

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1240054	TOTAL SPORTS ACADEMY	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
30 GREAT HILL ROAD				1			

Towns Served: SEYMOUR

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per month**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 1/31/24		Complete

Physical Parameters (PPS) **1 routine (RT) per month**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040) **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

Nitrite (1041) **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		Complete
	1/1/25 - 12/31/25		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 6/1/2022		Compliance History:	Operating Limit
		Monitoring Period	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	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
RESPOND TO SANITARY SURVEY	7/9/2022	

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
30 GREAT HILL ROAD				1			

Towns Served: SEYMOUR

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/1/19 - 2/14/20	2	11/22/2019		12/2/2019	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/1/19 - 2/14/20	2	12/15/2019		12/25/2019	
Nitrate MCL Violation	10/1/20 - 12/31/20	1	11/18/2020		11/28/2020	
Total Coliform M&R Violation	10/1/19 - 10/31/19	3	12/8/2020		12/18/2020	
E. Coli M&R Violation	10/4/19 -	3	12/8/2020		12/18/2020	

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 WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22109	WELL	2	WELL	A				
62482	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Mr. Robert Sloat			See More Wearhouse LLC			Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
21 Charles St						Westport	CT	06880
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-233-5599					totalsportsct@gmail.com			

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

Name			Organization			Job Title		
Mr. Dominic Dimartini			Total Sports Academy			Administrative		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
30 Great Hill Road						Seymour	CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
			914-227-0288		ddimartini@numoneyprepaid.com			

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1240094	716 DERBY AVENUE	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
716 DERBY AVENUE				1			
Towns Served: SEYMOUR							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
Total Coliform M&R Violation	4/1/22 - 6/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	4/1/22 - 6/30/22	3	7/4/2024		7/14/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		SP4	HANDWASH	A	Y			
		SP5	HANDWASHING SINK	A	Y			
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22113	WELL	2	WELL	A				

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1240094	716 DERBY AVENUE	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
716 DERBY AVENUE				1			

Towns Served: SEYMOUR

Contact Information

Name		Organization			Job Title		
Ms. Anastasios Badas							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
5 Scott Rd					Oxford	CT	06478
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-640-3671					abadas@att.net		

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

Please note the following:

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

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1249021	SEYMOUR LAND TRUST-BLDG& ATHLETIC FIELD	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
13 CHATFIELD STREET				1			
Towns Served: SEYMOUR							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

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

Water System Facility: **WELL (WSF ID: 48857)**

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	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				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/3/2005		3/13/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	7/1/2005		7/11/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/1/2006		2/11/2006	
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	6/1/2006		6/11/2006	
Total Coliform MCL Violation	7/1/12 - 9/30/12	2	10/24/2012		11/3/2012	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
13 CHATFIELD STREET				1			

Towns Served: SEYMOUR

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 WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SLT001	KIT SNK TRPL SNK	A	Y		Y	
		SLT002	KIT HAND SNK	A	Y		Y	
		SLT003	KIT SNK SINGLE	A	Y		Y	
		SLT004	RR MENS RR	A	Y		Y	
		SLT005	RR LADY ROOM	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48857	WELL	2	WELL	A				
60787	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Seymour									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Seymour Town Hall			1 First Street			Seymour		CT	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-888-2511		203-881-5005			info@seymourct.org				

Contact Role(s): **Owner**

Name			Organization			Job Title			
Seymour Land And Trust									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
First Street						Seymour		CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name			Organization			Job Title			
Mr. Alex Danka			The Seymour Land Trust, Inc.			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O.Box 366						Seymour		CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-464-4345					alex@danka@sbcglobal.net				

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

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Towns Served: SEYMOUR

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