	Connectic	-	rtment of lity Monit							ection	
PWS ID	PWS Name	ter Qua	iity Moille	ornig a	na Con				_	nor Typo [	Primary Source
CT0750014	CAMP CLAIRE, IN						ICation i	25	1 Ow	P P	GW
		vC.		Service	Dosidon		_		rial		
	(where applicable)			Connection	Residen	tiai Co	mmercia	industi	Idl	Combined	l Agricultural
15 OAKLAND				Connection	13		7				
Towns Served	LYIVIE					_					
				oring Red	quireme	nts					
Water Syster	m Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Colifor	rm (3100)								1 ro	utine (RT)	per quarter
Sampling	g Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llection P	eriod	Compl	iance Status
Select fro	om Inventory of Act	ive Sampling	Points		4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
<b>Physical Par</b>	ameters (PPS)								1 ro	utine (RT)	per quarter
Sampling	g Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llection P	eriod	Compl	iance Status
Select fro	om Inventory of Act	ive Sampling	Points		4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Water System	m Facility: ENTR	Y POINT (W	/SF ID: 00700)								
<b>Nitrate And</b>	Nitrite (NOX)								1	routine (	RT) per year
Sampling	g Point (Sampling P	oint ID)			od Co	Collection Period Com			iance Status		
ENTRY PO	OINT (3)				1/1/23 -	12/31/2	23	Comp			omplete
					1/1/24 -	12/31/2	24				
					1/1/25 -	12/31/2	25				
			Other C	omplian	ce Sched	lules					
Compliance So	chedule Activity					Due Da	te	Achi	eved	Date	
SEASONAL STA	ART UP COMPLETIO	N			4	/15/20	24				
		Water Sy	stem Facili	ity and S	ampling	Poin	t Inver	ntory			
Water				-			Tot		d and	1	
System Wo	ater System Facility		Sampling Point	Sampling F	Point		Colif	orm Cop	oper		Stage
Facility ID			ID	Description	1	Sta	itus Ri	ile Rul	e Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	l	4	DISTRIBUTI	ON SYSTEM		Α \				
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	١ /	А				
			UPSTREAM	WITHIN 5 S	SERVICE CON	N /	А				
00700 EN	TRY POINT		3	ENTRY POI	NT	-	A				
21317 WE	ELL		2	WELL		,	A				
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Ms. Jennifer A	amp Claire, I		Board M	embe							
Mailing Addre		Mailing Address			City		State	Zip Code			
107 Rice Road			<u> </u>				Merider			СТ	06450
Business Ph		Fax	Mobi	le Phone	Emergency	Phone					
				164-0745		jenniferamantea@yahoo.com					

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.

Contact Role(s): Legal Contact

C	Connectic	ıt Depa	irtment (	of Public	Health	Drir	nking	Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID P	WS Name				Classif	fication Population		Owner Type Primary Source			
СТ0750014 С	AMP CLAIRE, IN		N	С	25	Р	GW				
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural	
15 OAKLAND AVE	Connectio	ns		7							
Towns Served: LYN	ΛE				"					1	
Name		Organization		Job Title							
Mr. Jeff McBride				Camp Claire I	nc.			Facility M	anager		
Mailing Address Li	ne One		Mailing Addr	ress Line Two			City		State	Zip Code	
P. O. Box 702							Old Lym	ie	СТ	06371	
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email Address				
203-213-0913							jeff@ca	mpclaire.or	g		
Contact Role(s):	Administrative (	Contact	•		•						

Contact Role(s): Administrative Contact

## Please note the following:

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

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

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

End of schedule

		. D		'D 11:	YY 1.1 -		1				
C	onnectic	ut Departme	nt of	Public	Health L	rin	king	Wat	ter Se	ection	
	Wat	ter Quality M	Ionit	oring a	nd Comp	liai	nce So	che	dule		
PWS ID PV	VS Name	<u> </u>								ner Type F	rimary Source
CT0750104 1 I	ERRY ROAD					NO		35		P	GW
Local Address (whe	re applicable)			Service	Residentia	l Cor	nmercial	Ind	ustrial	Combined	Agricultural
1 FERRY ROAD				Connection	ns					2	
Towns Served: LYIV	E										
		N	/lonite	oring Red	quirement	:S					
Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (	3100)								1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period		iance Status
Select from In	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			C	omplete
					1/1/24 - 3/	31/24	1			C	omplete
					4/1/24 - 6/	30/24	1				
					7/1/24 - 9/	30/24	1				
Physical Parame	ters (PPS)								1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period	Compl	iance Status
Select from In	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			C	omplete
					1/1/24 - 3/	31/24	4			C	omplete
					4/1/24 - 6/	30/24	4				-
					7/1/24 - 9/	30/24	1				-
Water System Fac	cility: ENTRY	POINT (WSF ID:	00700)								
Nitrate And Nitr	te (NOX)								1	routine (	RT) per year
Sampling Poir	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period	Compl	iance Status
ENTRY POINT	(3)				1/1/23 - 12	/31/2	3			C	omplete
					1/1/24 - 12	/31/2	4			C	omplete
					1/1/25 - 12	/31/2	5				
		<b>Water System</b>	Facili	ity and Sa	ampling P	oint	Inven	tory	•		
Water							Tota		ead and	1	
System Water S	ystem Facility			Sampling P			-		Copper		Stage
Facility ID		- II		Description	1	Stat		e i	Rule Tie	r Asbestos	WQP 2 DBPR
00501 WELL 1				WELL 1		Α					
00600 DISTRIBI	JTION SYSTEM			DISTRIBUTION		Α					
				WITHIN 5 S		Α					
		UPSTI			ERVICE CON	Α					
00700 ENTRY P	OINT	3	}	ENTRY POIN	NT	A	·				
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Ms. Susan Birch								Owne	er		
Mailing Address Lin	e One	Mailing	Address	s Line Two				City	'	State	Zip Code
P.O. Box 746							Old Lyme			СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	none	Email Ad	dress			

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.

860-434-8016

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

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

		<u> </u>		0 -		I -			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0750104	1 FERRY ROAD					NC	35	Р	GW
Local Address (where applicable)			Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural	
1 FERRY ROAD				Connections				2	

Towns Served: LYME

## 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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- 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.

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End of schedule