sampling Points			10/	1/23 - 12	/31/2	23			Со	mplete
						1/	1/24 - 3/	31/24	1			Со	mplete
						4/	1/24 - 6/	30/24	1				
						7/	1/24 - 9/	30/24	1				
Physical	Paramet	ers (PPS)								1	routine	(RT)	per quarter
Sam	pling Point	t (Sampling Po	oint ID)			Mo	onitoring	Perio	d Coll	ection Peri	od C	ompli	iance Status
Selec	ct from Inv	entory of Acti	ve Sampling Points			10/	1/23 - 12	/31/2	23			Co	mplete
						1/	1/24 - 3/	31/24	1			Со	mplete
							1/24 - 6/						
						7/	1/24 - 9/	30/24	1				
Water Sy	stem Fac	ility: ENTRY	POINT (WSF ID: 0	0700)									
Nitrate A	And Nitri	te (NOX)									1 routi	ne (F	RT) per year
_		t (Sampling Po	oint ID)				onitoring			ection Peri	od C		ance Status
ENTF	RY POINT (3)					1/23 - 12,						mplete
						_	1/24 - 12,					Co	mplete
							1/25 - 12,						
			Public	T	tification	Rec	quirem						
	/c:: .:			C	Compliance	1	Notice 		<u>ublic Noti</u>				<u>tification</u>
	/Situation			7/10	Period	1.0	Tier			Performed			Received
E. Coli			Matau Custana		/16 - 12/31/1		3		7/2017	h =	11/17/	2017	
Markan			Water System	raciii	ity and Se	amp	ning Po	omi		•			
Water System	Water Sv	stem Facility	Samnlina	Point	Sampling P	Point			Tota Colifo				Stage
Facility IE	_	stem ruemty	ID	, omic	Description			Stat				estos	WQP 2 DBPR
00600		TION SYSTEM	4		DISTRIBUTION		YSTEM	A	.us				
	2.020			REAM	WITHIN 5 S			Α					
			UPSTRE		WITHIN 5 S			А					
00700	ENTRY PO	DINT	3		ENTRY POIN	NT		Α					
21051	WELL		2		WELL			Α					
			_	Con	tact Info	rma	ition						
Name					rganization						Job	Title	
	y L. Schult	.z								Co-Owner			
	ddress Line		Mailing A	Addres	s Line Two					City	Sta	te	Zip Code
297 Farm									Middleto	•	С		06457
Busines	s Phone	Extension	Fax	Mobi	ile Phone	Emer	rgency Ph	one	Email Add	dress			

860-965-1803

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

860-965-1866

jlonschultz@yahoo.com

(Connecticu	t Depa	irtment o	f Public	Health	ı Drir	ıking	, Water	Section	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0610324 4	O SAYBROOK ROA	AD				N	IC	27	Р	GW
Local Address (wh	ere applicable)	Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
40 SAYBROOK RO	AD			Connection	ns 2		1			
Towns Served: HA	DDAM			, ,	,	,		,		
Name			C	Organization					Job Titl	e
Ms. Jody A. Schul	tz					Co-Owner				
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	Zip Code
40 Saybrook Rd							Haddar	n	СТ	06438
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	y Phone	Email A	Address		
860-965-1866					860-965	-1803	jody.sc	hultz@snet	.net	
Contact Role(s):	Owner		-							

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

End of schedule

	Connecticut I	Department o	f Public H	lealth	Dri	nking	Wa	ater S	Section	
	Water	Quality Moni	toring an	d Com	nolia	ance S	Sche	edule		
PWS ID	PWS Name	Quality 110111								Primary Sou
CT061037		NTER				NC	2		L	GW
Local Add	ress (where applicable)		Service	Residen	tial Co	ommerci	al In	dustrial	Combin	ed Agricultu
923 SAYBI	ROOK ROAD		Connections			1				
Towns Sei	rved: HADDAM			1					-	
		Monit	oring Requ	ireme	nts					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF	ID: 00600)							
Total Co	liform (3100)							1 r	outine (R	Γ) per quarte
Sam	pling Point (Sampling Point I	D)		Monitori	ng Peri	iod C	ollecti	on Perio	od Com	pliance Statu
Selec	ct from Inventory of Active Sa	mpling Points		10/1/23 -	12/31	/23				Complete
				1/1/24 -						
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
•	Parameters (PPS)								-	Γ) per quarte
-	pling Point (Sampling Point I	•		Monitori			ollecti	on Perio		pliance Statu
Selec	ct from Inventory of Active Sa	mpling Points		10/1/23 -						Complete
				1/1/24 -						
				4/1/24 -						
				7/1/24 -	9/30/2	24				
	stem Facility: ENTRY POI	NT (WSF ID: 00700)							
	And Nitrite (NOX)	-1			_					(RT) per yea
-	pling Point (Sampling Point I	D)		Monitori			ollecti	on Perio		pliance Statu
ENIF	RY POINT (3)			1/1/23 -						Complete
				1/1/24 -						
	247			1/1/25 -						
	Wa	ter System Faci	lity and Sar	mpling	Poin	it Inve	ntor	У		
Water	Make Custom Facility	Community or Doint	. Camadina Dai	4			otal	Lead ar		
System Facility ID	Water System Facility	Sampling Point ID	Description	nt			form ule	Coppe		Stag os WQP 2 DB
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	U CVCTENA		utus	Y	Nuie II	er Asbesti	JS WQF Z DL
00000	DISTRIBUTION STSTEIN		DISTRIBUTION 1 WITHIN 5 SER			A	ı			
		UPSTREAM	WITHIN 5 SER			A				
00700	ENTRY POINT	3	ENTRY POINT			A				
21054	WELL	2	WELL			Α				
21034	***		ntact Infor	mation		/1				
Name				Hation					Job Titl	0
Name Ms Malis	sa J. Schlag		Organization Town of Haddan	2			Eiro	t Selectr		C
	ddress Line One	Mailing Addres		Ļ			Ci		State	Zip Code
	ce Buliding	30 Field Park D				Haddaı		Ly	CT	06438
10 WII OIII	ce ballaling	30 FIEIU FAIR L	/11VC			riauudi	11		CI	00436

Emergency Phone Email Address

mschlag@haddam.org

Mobile Phone

Business Phone

860-345-8531

Extension

Contact Role(s): Legal Contact, Owner

Fax

860-345-3730

C	Connectic	ut Depa	rtmer	it of	Public 1	Health	Drii	nking	Water	Section	
	Wat	ter Qua	lity Mo	onite	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0610374 H	ADDAM SENIO	R CENTER					N	IC	25	L	GW
Local Address (wh	Local Address (where applicable)					Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
923 SAYBROOK RC	923 SAYBROOK ROAD							1			
Towns Served: HA	DDAM								,		
Name				Or	ganization					Job Titl	e
Ms. Debra Talbot				To	wn of Hadda	m		Custodian			
Mailing Address Li	ne One		Mailing A	ddress	Line Two				City	State	Zip Code
30 Field Park Drive	9							Haddar	n	СТ	06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address	,	
860-345-8531	208	860-345-3	3730					custodi	ian@hadda	m.org	
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

	Connecticut Dep	artment of	Public H	ealth	Drir	ıking	W	ater S	ection		
	*	ality Monit				Ŭ			cction		
PWS ID	PWS Name	arrey Monne	oring and	4 0011					wner Type	Pri	mary Sourc
CT0610424	DINOS PIZZA RESTAURAN	Γ			N		2		Р		GW
ocal Address	(where applicable)		Service	Residen	tial Co	mmercia	al In	dustrial	Combin	ed	Agricultura
968 KILLINGW	* * * * * * * * * * * * * * * * * * * *		Connections			1					
Γowns Served	I: HADDAM										
		Monito	oring Requ	ireme	nts						
Water Syste	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Colifo	rm (3100)							1 rc	outine (R	Г) р	er quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng Perio	od Co	llecti	on Perio	d Com	plia	nce Status
Select fro	om Inventory of Active Sampli	ng Points	:	10/1/23 -	12/31/	23				Con	nplete
				1/1/24 -	3/31/2	4					
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
Physical Par	rameters (PPS)							1 rc	outine (R	Г) р	er quarter
Sampling	g Point (Sampling Point ID)			Monitori			ollecti	on Perio	d Com	plia	nce Status
Select fro	om Inventory of Active Sampli	ng Points		10/1/23 -	12/31/	23				Con	nplete
				1/1/24 -							
				4/1/24 -							
				7/1/24 -	9/30/2	4					
-	m Facility: ENTRY POINT	(WSF ID: 00700)									
	Nitrite (NOX)							:		-) per year
	g Point (Sampling Point ID)			Monitori			ollecti	on Perio			nce Status
ENTRY P	OINT (3)			1/1/23 -						Con	nplete
				1/1/24 -							
		2.1		1/1/25 -		25					
		Other C	ompliance								
	chedule Activity				Due Dat			Achieve	d Date		
	SANITARY SURVEY				6/5/201						
RESPOND TO	SANITARY SURVEY			_	.2/1/202						
	Water	System Facili	ity and Sar	npling	Point	t Inve	ntor	У			
Water							tal	Lead an			
•	ater System Facility	Sampling Point		nt		_	form	Copper			Stage
Facility ID		ID	Description		Sta	tus	ule	Rule Tie	er Asbesto	os V	VQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION				Y				
		DOWNSTREAM				4					
		UPSTREAM	WITHIN 5 SER	VICE CON							
	TRY POINT	3	ENTRY POINT		A						
21059 WI	<u>ELL</u>	2	WELL		P	4					
		Con	tact Inforr	nation							
Name			rganization						Job Titl	е	
Joe Dattilo			8 Killingworth	Road							
Mailing Addre	ess Line One	Mailing Address	s Line Two				Cit	ty	State		Zip Code
		i i									

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

Fax

Extension

968 Killingworth Road

Business Phone

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.

Mobile Phone

860-785-8213

Higganum

joedatt@gmail.com

Emergency Phone Email Address

06441

CT

CT0610424	DINOS PIZZA RESTAURANT	NC	25	D	GW					
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source					
	Water Quality Monitoring and Compliance Schedule									
	Connecticut Department of Public Health	Drinking	g Water	Section						

CT0610424	DINOS PIZZA RESTAURANT				NC	25		Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Indu	trial	Combine	ed Agricultural
968 KILLINGWO	RTH ROAD	Connections			1				
									'

Towns Served: HADDAM

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

	Connecticu	ıt Department o	f Public H	lealth	Drin	king	. Wa	iter S	ection	
		er Quality Moni				_				
PWS ID	PWS Name	or quarry morn	toring and						wner Type P	rimary Sourc
CT061044	4 ST PETERS CHURC	 CH			N		26		Р	GW
Local Add	ress (where applicable)		Service	Resident	tial Cor	mmerci	al Ind	dustrial	Combined	Agricultura
30 ST PETI	ER'S LANE		Connections			1				_
Towns Ser	ved: HADDAM				l					
		Monit	toring Requ	iremei	nts					
Water Sy	stem Facility: DISTRI	BUTION SYSTEM (WSF	ID: 00600)							
Total Co	liform (3100)							1 rc	outine (RT)	per quarter
Samı	oling Point (Sampling Po	int ID)		Monitorii	ng Perio	od C	ollectio	on Perio	d Compli	ance Status
Selec	t from Inventory of Activ	e Sampling Points		1/1/24 -	3/31/2	4			Co	mplete
				4/1/24 -	6/30/24	4				
				7/1/24 -	9/30/24	4				
-	Parameters (PPS)									per quarter
_	oling Point (Sampling Po			Monitorii			ollectio	on Perio		ance Status
Selec	t from Inventory of Activ	e Sampling Points	:	10/1/23 -						mplete
				1/1/24 -					Сс	mplete
				4/1/24 -						
				7/1/24 -	9/30/24	4				
	•	POINT (WSF ID: 00700)							
Nitrate	•									per quarter
	oling Point (Sampling Po	int ID)		Monitorii	_		ollectio	on Perio		ance Status
ENIR	Y POINT (3)		-	10/1/23 -						mplete
				1/1/24 -					CC	mplete
				4/1/24 -	-					
Niituita /	1041)			7/1/24 -	9/30/24	4			1	T)
Nitrite (1041) oling Point (Sampling Po	int ID)		Monitorii	na Daria	d C	allacti	on Perio	=	RT) per year <i>iance Status</i>
_	Y POINT (3)	ווונ וטן		1/1/23 - :	_		onectio	on Period		mplete
LINIT	11 FOINT (3)			1/1/24 - 1						mplete
				1/1/25 - 1					CC	impiete
	1	Nater System Faci					ntor	v		
14/est ou		Water System Faci	iity aiiu Sai	iipiiiig	PUIII				.d	
Water System	Water System Facility	Samplina Point	t Sampling Poi	nt			otal iform	Lead an Copper		Stage
Facility ID		ID	Description 1		Stat		lule			WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM			Υ			
		DOWNSTREAM	1 WITHIN 5 SER	VICE CON	I A					
		UPSTREAM	WITHIN 5 SER	VICE CON	I A					
00700	ENTRY POINT	3	ENTRY POINT		А	L				
21061	WELL	2	WELL		А	L				
		Coi	ntact Inforr	nation						
Name			Organization						Job Title	
Diocese o	f Norwich		. 001112411011						300 1100	

City

Norwich

Emergency Phone Email Address

State

CT

Zip Code

06360

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Fax

203 Broadway

Business Phone

(Connectic	ut Depa	rtmei	nt of	Public	Health	Dri	nking	Water	Section	
	Wat	ter Qua	lity M	onito	oring ai	nd Con	nplia	nce S	Schedul	le	
PWS ID F	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0610444 S	T PETERS CHUR	СН					N	IC	26	Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
30 ST PETER'S LAN	NE				Connection	S		1			
Towns Served: HA	ADDAM					,	,		,		,
Contact Role(s):	Legal Contact, C)wner									
Name				Or	ganization					Job Titl	e
Ms. Deborah G. S	pitzmacher			Ch	urch				Secretary		
Mailing Address L	ine One		Mailing A	Address	Line Two				City	State	Zip Code
PO Box 707								Higgan	um	СТ	06441
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	ddress		
860-345-8018		860-354-	4067					stpeter	higganum@	yahoo.com	
Contact Role(s):	Administrative (Contact			•						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0610484	986 KILLINGWORTH RD PLAZA				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
986 KILLINGWO	RTH ROAD	Connections			1			

Towns Served: HADDAM			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 11/30/23		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
	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		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/23 - 12/6/23		Complete
	12/22/23 - 12/27/23		Complete
	12/22/23 - 12/27/23		Complete
	1/19/24 - 1/24/24		Complete
	1/19/24 - 1/24/24		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
· · · · · · · · · · · · · · · · · · ·	1/1/24 - 1/31/24	1/1-1/31	Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
	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	_	

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	C 1: 1 D		יו ווי וו	ul D	. 1 .	T A	7 . C		
	Connecticut De	epartment of Quality Monit				_		ection	
PWS ID	PWS Name	dancy Monie	oring and C					nor Typo E	rimary Source
CT0610484	986 KILLINGWORTH RD	ΡΙ Λ7Λ		Cia.	NC	оп тор	25	P P	GW
	ss (where applicable)	FLAZA	Service Resi	dential	Comm	ercial	Industrial	Combined	_
	WORTH ROAD		Connections	dential	1		illuustilai	Combined	Agricultural
	ed: HADDAM					-			
TOWNS SELVE	Cu. HADDAIVI	Monito	oring Require	nents					
Water Syst	em Facility: ENTRY POIN		3 4						
Nitrate An	d Nitrite (NOX)						1	routine (RT) per year
Sampli	ng Point (Sampling Point ID)		Mon	itoring P	Period	Collec	tion Period	Compl	iance Status
ENTRY	POINT (3)		1/1/2	23 - 12/3	31/23			Co	omplete
			1/1/2	24 - 12/3	31/24			Co	omplete
			1/1/2	25 - 12/3	31/25				
Water Syst	em Facility: WELL (WSF	ID: 21065)							
E. Coli (30	14)						1 trigg	gered (TG) per period
Sampli	ng Point (Sampling Point ID)		Mon	itoring P	Period	Collec	tion Period	-	iance Status
WELL (2)		11/30)/23 - 12	2/6/23			Co	omplete
			12/21	/23 - 12,	/27/23			Co	omplete
			12/21	/23 - 12,	/27/23			Co	omplete
			1/18	/24 - 1/2	24/24			Co	omplete
			1/18	/24 - 1/2	24/24			Co	omplete
		Other C	ompliance Sch	nedule	es				
Compliance	Schedule Activity			Due	Date		Achieved	Date	
L2 ASSESSM	ENT (MULTIPLE TC+, 2ND IN	12M)		2/19,	/2024				
	Wate	er System Facili	ity and Sampli	ng Po	int In	vento	ory		
Water						Total	Lead and		
	Vater System Facility		Sampling Point			Coliforn			Stage
Facility ID		ID	Description		<u>Status</u>	Rule	Rule Tier	Asbestos	WQP 2 DBPF
00600	ISTRIBUTION SYSTEM	4	DISTRIBUTION SYS		Α	Υ			
			WITHIN 5 SERVICE		Α				
		UPSTREAM	WITHIN 5 SERVICE	CON	Α				
00700 E	NTRY POINT	3	ENTRY POINT		Α				
21065 V	VELL	2	WELL		Α				
			tact Informat	ion					
Name			rganization					Job Title	
Mr. Garrett			ortheastern Partner	s 3, LLC					
Mailing Add	ress Line One	Mailing Address	s Line Two			(City	State	Zip Code
198 Wildcat	Road	PO Box 1302	1		Ma	dison		CT	06443
	and the second s				1				

Mobile Phone

Emergency Phone Email Address

northeasternmgmt@icloud.com

Business Phone

201-280-8874

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

(Connecticu	it Depa	irtment (of Public	c Health	Drin	ıking	g Water	Section		
	Wate	er Qua	lity Mon	itoring a	and Con	nplia	nce S	Schedul	e		
PWS ID F	WS Name					Classifi	cation	Population	Owner Type	Prima	ary Source
CT0610484 9	86 KILLINGWOR	TH RD PLAZ	ZA			N	С	25	Р		GW
ocal Address (wh	ere applicable)			Service	Resider	tial Co	mmerci	al Industri	al Combine	ed A	gricultural
986 KILLINGWOR	ΓH ROAD			Connection	ons		1				
Towns Served: HA	DDAM					,			'		
Name				Organization					Job Title	9	
Northeastern Par	tners 3, LLC										
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zij	p Code
PO Box 1302							Madiso	on	СТ	С	06443
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address	,		
							Northe	asternmgm	t@icloud.com	1	
Contact Role(s):	Owner		,		*						

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

End of schedule

	Connecticut De	partment of	Public H	ealth l	Drink	ing Wa	ater Se	ection	
	Water Qu	iality Monit	oring and	l Com	pliand	ce Scho	edule		
PWS ID	PWS Name	<u>J</u>	<u> </u>		<u> </u>			ner Type Pi	rimary Source
CT0610494	THREE OAKS PLAZA				NC		25	P	GW
Local Addr	ess (where applicable)		Service	Residenti	al Comm	nercial Ir	ndustrial	Combined	Agricultural
ROUTE 81	,		Connections		-	1			
Towns Serv	ved: HADDAM					-	1		
		Monito	oring Requ	iremen	ts				
Water Sys	stem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coli	iform (3100)						1 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		1	/onitoring	g Period	Collect	ion Period	Compli	ance Status
Select	from Inventory of Active Samp	ling Points	1	0/1/23 - 1	2/31/23			Co	mplete
				1/1/24 - 3	3/31/24			Со	mplete
				4/1/24 - 6	5/30/24				
				7/1/24 - 9	9/30/24				
Physical I	Parameters (PPS)						1 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)			/onitoring	g Period	Collect	ion Period	Compli	ance Status
Select	from Inventory of Active Samp	ling Points	1	0/1/23 - 1	2/31/23			Со	mplete
				1/1/24 - 3	3/31/24			Co	mplete
				4/1/24 - 6	5/30/24				
				7/1/24 - 9	9/30/24				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)						1	routine (R	T) per year
Samp	ling Point (Sampling Point ID)		1	/onitoring	g Period	Collect	ion Period	Compli	ance Status
ENTR	Y POINT (3)		:	L/1/23 - 1	2/31/23			Co	mplete
			:	L/1/24 - 1	2/31/24			Со	mplete
				1/1/25 - 1	2/31/25				_
Water Sys	stem Facility: WELL (WSF II): 21066)							
E. Coli (3	014)						1 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		1	/onitoring	g Period	Collect	ion Period		ance Status
WELL	(2)		1	0/1/23 - 1	2/31/23			Со	mplete
				1/1/24 - 3	3/31/24			Со	mplete
				4/1/24 - 6	5/30/24				
				7/1/24 - 9	9/30/24				•
	Water	System Facili	ty and San	npling F	Point Ir	nvento	ry		
Water						Total	Lead and		
,	Water System Facility	Sampling Point		t		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERV	/ICE CON	Α				
		UPSTREAM	WITHIN 5 SERV	/ICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
21066	WELL	2	WELL		Α				
		Con	tact Inforn	nation					

Rusiness Phone Extension Fax Mohile Phone Emergency Phone Email Address

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.

Job Title

State

 CT

Zip Code 06416

Board Member

City

Cromwell

Organization

Mailing Address Line Two

Three Oaks Plaza

Name

Mr. Andrew Becker

162 West Street

Mailing Address Line One

C	onnectic	ut Depa	ırtme	ent of	Public	Health	Dri	nking	, Water	Section	
	Wa	ter Qua	lity N	Monito	oring a	nd Con	nplia	ince S	Schedul	e	
PWS ID PV	VS Name						Classi	fication	Population	Owner Type	Primary Source
CT0610494 TH	IREE OAKS PLA	AZA					ſ	1C	25	Р	GW
Local Address (whe	re applicable)				Service	Residen	tial Co	ommerci	al Industri	al Combin	ed Agricultura
ROUTE 81					Connection	ns		1			
Towns Served: HAD	DAM					'				1	1
860-632-3500	200	Tux		1110011	e i none	860-685-		. Eman	taar coo		
	egal Contact, (Owner				000 003	1103				
Name	- G ,			Org	ganization					Job Titl	e
Keith Campbell				Thi	ree Oaks Pla	aza					
Mailing Address Lin	ne One		Mailing	Address	Line Two				City	State	Zip Code
415 Killingworth Ro	ad							Higgan	um	СТ	06441
Business Phone	Extension	Fax	+	Mobil	e Phone	Emergency	/ Phone	Email A	Address	+	
860-345-2282								teethb	ykeith@iclo	ud.com	
Contact Role(s): A	dministrative	Contact			'			•			

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	0	1 D	CD 111	TT 1.7	D :	1.		C		
		ut Department							ction	
		ter Quality Mon	itoring a	na Con				_		
PWS ID	PWS Name							Owr		Primary Source
CT0610514		OFFICE BUILDING				IC	25		L	GW
	(where applicable)		Service		tial Co	mmercial	Industri	al	Combined	l Agricultura
30 FIELD PAR			Connectio	ns		1				
Towns Served	I: HADDAM	•								
Matar Systa	m Facility: DISTR		itoring Re	quireme	nts					
Water Syste	•	IBUTION SYSTEM (WSI	F ID: 00600)						(DT)	
Total Colifo	•	oint ID)		Monitori	na Davi	ad Cal				per quarte
-	g Point (Sampling Po			Monitori			lection Pe	rioa		iance Status
Select fr	om Inventory of Acti	ve sampling Points		10/1/23 -					Ci	omplete
				1/1/24 -						
				4/1/24 -						
Dhariaal Da				7/1/24 -	9/30/2	24		1	+: (DT)	
	rameters (PPS)	- (0.0 14	·		lection Pe			per quartei
_	g Point (Sampling Po			Monitori			lection Pe	rioa		iance Status
Select II	om Inventory of Acti	ve sampling Points		10/1/23 -					C	omplete
				1/1/24 -						
				4/1/24 - 7/1/24 -						
Mator Custo	m Facility FAITD	/ DOINT (M/CE ID: 0070	0)	//1/24 -	9/30/2	24				
*	•	POINT (WSF ID: 0070	U)							
	Nitrite (NOX)						5		-	RT) per yeaı
_	g Point (Sampling Po	oint ID)		Monitori			lection Pe	rıoa		iance Status
ENTRY P	OINT (3)			1/1/23 -					Ci	omplete
				1/1/24 -						
				1/1/25 -						
		Water System Fac	ility and S	ampling	Poin	t Inven	tory			
Water						Tot				
•	ater System Facility	Sampling Poi				Colife				Stage
Facility ID		ID	Description			itus Ru		Tier	Asbestos	WQP 2 DBF
00600 DI	STRIBUTION SYSTEM			ION SYSTEM		A Y				
			M WITHIN 5			Ą				
		UPSTREAM		SERVICE CON		A				
	TRY POINT	3	ENTRY POI	NT		A				
21068 W	ELL	2	WELL		,	Α				
		Co	ntact Info	ormation						
Name			Organization						Job Title	
Ms. Melissa J	. Schlag		Town of Hado	lam			First Selec	ctma		
Mailing Addre	ess Line One	Mailing Addr	ess Line Two				City		State	Zip Code
Town Office E	T T	30 Field Park	Drive	I		Haddam			CT	06438
Business Ph	one Extension	Fax Mo	bile Phone	Emergency	Phone	Email Ad	dress			

Contact Role(s): Legal Contact, Owner

860-345-8531

860-345-3730

Schedule Generation Date: 4/3/2024 Page 32

mschlag@haddam.org

	Connectic	ut Depa	rtme	nt of	Public	Health	Dri	nking	g Water	Section	
	Wat	ter Qua	lity M	onit	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name						Classi	fication	Population	Owner Type	Primary Source
CT0610514 H	IADDAM TOWN	OFFICE BUI	LDING				ľ	1C	25	L	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommerci	al Industri	al Combine	ed Agricultural
30 FIELD PARK DR	IVE				Connection	S		1			
Towns Served: HA	DDAM								,		
Name				Or	ganization					Job Titl	е
Ms. Debra Talbot				To	wn of Hadda	ım			Custodiar	1	
Mailing Address Li	ne One		Mailing A	Address	Line Two				City	State	Zip Code
30 Field Park Drive	5							Hadda	m	СТ	06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address		
860-345-8531	208	860-345-3	3730					custod	ian@haddaı	m.org	
Contact Role(s):	Administrative (Contact									

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

	Connecticut De	partment of	Public H	lealth D	rink	ing W	ater S	Section	
	Water Qu	iality Monit	oring an	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name			Cl	assificat	ion Pop	ulation O	wner Type Pi	rimary Source
CT0614024					NC		25	Р	GW
Local Addr	ress (where applicable)		Service	Residentia			Industrial	Combined	Agricultural
T 6	LUADDANA		Connections		1	1			
Towns Serv	ved: HADDAM								
\\\.	DISTRIBUTION		oring Requ	iirement	S				
•	stem Facility: DISTRIBUTION	N SYSTEINT (WSFT	D: 00600)					(>=\	
	liform (3100) pling Point (Sampling Point ID)			Monitoring	Dariod	Colla	1 r ction Perio	outine (RT)	per quarter ance Status
	t from Inventory of Active Sampl	ling Points		10/1/23 - 12		Cone	tion Pend		mplete
Jelect	t from inventory of Active Sample	ing Fonts		1/1/24 - 3/				CO	Inpiete
				4/1/24 - 6/					
				7/1/24 - 9/	-				
Physical I	Parameters (PPS)						1 r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	d Compli	ance Status
Select	t from Inventory of Active Sampl	ling Points		10/1/23 - 12	2/31/23			Co	mplete
				1/1/24 - 3/	31/24				
				4/1/24 - 6/					
				7/1/24 - 9/	30/24				
	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (•							outine (RT)	
	oling Point (Sampling Point ID)			Monitoring		Colle	ction Perio		ance Status
ENTR	Y POINT (3)			10/1/23 - 12				Со	mplete
				1/1/24 - 3/					
				4/1/24 - 6/ 7/1/24 - 9/					
Nitrata A	and Nitrite (NOX)			7/1/24-9/	30/24			1 routine (R	T) per vear
	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	•	ance Status
	Y POINT (3)			1/1/23 - 12					mplete
				1/1/24 - 12	•				
				1/1/25 - 12	-				
		Other C	ompliance						
Complianc	e Schedule Activity				e Date		Achieve	ed Date	
CROSS CON	NNECTION SURVEY REPORT			3/1	/2024				
	Water	System Facili	ity and Sar	mpling Po	oint Ir	nvento	ory		
Water						Total	Lead ar	nd	
	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α				
		DOWNSTREAM			Α				
•		UPSTREAM	WITHIN 5 SER		A				
	ENTRY POINT	3	ENTRY POINT		A				
52977	WELL #1	2	WELL #1		Α				

52981 TREATMENT PLANT

	Connecticut Departi	ilelit of I ublic I	Cartin	ושו	mixing	, water	occuon			
	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	e			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0614024	201 SAYBROOK ROAD				NC	25	Р	GW		
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural		
	Connections 1									
Towns Served	: HADDAM	1			1	1	1	1		

Contact Information

Connecticut Department of Public Health Drinking Water Section

Mr. Ralph Vynalek Owner Mailing Address Line One Mailing Address Line Two City St		
Mailing Address Line One Mailing Address Line Two City Start Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	b Title	
827 Higganum Rd Durham Business Phone Extension Fax Mobile Phone Emergency Phone Email Address		
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	State	Zip Code
	СТ	06422
860-349-8652		
000 343 0032		
Contact Role(s): Legal Contact, Owner		
Name Organization Job	b Title	
Mr. Marc Koss Great American Donut Vp of Operations		
Mailing Address Line One Mailing Address Line Two City St	State	Zip Code
100 East Maine Street Plainville	СТ	06062
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address		
860-539-4338 marc.koss@gadonut.com		
Contact Role(s): Administrative Contact		

Please note the following:

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

End of schedule

	Con	necticut Depa	rtment of	Public H	ealth	Dri	nking	σ \//·	ater '	Secti	ion	
	Con	Water Qua					•	_			1011	
DWC ID	DVA/C A		nty Monit	oring and	ı Con	_		_			T. un n D	wi
PWS ID	PWS N		STATION #4				VC				Type P	rimary Source
CT061406		AM VOLUNTEER FIRE	SIATION #1	Service	Docidon			2		L	nbined	GW
439 SAYB	lress (where a	ррпсавіе)		Connections	Residen	itiai C	ommerc	iai in	dustria	i Cor		Agricultura
	rved: HADDAI	Λ <i>1</i>		COMPCCIONS							1	
TOWIIS SE	IVEU. HADDAI	VI	Monite	oring Requ	iromo	ntc						
Mater Sv	stem Facility	y: DISTRIBUTION S			iii eiiie	1115						
	oliform (310		TSTEIVI (VVSFT	D. 00000j					1	routin	e (RT)	per quarter
	•	ampling Point ID)			Monitori	ina Per	iod (Collecti	on Peri			ance Status
		cory of Active Sampling	Points		10/1/23 -							mplete
		, , ,	<u> </u>		1/1/24 -							
					4/1/24 -							
					7/1/24 -							
Physical	Parameters	(PPS)							1	routin	e (RT)	per quarter
Sam	pling Point (S	ampling Point ID)			Monitori	ing Per	iod (Collecti	ion Peri	od	Compli	ance Status
Seled	ct from Invent	ory of Active Sampling	Points	:	10/1/23 -	- 12/31	/23				Co	mplete
					1/1/24 -	- 3/31/	24					
					4/1/24 -	- 6/30/	24					
					7/1/24 -	9/30/	24					
Water Sy	stem Facility	y: ENTRY POINT (V	VSF ID: 00700)									
	And Nitrite										-	RT) per year
		ampling Point ID)			Monitori			Collecti	ion Peri	od		ance Status
ENT	RY POINT (3)				1/1/23 -						Co	mplete
					1/1/24 -							-
			011		1/1/25 -							
			Other C	ompliance								
	ce Schedule A					Due Do			Achiev	ed Dat	е	
CROSS CC	ONNECTION S	JRVEY REPORT				3/1/20						
		Water S	ystem Facili	ity and Sar	npling	Poin	it Inve	entor	Ύ			
Water								otal	Lead a			
System	Water Syste	m Facility	Sampling Point ID	Sampling Poil Description	nt			liform	Copp		h 4	Stage
Facility IL				•			utus	Rule	Kule I	ier As	bestos	WQP 2 DBPI
00500	WELL #1	NI CVCTENA	2	WELL #1	LCVCTEN		Α	V				
00600	DISTRIBUTIO	IN STSTEIN	4 DOWNSTREAM	DISTRIBUTION			Α	Υ				
			UPSTREAM	WITHIN 5 SER			A A					
00700	ENTRY POIN	т	3	ENTRY POINT	VICE CUI		A					
58277	WELL #2	1	2	WELL #2			A					
30211	VV L L T Δ			tact Inforr	nation		,,					
Name					iiatiUli					lel	a Ti+la	
Name	ca I Schlac			rganization own of Haddam	<u> </u>			Eiro	t Calact		o Title	
	ddress Line O	ne	Mailing Address		I			Ci	t Select		tate	Zip Code
iviaiiiiig A	uui ess Liile U	IIC	ivialiling Address	. LITTE I WU				CI	Ly	3	iale	Zip Code

30 Field Park Drive

Fax

860-345-3730

Mobile Phone

Town Office Buliding

Business Phone

860-345-8531

Extension

Contact Role(s): Legal Contact, Owner

Schedule Generation Date: 4/3/2024 Page 36

Haddam

mschlag@haddam.org

Emergency Phone Email Address

06438

CT

C	onnectic	ut Depa	rtme	nt of	Public	Health	Drir	ıking	Water	Section	
	Wat	ter Qua	lity M	onito	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
СТ0614064 Н	ADDAM VOLUI	NTEER FIRE	TATION	#1				NC		L	GW
Local Address (who	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
439 SAYBROOK RD					Connection	S				1	
Towns Served: HA	DDAM					,					
Name				Org	ganization					Job Titl	e
Ms. Debra Talbot				To	wn of Hadda	am			Custodiar	1	
Mailing Address Li	ne One		Mailing A	Address	Line Two				City	State	Zip Code
30 Field Park Drive								Haddar	n	СТ	06438
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	ddress		
860-345-8531	208	860-345-	3730					custodi	an@haddaı	m.org	
Contact Role(s):	dministrative	Contact						1			

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

End of schedule

	Connecticut De	nartment of	Public H	lealth I)rinki	ing V	Vater	Se	ction	
	•	iality Monit				_			CCIOII	
PWS ID	PWS Name	dancy Monic	oring and						ner Tyne	Primary Source
CT0614084		ASSOCIATION, INC			NC	1011 110	25	OW	P	GW
	ess (where applicable)	7.0000	Service	Residentia		nercial	Industri	al	Combine	
	Y HILL ROAD		Connections	residentia)		-	COMBINE	, ignouncere
-	ved: HADDAM					_				
		Monito	oring Requ	ıiremen	ts					
Water Sys	stem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Col	iform (3100)						2	rou	itine (RT) per quarter
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Pe	riod	Comp	liance Status
Select	from Inventory of Active Sampl	ing Points		4/1/24 - 6	/30/24					
				7/1/24 - 9	/30/24					
Physical I	Parameters (PPS)						2	rou	itine (RT) per quarter
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Pe	riod	Comp	liance Status
Select	from Inventory of Active Sampl	ing Points		4/1/24 - 6	/30/24					
				7/1/24 - 9	/30/24					
Water Sys	stem Facility: ENTRY POINT	WELL #2 COW BA	ARN WELL (V	VSF ID: 00	700)					
Nitrate A	and Nitrite (NOX)							1	routine	(RT) per year
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Pe	riod	Comp	liance Status
ENTR	Y POINT WELL #2 COW BARN WI	ELL (3)		1/1/23 - 12	2/31/23				C	Complete
				1/1/24 - 12	2/31/24				C	Complete
				1/1/25 - 12	2/31/25					
Water Sys	stem Facility: ENTRY POINT	WELL #1 OFFICE	WELL (WSF I	D: 00701)						
Nitrate A	nd Nitrite (NOX)							1	routine	(RT) per year
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Pe	riod	Comp	liance Status
ENTR	Y POINT WELL #1 OFFICE WELL (3)		1/1/23 - 12	2/31/23				C	Complete
				1/1/24 - 12	2/31/24				C	Complete
				1/1/25 - 12	2/31/25					
		Other Co	ompliance	Schedu	les					
Complianc	e Schedule Activity			Du	ıe Date		Achie	ved	Date	
SEASONAL	START UP COMPLETION			4/	1/2024					
	Water	System Facili	ty and Sar	mpling P	oint Ir	vent	ory			
Water						Total	Lead	and		
System	Water System Facility	Sampling Point		nt		Colifor	т Сорј	per		Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbesto	s WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α					
		UPSTREAM	WITHIN 5 SER	RVICE CON	Α					
	ENTRY POINT WELL #2 COW BARN WELL	3	ENTRY POINT	WELL #2	Α					
00701	ENTRY POINT WELL #1 OFFICE	3	ENTRY POINT	WELL #1	Α					

WELL #2 COW BARN WEL

WELL #1 OFFICE WELL

Α

Α

2

2

WELL

59436 WELL #2 COW BARN WELL

61262 WELL #1 OFFICE WELL

	Connectic	ut Depa	ii tillelit (of Fublic	Health	ווועו	1K1118	z water	Section	1	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce :	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	e Pri	imary Sourc
CT0614084	THE HADDAM N	ECK FAIR AS	SOCIATION, I	NC.		N	IC	25	Р		GW
Local Address (v	vhere applicable)			Service	Resider	ntial Co	mmerc	ial Industri	al Combir	ned	Agricultura
26 QUARRY HILL	ROAD			Connection	ns		2				
Towns Served: H	HADDAM			,					1		
			Co	ontact Info	rmation	า					
Name				Organization					Job Tit	le	
Haddam Neck F	air Association										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	j	Zip Code
			P O Box 48				Middle	e Haddam	СТ		06456
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email	Address			
Contact Role(s):	Owner										
Name				Organization					Job Tit	:le	
Mr. David Tozie	r			The Haddam N	Neck Fair As	ssn,Inc.		President			
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	2	Zip Code
23 Olmstead Ro	ad						East H	addam	СТ		06423
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email	Address	+		
860-267-5922	2										
Contact Role(s):	Legal Contact										
Name				Organization					Job Tit	:le	
Mr. Wayne M. F	Rutty			Haddan Neck	Fair Assoc.	Inc					
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	9	Zip Code

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Extension

Please note the following:

26 Quarry Hill Road

Business Phone

860-267-5922

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

P. O. Box 220

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

Fax

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.

Mobile Phone

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

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

End of schedule

06424

Middle Haddam

waynemrutty@msn.net

Emergency Phone Email Address

						_							
	Co	nnectic	•							_		ction	
		Wa	ter Qua	lity Mo	nit	oring a	and Cor	nplia	nce	Sche	edule		
PWS ID	PW	S Name						Classifi	ication	Popu	lation Owi	ner Type P	Primary Source
CT0614114	66 1	KILLINGWOR	TH ROAD HI	GGANUM				N	IC		5	P	GW
		e applicable)				Service	Reside	ntial Co	mmer	cial In	dustrial	Combined	
66 KILLINGV						Connectio						1	7.8
Towns Serve													
TOWIIS SELVE	eu. HADI	DAIVI		NAO	, nit	orina Do	auiroma	netc					
Water Syst	tem Faci	lity: DISTR	IBUTION S				quireme	ents					
Total Colif		•									1 rou	ıtine (RT)	per quarter
	-	(Sampling P	oint ID)				Monito	ring Perio	od	Collecti	on Period		iance Status
		entory of Act		Points			10/1/23						omplete
		· ·	1 0	<u>'</u>				- 3/31/2					
								- 6/30/2					
								- 9/30/2					
Physical P	aramet	ers (PPS)									1 rou	itine (RT)	per quarter
-		(Sampling P	oint ID)				Monito	ring Perio	od	Collecti	ion Period		iance Status
Select	from Inv	entory of Act	ive Sampling	Points			10/1/23	- 12/31/	/23			Co	omplete
							1/1/24	- 3/31/2	24				
							4/1/24	- 6/30/2	24				
							7/1/24	- 9/30/2	24				
Water Syst	tem Faci	lity: ENTR	Y POINT (V	VSF ID: 00	700)								
Nitrate Ar	nd Nitrit	e (NOX)									1	routine (I	RT) per year
Sampli	ing Point	(Sampling P	oint ID)				Monito	ring Perio	od	Collecti	ion Period	Compl	iance Status
ENTRY	POINT (3	3)					1/1/23	- 12/31/2	23			Co	omplete
							1/1/24	- 12/31/2	24				
							1/1/25	- 12/31/2	25				
				Othe	er C	omplian	ce Sche	dules					
Compliance	Schedul	e Activity						Due Da	te		Achieved	Date	
RESPOND T	O SANITA	ARY SURVEY						9/8/202	23				
			Water S	vstem Fa	acili	itv and S	Sampling	g Point	t Inv	entor	٧		
Water						•		<u>* </u>		Total	Lead and		
System V	Water Sy	stem Facility		Sampling P	oint	Sampling	Point		Co	liform	Copper		Stage
Facility ID				ID		Descriptio	n	Sta	itus	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4		DISTRIBUT	ION SYSTEM		А	Υ			
				DOWNSTRI	EAM	WITHIN 5	SERVICE CO	N A	A				
				UPSTREA	M	WITHIN 5	SERVICE CO	N A	A				
00700 E	ENTRY PC	DINT		3		ENTRY PO	INT	A	Д				
60985 V	WELL 1			2		WELL 1		A	Д				
					Con	tact Info	ormatio	n					
Name					Oı	rganization						Job Title	
Mr. Merle	McKenzie	•			М	ontana Nig	hts Axe Thr	owing					
Mailing Add	dress Line	One		Mailing Ad	dres	s Line Two				Ci	ty	State	Zip Code
66 Killingwo									Higga			СТ	06441
Business I		Extension	Fax	ı	Mobi	le Phone	Emergenc	y Phone			SS		

860-345-9595

trainermerle@att.net

860-345-2966

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

860-221-5015

Connecticut Department of Public Health	Drin	king	g Wate	r Se	ection	l
Water Quality Monitoring and Con	nplia	nce S	Schedu	ıle		

	20001 20001	8		- F				
PWS ID	PWS Name			Classifica	tion F	Population	Owner Type	Primary Source
CT0614114	66 KILLINGWORTH ROAD HIGGANUM			NC		25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Com	mercia	l Industria	al Combine	ed Agricultural
66 KILLINGWOR	TH ROAD	Connections					1	
Towns Served: H	IADDAM						·	

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