Connecticut De	-				_			ion	
	iality Monit	oring an						_	
PWS ID PWS Name			Cl					Type Pr	imary Source
CT0620044 BROOKSVALE PARK-VETE	RANS' MEMORIAL	_	5 1 11	NC		25	Р	1	GW
Local Address (where applicable)		Service Connections	Residentia		ercial	ndustrial	Col	mbined	Agricultural
524 BROOKSVALE AVENUE Towns Served: HAMDEN		Connections		1					
Towns Served: HAMIDEN	8.6	• • • • •	•						
Water System Facility: DISTRIBUTION		oring Requ D: 00600)	iirement	:S					
Total Coliform (3100)						1 1	routin	e (RT) r	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Peri			ance Status
Select from Inventory of Active Samp	ling Points		10/1/23 - 12						mplete
			1/1/24 - 3/						
			4/1/24 - 6/						
			7/1/24 - 9/	30/24					
Physical Parameters (PPS)						1 :	routin	e (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Peri	od	Complia	ance Status
Select from Inventory of Active Samp	ling Points		10/1/23 - 12	2/31/23				Cor	mplete
			1/1/24 - 3/	31/24					
			4/1/24 - 6/	30/24					
			7/1/24 - 9/	30/24					
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 rou	ıtine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Peri	od		ance Status
ENTRY POINT (3)			1/1/23 - 12,					Cor	mplete
			1/1/24 - 12,		_				
			1/1/25 - 12,	/31/25					
Water System Facility: WELL (WSF II	D: 21076)								
E. Coli (3014)									er quarter
Sampling Point (Sampling Point ID)			Monitoring		Collec	tion Peri	od		ance Status
WELL (2)			10/1/23 - 12					Cor	mplete
			1/1/24 - 3/						
			4/1/24 - 6/						
Water	System Facili	ity and Sar	7/1/24 - 9/		vento	r\/			
	Jystelli Facili	ty and sai	nping P		Total	Lead a	nd		
Water System Water System Facility	Sampling Point	Samplina Poi	nt		ı otal Coliforn				Stage
Facility ID	ID	Description		Status	Rule			bestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ				
	DOWNSTREAM			Α					
	SP5	-BROOKVALE		Α	Υ				
	SP6	-BROOKVALE	FHT	Α	Υ				
	UPSTREAM	WITHIN 5 SER	RVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT		Α					
04076 14/511	2	\4/E11		•					

Α

WELL

2

21076 WELL

57912 TREATMENT PLANT

	Water Quality Monito	oring and	d Con	npli	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0620044	BROOKSVALE PARK-VETERANS' MEMORIAL E	BLDG			NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
524 BROOKSVAL	E AVENUE	Connections			1			

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Peter Laffin				Brooksvale P	ark		Park Ranger		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
524 Brooksvale Ave	!					Hamden	1	СТ	06518
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress		
203-287-2669					203-605-4620	brooksva	ale@hamden.c	om	
Contact Role(s): A	dministrative C	ontact	,						
Name				Organization	1			Job Title	
Ms. Lauren Garrett	:			Town of Han	nden		Mayor		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
2750 Dixwell Ave.						Hamden	1	СТ	06578
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress	•	
203-287-7100					203-214-6213	lgarrett(	@hamden.com		
Contact Role(s): Le	egal Contact				·	*			

## Please note the following:

Towns Served: HAMDEN

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

End of schedule

Connecticut Departmen	nt of Public H	ealth D	rinkir	ng Water S	Section
Water Quality M				· ·	
PWS ID PWS Name	0				wner Type Primary Source
CT0620064 YMCA - CAMP MOUNTAIN LAUREL			NC	180	P GW
Local Address (where applicable)	Service	Residentia	I Comme	rcial Industrial	Combined Agricultural
2700 DOWNES ROAD	Connections		1		
Towns Served: HAMDEN				I	
М	onitoring Requ	irement	ts		
Water System Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)				
Total Coliform (3100)				1	routine (RT) per month
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collection Perio	·
Select from Inventory of Active Sampling Points		6/1/24 - 6/	/30/24		
		7/1/24 - 7/	/31/24		
		8/1/24 - 8/	/31/24		
Physical Parameters (PPS)				1	routine (RT) per month
Sampling Point (Sampling Point ID)	I	Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		6/1/24 - 6/	/30/24		
		7/1/24 - 7/	/31/24		
		8/1/24 - 8/	/31/24		
Water System Facility: ENTRY POINT (WSF ID: 0	0700)				
Nitrate And Nitrite (NOX)					1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	•
ENTRY POINT (3)		1/1/23 - 12			Complete
		1/1/24 - 12			
		1/1/25 - 12	/31/25		
Water System Facility: WELL (WSF ID: 21078)					
E. Coli (3014)					routine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	d Compliance Status
WELL (2)		5/1/24 - 5/			
		6/1/24 - 6/			
		7/1/24 - 7/			
		8/1/24 - 8/			
Oth	er Compliance	Schedu	les		
	ier Compliance		l <b>es</b> e Date	Achieve	ed Date
Compliance Schedule Activity	ier Compliance	Du		Achieve	rd Date
Compliance Schedule Activity SEASONAL START UP COMPLETION	Notification R	<b>Du</b> 6/1	<b>e Date</b> 1/2024	Achieve	rd Date
Compliance Schedule Activity SEASONAL START UP COMPLETION Public	Notification R	6/1 equirem Notice	e Date 1/2024 nents Public	Notification Notification	PN Certification
Compliance Schedule Activity SEASONAL START UP COMPLETION Public Violation/Situation	C Notification R  Compliance Period	Du 6/1 <b>equirem</b> Notice Tier	e Date 1/2024 <b>nents</b> Public Require	Notification d Performed	PN Certification  Due to DPH Received
Compliance Schedule Activity SEASONAL START UP COMPLETION  Public  Violation/Situation  REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	C Notification R  Compliance Period  6/30/22 - 6/28/22	Du 6/1 equirem Notice Tier	e Date 1/2024 nents Public Require 8/27/202	Notification  d Performed	PN Certification  Due to DPH Received  9/6/2022
Compliance Schedule Activity SEASONAL START UP COMPLETION  Public  Violation/Situation  REVISED TOTAL COLIFORM RULE (RTCR) TT Violation  E. Coli M&R Violation	C Notification R  Compliance Period  6/30/22 - 6/28/22  7/1/23 - 7/31/23	Put 6/12 equirem Notice Tier 2 3	e Date 1/2024 nents Public Require 8/27/202 10/10/20	Notification  d Performed  22  24	PN Certification  Due to DPH Received  9/6/2022  10/20/2024
Compliance Schedule Activity SEASONAL START UP COMPLETION  Public  Violation/Situation  REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	C Notification R  Compliance Period  6/30/22 - 6/28/22	Du 6/1 equirem Notice Tier	e Date 1/2024 nents Public Require 8/27/202	Notification d Performed 22 24 24	PN Certification  Due to DPH Received  9/6/2022

**DISTRIBUTION SYSTEM** 

**Description** 

**Water System Facility and Sampling Point Inventory** 

8/1/23 - 8/31/23

Sampling Point Sampling Point

ID

4

3

12/17/2024

**Status** 

Α

Total

**Coliform** 

Rule

Υ

Lead and

Copper

12/27/2024

Rule Tier Asbestos WQP 2 DBPR

Stage

E. Coli M&R Violation

**Water System Facility** 

00600 DISTRIBUTION SYSTEM

Water

System

Facility ID

	Water Quality Mo	nitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0620064	YMCA - CAMP MOUNTAIN LAUREL				NC	180	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
2700 DOWNES	ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: HAMDEN

Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
21078 WELL	2	WELL	Α				
62549 TREATMENT PLANT							

			Contact Inf	ormation				
Name			Organization	l			Job Title	
Central CT Coast YN	<b>ЛСА</b>							
Mailing Address Line	e One		Mailing Address Line Two			City	State	Zip Code
1240 Chapel Street					New Hav	en	СТ	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
203-777-9622					info@ccc	cymca.org		
Contact Role(s): Ov	wner							
Name			Organization	ı			Job Title	
Mr. Timothy Bartle	tt		Central CT Co	oast YMCA		Supervisor/	′Coo	
Mailing Address Line	e One		Mailing Address Line Two			City	State	Zip Code
1240 Chapel St					New Hav	en	СТ	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
203-777-9622	2104				tbartlett	@cccymca.c	org	
Contact Role(s): Le	gal Contact							
Name			Organization	l			Job Title	
Ms. Erin Kelly			YMCA					
Mailing Address Line	e One		Mailing Address Line Two			City	State	Zip Code
1240 Chapel St					New Hav	en	СТ	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
203-804-1620				203-804-1620	ekelly@c	ccymca.org		

Contact Role(s): Administrative Contact

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

End of schedule

Connecticut Department o	of Public H	lealth	Dri	nking	Water	Section	
Water Quality Moni	itoring and	d Con	nplia	ance S	Schedul	e	
PWS Name			Class	ification	Population	Owner Type	Primary Source
BROOKSVALE PARK - FIELD HOUSE				NC	25	L	GW
here applicable)	Service	Residen	ntial C	ommerci	al Industri	al Combine	ed Agricultural
E AVENUE	Connections			1			
AMDEN			·				
	Water Quality Moniter PWS Name  BROOKSVALE PARK - FIELD HOUSE  here applicable)  E AVENUE	Water Quality Monitoring and PWS Name  BROOKSVALE PARK - FIELD HOUSE  here applicable)  E AVENUE  Service  Connections	Water Quality Monitoring and Con PWS Name BROOKSVALE PARK - FIELD HOUSE here applicable) E AVENUE  Service Connections	Water Quality Monitoring and Compliane Class  PWS Name Class  BROOKSVALE PARK - FIELD HOUSE  here applicable) Service Connections Connections	Water Quality Monitoring and Compliance Supplies the PWS Name Classification BROOKSVALE PARK - FIELD HOUSE NC here applicable) Service Connections Commercial Commercial Commercial Commercial Commercial Commercial Commercial Connections Connections Connections Connections Commercial Com	Water Quality Monitoring and Compliance Schedul PWS Name  BROOKSVALE PARK - FIELD HOUSE  here applicable)  E AVENUE  Classification Population NC 25  Residential Commercial Industri	BROOKSVALE PARK - FIELD HOUSE  here applicable)  E AVENUE  NC  Service  Connections  Residential Commercial Industrial Combine

524 BROOKSVALE AVEROL			
Towns Served: HAMDEN			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	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	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	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	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-11/30	Out of Service
	1/1/24 - 12/31/24	4/1-11/30	
	1/1/25 - 12/31/25	4/1-11/30	
Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
SEASONAL START UP COMPLETION	4/1/2024		
Water System Facility	y and Sampling Point In	ventory	
	, , , , , ,		

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SP4	-BROOKVALE FHT	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22892	WELL #1	2	WELL #1	Α					

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0620074	BROOKSVALE PARK - FIELD HOUSE				NC	25	L	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
524 BROOKSVAL	E AVENUE	Connections			1			

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Peter Laffin				Brooksvale P	ark		Park Ranger		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
524 Brooksvale Ave	!					Hamden	1	СТ	06518
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress		
203-287-2669					203-605-4620	brooksva	ale@hamden.c	om	
Contact Role(s): A	dministrative C	ontact	,						
Name				Organization	1			Job Title	
Ms. Lauren Garrett	:			Town of Han	nden		Mayor		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
2750 Dixwell Ave.						Hamden	1	СТ	06578
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress	•	
203-287-7100					203-214-6213	lgarrett(	@hamden.com		
Contact Role(s): Le	egal Contact				·	*			

## Please note the following:

Towns Served: HAMDEN

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End of schedule

	Connecticut De	nartment of	f Public H	[ealth]	Drin	king '	Water S	ection		
		uality Monit						cction		
PWS ID	PWS Name	or mg am	*			Population Owner Type Primary Source				
CT0621014	CHURCH OF THE ASCENS	ION			N					
Local Addr	ess (where applicable)		Service	Residenti	al Cor	mmercial	Industrial	Combine	d Agricultural	
			Connections			1				
Towns Serv	ved: HAMDEN			1						
		Monit	oring Requ	iiremen	ts					
Water Sys	stem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)							
<b>Total Col</b>	iform (3100)					1 rc	outine (RT	per quarter		
Samp	Sampling Point (Sampling Point ID)					od Col	Collection Period Compliance Status			
Select	from Inventory of Active Samp	ling Points		10/1/23 - 1	12/31/2	23		C	omplete	
				1/1/24 - 3	3/31/2	4		C	omplete	
		4/1/24 - 6	5/30/2	4						
				7/1/24 - 9	9/30/24	4				
-	Parameters (PPS)						1 rc	outine (RT	per quarter	
_	ling Point (Sampling Point ID)			<b>Monitoring Period</b>			lection Period		liance Status	
Select	from Inventory of Active Samp	ling Points		10/1/23 - 12/31/23					omplete	
				1/1/24 - 3/31/24				C	omplete	
			4/1/24 - 6/30/24							
				7/1/24 - 9	9/30/24	4				
•	stem Facility: ENTRY POINT	(WSF ID: 00700)								
	and Nitrite (NOX)								RT) per year	
_	ling Point (Sampling Point ID)			Monitoring Period			lection Period		liance Status	
ENTRY POINT (3)				1/1/23 - 1				C	omplete	
			1/1/24 - 1					_		
			1/1/25 - 1		!5					
		Other C	ompliance	Schedu	ules					
Complianc		D	ue Dat	е	Achieve	d Date				
RESPOND	TO SANITARY SURVEY		7/7/2021							
	Water	System Facil	ity and Sar	npling I	Point	Inven	tory			
Water						Tota				
	Water System Facility	Sampling Point		nt		Colife			Stage	
Facility ID	NACE 1 4	ID	Description		Sta		ie Kuie i ie	er Asbesto.	s WQP 2 DBPR	
	WELL 1	2	WELL 1	. 6) (675)	A					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A					
		DOWNSTREAM			A					
00700	ENTRY DOIN'T	UPSTREAM	WITHIN 5 SER		Α					
00700	ENTRY POINT	3	ENTRY POINT		Α	1				
			itact Inform	mation						
Name Organization								Job Title		
			hrist Bread of L	ife Parish		T	Business Ma			
	dress Line One	Mailing Addres	Mailing Address Line Two				City S		Zip Code	
322 Circula	ar Ave.		Han					CT	06514	

Emergency Phone Email Address

billisr@aol.com

**Mobile Phone** 

Fax

Extension

Contact Role(s): Administrative Contact, Legal Contact

**Business Phone** 

203-288-1652

Connecticut Department of Public Health Drinking Water Section												
	Wate	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name						ication	Population	Owner Type	Primary Source		
CT0621014	CHURCH OF THE A		N	IC	25	Р	GW					
Local Address (wh	Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural					
1040-1050 DUNBAR HILL RD				Connections	S		1					
Towns Served: HA	AMDEN											
Name	Organization				Job Title							
Reverend Cornel	hrist Bread of	Life Parish	ı		Pastor							
Mailing Address Line One Mailing Addr				ess Line Two			City		State	Zip Code		
322 Circular Ave.					ŀ		Hamden		СТ	06514		
Business Phone	Extension	Fax	Mobi	ile Phone I	Emergency	gency Phone Email Address		,				
203-288-1652							frkelecl	frkelechia@hotmail.com				
Contact Role(s):	Owner			,								

## Please note the following:

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End of schedule