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

PWS ID	PWS Name			Cla	ssification	Populat	on O	Owner Type	<b>Primary Source</b>
CT0610502	BURR DISTRICT ELEMENTARY SCHOOL				NTNC	528		L	GW
Local Address (where applicable)		Service	Residential		Commerci	al Indu	strial	Combine	d Agricultural
792 KILLINGWO	RTH RD AKA RTE 81	Connections						1	

Towns Served: HADDAM			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
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		
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
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)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	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		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

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			Cla	ssification	Populatio	n O\	wner Type	Primai	ry Source
CT0610502	BURR DISTRICT ELEMENTARY SCHOOL				NTNC	528		L	C	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Indus	rial	Combine	ed Ag	gricultural
792 KILLINGWO	RTH RD AKA RTE 81	Connections						1		

Towns Served: HADDAM

owns Served: HADDAM					
Moi	nthly Water System Facility (	WSF) Lev	el Monitori	ng Requiremer	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary Ty	/pe)	Operating Limit	;	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHo	OS)	Minimum: 2.5 I	MG/L	2
<b>Start Date:</b> 1/1/2017		Compliance	<b>History:</b>	<b>Operating Limit</b>	Monitoring
		Monitoring I		<b>Compliance Status:</b>	Compliance Status:
		11/1/2023 -	11/30/2023	Υ	
		12/1/2023 -	12/31/2023	Υ	
		1/1/2024 - 1	/31/2024	N	
		2/1/2024 - 2	/29/2024	Υ	
		3/1/2024 - 3	/31/2024		
Analyte	Monitoring Requirement (Summary Ty	/pe)	<b>Operating Limit</b>	:	Samples Req/Month
Orthophosphate	<spaces> ( )</spaces>		Maximum: 4.5	MG/L	2
<b>Start Date:</b> 1/1/2017		Compliance	History:	<b>Operating Limit</b>	Monitoring
		Monitoring I	Period	<b>Compliance Status:</b>	Compliance Status:
		11/1/2023 -	11/30/2023		
		12/1/2023 -	12/31/2023		
		1/1/2024 - 1	/31/2024		
		2/1/2024 - 2	/29/2024		
		3/1/2024 - 3	/31/2024		
Analyte	Monitoring Requirement (Summary Ty	/pe)	<b>Operating Limit</b>	:	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 8.9 I	PH	Daily
<b>Start Date:</b> 7/1/2019		Compliance	History:	<b>Operating Limit</b>	Monitoring
		Monitoring I	Period	<b>Compliance Status:</b>	Compliance Status:
		11/1/2023 -		Υ	
		12/1/2023 -	12/31/2023	Υ	
		1/1/2024 - 1	•	N	
		2/1/2024 - 2		Υ	
		3/1/2024 - 3	/31/2024		
Analyte	Monitoring Requirement (Summary Ty	/pe)	<b>Operating Limit</b>		Samples Req/Month
рН	<spaces> ( )</spaces>		Maximum: 9.5	PH	Daily
<b>Start Date:</b> 7/1/2019		Compliance	-	<b>Operating Limit</b>	Monitoring
		Monitoring I	Period	Compliance Status:	Compliance Status:
		11/1/2023 -			
		12/1/2023 -	12/31/2023		
		1/1/2024 - 1	/31/2024		
		2/1/2024 - 2			
		3/1/2024 - 3	/31/2024		
	Other Comp	oliance Sc	hedules		

Other Compliance Schedule

Compliance Schedule ActivityDue DateAchieved DateSUBMIT LEAD SERVICE LINE INVENTORY10/16/2024COMPLETE INITIAL LSL INVENTORY10/16/2024

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	ID PWS Name C			Classification	Population	Owner Type	Primary Source
CT0610502	BURR DISTRICT ELEMENTARY SCHOOL			NTNC	528	L	GW
Local Address (w	Local Address (where applicable)		Service Resident		ial Industr	ial Combin	ed Agricultural
792 KILLINGWO	RTH RD AKA RTE 81	Connections				1	

Towns Served: HADDAM

### **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2025

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u>				PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
pH TT Violation	1/1/24 - 1/31/24	2	4/7/2024		4/17/2024					
Orthophosphate TT Violation	1/1/24 - 1/31/24	2	4/7/2024		4/17/2024					

rthopho	sphate TT Violation	1/1,	/24 - 1/31/24 2	4/7/20	)24	4	/17/2024		
	Wat	er System Facili	ty and Sampling P	oint In	vento	у			
Water System acility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ				
		ART 1	ART ROOM SINK	Α		2	Υ	Υ	
		BOYS BATH 1	BOYS BATHROOM #1	Α	Υ	2	Υ	Υ	
		BOYS BATH 2	DISTRIBUTION SYSTEM	Α	Υ	2	Υ	Υ	
		CUS 1	CUSTODIAN AREA	Α		2	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KIND 1	KINDERGART RM SINK	Α	Υ	2	Υ	Υ	
		KIT 1	KITCHEN SINK	Α	Υ	2	Υ	Υ	
		KIT HAND	KITCHEN HAND SINK	Α	Υ	2	Υ	Υ	
		LIB 1	LIBRARY SINK	Α	Υ	2	Υ	Υ	
		NURSE 1	NURSES SINK	Α	Υ	2	Υ	Υ	
		PRE K B	PREKINDERGARTEN B	Α	Υ	2	Υ	Υ	
		RM 1	ROOM 1 SINK	Α	Υ	2	Υ	Υ	
		RM 10	ROOM 10 SINK	Α	Υ	2	Υ	Υ	
		RM 11	ROOM 11 SINK	Α	Υ	2	Υ	Υ	
		RM 13	ROOM 13	Α	Υ	2	Υ	Υ	
		RM 15	ROOM 15 SINK	Α	Υ	2	Υ	Υ	
		RM 15B	ROOM 15B SINK	1		2	Υ	Υ	
		RM 16	ROOM 16 SINK	Α	Υ	2	Υ	Υ	
		RM 17	ROOM 17 SINK	Α	Υ	2	Υ	Υ	
		RM 18	ROOM 18 SINK	Α	Υ	2	Υ	Υ	
		RM 3	ROOM 3 SINK	Α	Υ	2	Υ	Υ	
		RM 6	ROOM 6 SINK	Α	Υ	2	Υ	Υ	
		RM 8	ROOM 8 SINK	Α	Υ	2	Υ	Υ	
		RM 9	ROOM 9 SINK	Α	Υ	2	Υ	Υ	
		RM 9C	ROOM 9C SINK	1		2	Υ	Υ	
		TEACH 1	TEACHERS ROOM SINK	Α	Υ	2	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10281	WELL #1	2	WELL #1	Α					

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	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0610502 BURR DISTRICT ELEMENTARY SCHOOL					NTNC	528	L	GW			
Local Address	Service	Resider	itial Commerci		al Industri	al Combine	ed Agricultural				
792 KILLINGW	ORTH RD AKA RTE 81	Connections					1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: HADDAM

	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 DBPR		
46391	TREATMENT PLANT										
52577	WELL #2	2	WELL #2	Α							
53589	ATMOSPHERIC STORAGE										

	Certified Ope	rator Information		
Water System Facility: TREA	TMENT PLANT (WSF ID: 46391)			
Facility Classification: CLASS 2 T	REATMENT PLANT			Certification
Operator Name	Operator Type	Certification(s)		Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTE	M OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT	PLANT OPERATOR - CLASS II	12/31/2025
	Contact	Information		
Name	Organiza	tion	Job Titl	e
Mr. Robert Albert	Regional	School District #17	Facilities Manager	

Mailing Address Line One			iviaiiing	Address Line Two		City	State	Zip Code	
	57 Little City Road						Higganum	CT	06441
	Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
	860-345-4534	1110	860-345-2	2817			ralbert@rsd17.org		

Contact Role(s): Administrative Contact

Name				Organization		Job Title			
Mr. Jeffrey Wihbey	1	Regional School District 17 Superintendent							
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
57 Little City Road						Higganu	m	CT	06441
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	ldress		
860-345-4534	1169	860-345-	2817		jwihbey@rsd17.org				
Contact Polo(s):	and Contact								

Contact Role(s): Legal Contact

#### Please note the following:

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0610563	HADDAM-KILLINGWORTH HIGH SCHOOL				NTNC	642	L	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
LITTLE CITY ROA	D	Connections	1					

Towns Served: HADDAM			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<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		_
Lead And Copper (PBCU)		10 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/29	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		

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	Connecticut Department of Water Quality Mon				_				
PWS ID	PWS Name		Classification F		Populatio	n O	wner Type	Primary Source	
CT0610563	HADDAM-KILLINGWORTH HIGH SCHOOL				NTNC	642		L	GW
Local Address (	where applicable)	Service	Residential Comme		Commerci	al Indus	trial	Combine	ed Agricultural
LITTLE CITY ROA	\D	Connections	1						

Towns Served: HADDAM

Monitorin	g Requirements					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
	1/1/26 - 12/31/28					
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>					
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete			
	1/1/24 - 12/31/24					
	1/1/25 - 12/31/25					
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
ENTRY POINT (3)	1/1/23 - 12/31/25					
	1/1/26 - 12/31/28					
Organic Chemicals (VOCS)		1 re	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					
	1/1/25 - 12/31/25					
Other Com	oliance Schedules					
Compliance Schedule Activity	Due Date	Achieved D	ate			

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						
CROSS CONNECTION SURVEY REPORT	3/1/2025						

	W	ater System Facili	ity and Sampling P	oint Ir	nventor	У			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stag WQP 2 DBI	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BB OFFICE	BOY BATH NEAR OFF	Α	Υ	2	Υ		
		BB116	BOY BATH NEAR C116	Α	Υ	2	Υ		
		BOIL1	BOILER ROOM SINK	Α	Υ	2			
		CUSCL101	CUSTOD CLOSET SINK	Α	Υ	2			
		CUSCL201	CUSTOD CLOSET SINK	Α	Υ	2			
		CUST AV DEP	CUSTODIAL AV DEPT	Α		2	Υ		
		CUST BUS	CUSTODIAL BUS BUILD	Α		2	Υ		
		CUST C101	CUSTODIAL C101	Α		2	Υ		
		CUST C201	CUSTODIAL C201	Α		2	Υ		
		CUST CO	CUST CENTRAL OFFICE	Α		2	Υ		
		CUST COUGAR	CUST COUGAR CAFE	Α		2	Υ		
		CUST MAINT	CUSTOD MAINTENANCE	Α		2	Υ		
		CUST OFFICE	CUSTODIAL OFFICE	Α		2	Υ		

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PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0610563	HADDAM-KILLINGWORTH HIGH SCHOOL				NTNC	642	L	GW
Local Address (\	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
LITTLE CITY ROA	ND	Connections	1					

Towns Served: HADDAM

	ici bystein racin	ity and Sampling Po					
Water System Water System Facility acility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	FAC1	FACULTY LOUNGE SINK	Α	Υ	2		
	GB OFFICE	GIRL BATH NEAR OFF	Α	Y	2	Υ	
	GB114	GIRL BATH NEAR C114	Α	Υ	2	Υ	
	HSBLR1	HS BOYS LOCKER SINK	Α	Υ	2		
	HSGLR1	HS GIRLS LOCKER SINK	Α	Υ	2		
	KIT 1	KIT SINK	Α	Υ			
	KIT1	KITCHEN SINK ASBEST	Α	Υ	2		
	MB102	MEN BATH NEAR C102	Α	Υ	2	Υ	
	MB112	MEN BATH NEAR C112	Α	Υ	2	Υ	
	MB131	MEN BATH NEAR 131	Α	Υ	2	Υ	
	MB202	MEN BATH NEAR C202	Α	Υ	2	Υ	
	MB212	MEN BATH NEAR C212	Α	Υ	2	Υ	
	MB216	MEN BATH NEAR C216	Α	Υ	2	Υ	
	MB-B202	MEN BATH NEAR B202	Α	Υ	2	Υ	
	MBTV1	MEN BATH TV RM 1ST	Α	Υ	2	Υ	
	MBTV2	MEN BATH TV RM 2ND	Α	Υ	2	Υ	
	MCBF1	MEDIA CENT BOT FLOOR	Α	Υ	2		
	MCTF1	MEDIA CENT TOP FLOOR	Α	Υ	2		
	MSLR1	MID SCH LOCK RM SINK	Α	Υ	2		
	MSLR2	MID SCH LOCK RM SINK	Α	Υ	2		
	OFFMS	OFFICE MID SCH SINK	Α	Υ	2		
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
	WB102	WOM BATH NEAR C102	Α	Υ	2	Υ	
	WB114	WOM BATH NEAR C114	Α	Υ	2	Υ	
	WB131	WOM BATH NEAR 131	Α	Υ	2	Υ	
	WB202	WOM BATH NEAR C202	Α	Υ	2	Υ	
	WB214	WOM BATH NEAR C214	Α	Υ	2	Υ	
	WB-B202	WOM BATH NEAR B202	Α	Υ	2	Υ	
	WBTV1	WOM BATH TV RM 1SR	Α	Υ	2	Υ	
	WBTV2	WOM BATH TV RM 2ND	Α	Υ	2	Υ	
00700 ENTRY POINT	3	ENTRY POINT	Α				
10284 WELL 1	2	WELL 1	Α				
54655 ATMOSPHERIC TANK	<del>-</del>		•				
56372 WELL 2	2	WELL 2	Α				

#### **Certified Operator Information**

	Connecticut Department of	I ublic I	Carti	ע.	1111111111	, water	beenon	
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0610563	D563 HADDAM-KILLINGWORTH HIGH SCHOOL					642	L	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
LITTLE CITY ROA	D	Connections 1						
Towns Served: F	IADDAM							

Connecticut Department of Public Health Drinking Water Section

		Cor	tified Operate	or Information				
			<u> </u>	or innormation				
ility: DISTRI	BUTION SY	STEM	(WSF ID: 00600)					
n: SMALL WA	TER SYSTEM							Certification
		Oper	ator Type	Certification(s)				Expiration
		CHIEF (	OPERATOR	DISTRIBUTION SYST	EM OPER	RATOR - CLA	SS I	12/31/2025
				WATER TREATMEN	T PLANT	OPERATOR -	- CLASS II	12/31/2025
			Contact Inf	ormation				
Name Organization Job Title								
			Regional Sch	School District #17 Facilities Manager				
e One		Mailing	Address Line Two	City State				Zip Code
				Higganum CT				06441
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
1110	860-345-2	817			ralbert@rsd17.org			
lministrative (	Contact							
			Organization				Job Title	
			Regional Sch	ool District 17		Superinten	dent	
e One		Mailing	Address Line Two			City	State	Zip Code
					Higganu	m	СТ	06441
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
1169	860-345-2	817			jwihbey(	@rsd17.org		
gal Contact								
	e One  Extension 1110 Iministrative (	e One  Extension Fax 1110 860-345-2 Iministrative Contact  e One  Extension Fax 1169 860-345-2	e One Mailing  Extension Fax 1110 860-345-2817  Iministrative Contact  Extension Fax 1169 860-345-2817	ility: DISTRIBUTION SYSTEM (WSF ID: 00600)  n: SMALL WATER SYSTEM  Operator Type  CHIEF OPERATOR  Contact Inf Organization Regional Sch e One  Mailing Address Line Two  Extension Fax Mobile Phone 1110 860-345-2817  Iministrative Contact Organization Regional Sch e One Mailing Address Line Two  Extension Fax Mobile Phone Contact Organization Regional Sch e One Mailing Address Line Two  Extension Fax Mobile Phone 1169 860-345-2817	Ility: DISTRIBUTION SYSTEM (WSF ID: 00600)  n: SMALL WATER SYSTEM  Operator Type Certification(s)  CHIEF OPERATOR DISTRIBUTION SYST WATER TREATMEN  Contact Information  Organization  Regional School District #17  One Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone  1110 860-345-2817  Iministrative Contact  Organization  Regional School District 17  One Mailing Address Line Two  Extension Regional School District 17  One Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone  Extension Fax Mobile Phone Emergency Phone  1169 860-345-2817	Operator Type Certification(s)  CHIEF OPERATOR DISTRIBUTION SYSTEM OPER WATER TREATMENT PLANT  Contact Information  Organization Regional School District #17  One Mailing Address Line Two Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Information  Organization Regional School District #17  Organization Regional School District 17  Organization Regional School District 17  One Mailing Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two  Higganu  Extension Fax Mobile Phone Emergency Phone Email Address Line Two	Ility: DISTRIBUTION SYSTEM (WSF ID: 00600)  n: SMALL WATER SYSTEM  Operator Type Certification(s)  CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLA WATER TREATMENT PLANT OPERATOR  Contact Information  Organization Regional School District #17 Facilities M e One Mailing Address Line Two City Higganum  Extension Fax Mobile Phone Emergency Phone Email Address 1110 860-345-2817 ralbert@rsd17.org  Iministrative Contact  Organization Regional School District 17 Superinten e One Mailing Address Line Two City Higganum  Extension Fax Mobile Phone Emergency Phone Email Address Extension Fax Mobile Phone Emergency Phone Email Address Extension Fax Mobile Phone Emergency Phone Email Address Superinten Extension Fax Mobile Phone Emergency Phone Email Address Superinten Extension Fax Mobile Phone Emergency Phone Email Address Superinten Extension Fax Mobile Phone Emergency Phone Email Address Superinten Extension Fax Mobile Phone Emergency Phone Email Address Superinten Superinten Extension Fax Mobile Phone Emergency Phone Email Address Superinten Super	Ility: DISTRIBUTION SYSTEM (WSF ID: 00600)  n: SMALL WATER SYSTEM  Operator Type

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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						Population	Owner Type	Primary Source
CT0610593	YOUNG HORIZONS DAYCARE				NTNC	60	Р	GW
Local Address (v	Service	Residential		Commercia	al Industri	al Combine	ed Agricultural	
120 SAYBROOK ROAD		Connections	1					

120 SATEROCK NOAD			
Towns Served: HADDAM		· · · · · · · · · · · · · · · · · · ·	· 
Monitoring (	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	•		
Asbestos (1094)	·	1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	tine (RT) per quarter
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		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	Complete
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		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		
Water Quality Parameters (WQPD)		2 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>		Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
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		
Lead And Copper (PBCU)		1 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/23 - 3/31/24		
=	, _,,		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	20,2,20 0,02,2	1 routine	(RT) per three years

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 Departmer	it of Public H	lealth D	rinking	g Water	Section	
	Water Quality M	onitoring and	d Compl	liance S	Schedul	e	
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source
СТ0610593	YOUNG HORIZONS DAYCARE			NTNC	60	Р	GW
Local Address (	where applicable)	Service	Residential	Commerci	al Industri	al Combine	ed Agricultural
120 SAYBROOK	( ROAD	Connections	1				
Towns Served:	HADDAM						

Towns Served: HADDAM			
Monito	ring Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
Water Quality Parameters - Basic (WQP1)		2 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/21 - 12/31/23	6/1-9/30	Complete
Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
SWTS 1: PWS TO RECOMMEND SOWT	3/28/2024	3/28/202	4
CCTS 1: PWS TO RECOMMEND OCCT	3/31/2024	3/28/202	4
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/28/2024		
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	9/30/2024		
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024		
COMPLETE INITIAL LSL INVENTORY	10/16/2024		
CCTS 5: PWS OCCT INSTALLATION	9/30/2025		
CROSS CONNECTION EXEMPTION	3/1/2026		

	Wat	er System Facili	ty and Sampling P	oint Ir	vento	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
		YH001	UPSTAIRS KITCHEN	Α	Υ	N	Υ	
		YH002	UPSTAIRS BATHROOM	Α	Υ	N		
		YH003	DOWNSTAIRS KITCHEN	Α	Υ	N		
		YH004	DOWNSTAIRS BATH	Α	Υ	N		
		YH005	DOWNSTAIRS CRAFT	Α	Υ	N		
		YH006	UPSTAIRS INFANT	Р	Υ	N		
		YH007	UPSTAIRS TODDLER	Р	Υ	N		
		YH008	3RD FL BATHRM	Р	Υ	N		
00700	ENTRY POINT	3	ENTRY POINT	Α				
10285	WELL	2	WELL	Α				

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	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT0610593	CT0610593 YOUNG HORIZONS DAYCARE						Р	GW			
Local Address (v	Local Address (where applicable)			ntial Commerc		al Industri	al Combine	ed Agricultural			
120 SAYBROOK	ROAD	Connections	1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: HAD	DAM									
			Certifie	d Operate	or Information	1				
Water System Fac	cility: DISTR	IBUTION SY	STEM (WSI	F ID: 00600)						
Facility Classificatio	n: SMALL WA	ATER SYSTEM	1						Certification	
Operator Name			Operator T	уре	Certification(s)				Expiration	
COSSETTE, EVAN J			CHIEF OPERA	ATOR	WATER TREATMEN	T PLANT	OPERATOR	- CLASS IV	6/30/2024	
					DISTRIBUTION SYS	ГЕМ ОРЕГ	RATOR IN TE	RAINING	6/30/2024	
					DISTRIBUTION SYS	ГЕМ ОРЕІ	RATOR - CLA	ASS II	9/30/2024	
			Co	ontact Inf	ormation					
Name				Organization		Job Tit				
Ms. Michelle Johns	on			Young Horizo	ons Day Care Center		Manager			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
120 Saybrook Road						Haddam	1	СТ	06424	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ddress			
860-345-4347					860-685-1992	youngho	orizonsdayca	are@gmail.co	m	
Contact Role(s): Ac	dministrative	Contact								
Name				Organization				Job Title		
Ms. Kathleen M. De	ering			Young Horizo	ons Day Care Center		Owner			
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
120 Saybrook Rd						Higganu	m	СТ	06441	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ddress			
860-345-4347					860-335-9969	kathyde	ring@comca	ast.net		
Contact Role(s): Le	gal Contact, (	Owner								

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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 Source				
CT0610564	VILLAGE SHOPPING CENTER				NTNC	32	Р	GW			
Local Address (	Local Address (where applicable) Service					al Industri	al Combin	ed Agricultural			
26 KILLINGWOF	RTH ROAD	Connections			6						

Towns Served: HADDAM			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
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		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	·
	1/1/25 - 12/31/25	6/1-9/30	
Physical Parameters (PPS)			ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		P
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)	., -,		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
ERRIT ONE (S)	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)	1/1/20 12/31/20	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	concetion i criou	Complete
ENTRY CONT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	1/1/25 12/51/25	1 routing	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25	conection remod	compliance status
LIVINI FOINT (3)	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)	1/1/20-12/31/20	1 rout	ine (RT) per quarter
Organic Chemicals (VOCS)  Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23	Conection Feriod	Complete
ENTITY ONE (5)	1/1/24 - 3/31/24	<u> </u>	Complete
	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		

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	Co	onnecticu	ıt Depai	rtment o	of Public	Health	Drir	nking '	Wa	ter Se	ection		
			•		toring a			_					
PWS ID	PW	/S Name					Classification   Population   Owner Type   Primary So						
CT061056	64 VIL	LAGE SHOPPIN	NG CENTER			NTNC 32 P						GW	
Local Add	lress (wher	re applicable)			Service	Residen	tial Co	mmercial	Ind	ustrial	Combined	Agricultural	
26 KILLING	GWORTH F	ROAD			Connection	ns		6					
Towns Se	rved: HAD	DAM								·			
				Other	Complian	ce Sched	lules						
Complian	ce Schedu	le Activity				ı	Due Da	te	1	Achieved	Date		
CROSS CO	NNECTION	N EXEMPTION					3/1/201	.6					
SUBMIT L	EAD SERVI	ICE LINE INVEN	ITORY			1	0/16/20	)24					
COMPLET	E INITIAL L	SL INVENTORY	<b>′</b>			1	0/16/20	)24					
		,	Water Sy	stem Faci	lity and S	ampling	Point	t Inven	tory	/			
Water								Tota	al L	Lead and	I		
System	-	stem Facility	S		t Sampling P			Colifo		Copper		Stage	
Facility II				ID	Description			tus Rui		Rule Tiei	r Asbestos	WQP 2 DBPR	
00600	00600 DISTRIBUTION SYSTEM 4				DISTRIBUTI	ON SYSTEM		4 Y					
				Α	BANK		A	4 Y		N			
				В				Ą		N			
				B-2				<b>Α</b> Υ		N			
				С	AJ BACK SINK A			<b>Α</b> Υ		N			
				C-2	AJ DINING	4		N					
			[	DOWNSTREA	M WITHIN 5 S	ERVICE CON	N A	4					
				UPSTREAM	WITHIN 5 S	ERVICE CON	N A	4					
00700	ENTRY PO	TNIC		3	ENTRY POII	NT	A	4					
21072	WELL			2	WELL		A	4					
				Certifie	d Operato	r Inform	ation	)					
Water Sy	stem Fac	ility: DISTRI	<b>BUTION SY</b>	STEM (WSF	ID: 00600)								
Facility Cl	lassificatio	n: SMALL WA	TER SYSTEM									Certification	
Operator	Name			Operator Ty	ре	Certificatio	n(s)					Expiration	
FILANDA,	MICHAEL			CHIEF OPERA	TOR	WATER TRE	ATMEN	IT PLANT	OPER	ATOR - C	LASS IV	6/30/2025	
				Co	ntact Info	rmation	l						
Name					Organization						Job Title		
Ms. Anna	Kanaras												
Mailing A	ddress Line	e One		Mailing Addre	ess Line Two				City	/	State	Zip Code	
26 Killingworth Rd PO Box 837								Higganur			СТ	06441	
						Emergency	Phone						
	15-8745							annakar	aras(	@sbcglob	pal.net		
	tole(s): Ac	dministrative C	Contact										
Name					Organization						Job Title		
Village Pla								1					
	ddress Line	e One		Mailing Addre	ess Line Two				City	/	State	Zip Code	
26 Killingv	worth Rd							Killingwo	rth		CT	06419	

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Mobile Phone

**Business Phone** 

Contact Role(s): Owner

Extension

Fax

Emergency Phone Email Address

C	lonnecticu	ıt Departme	ent of	Public I	Health	Drir	nking	Water	Section			
	Wat	er Quality M	<b>Jonit</b> o	oring an	nd Con	nplia	nce S	chedul	e			
PWS ID P	WS Name					Classif	ication F	opulation	Owner Type	Primary Source		
CT0610564 V	ILLAGE SHOPPII	NG CENTER				NT	NC	32	Р	GW		
Local Address (where applicable) Service R						tial Co	mmercia	Industria	al Combine	d Agricultural		
26 KILLINGWORTH	I ROAD			Connections	S		6					
Towns Served: HA	DDAM											
Name			Or	ganization			Job Title					
Mr. John Kanaras			Vill	lage Plaza LL	C	Member-Manager						
Mailing Address Li	ne One	Mailing	Address	Line Two				City	State	Zip Code		
114 Silver Spring D	rive	P.O. Bo	x 837				Higganu	m	СТ	06441		
Business Phone	Extension	Fax	Mobil	e Phone E	Emergency	Phone	Email Ad	ddress				
Contact Role(s):	egal Contact		1				1					

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