

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0800044	THE MERIDEN YMCA OUTDOOR CENTER			NC	100	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HIGH HILL ROAD					1			

Towns Served: MERIDEN

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete

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	4/1/25 - 6/30/25	5/1-6/30	Complete
	7/1/25 - 9/30/25		Complete

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21415	WELL 1	2	WELL	A				
48722	WELL 2	2	WELL 2	A				

Contact Information

Name		Organization			Job Title		
Mr. John Benigni		The Meriden YMCA Outdoor Cente			Ceo		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
110 West Main Street					Meriden	CT	06450
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-235-6386	13	203-634-6517		203-213-0823	jbenigni@meridenymca.org		

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

Name		Organization			Job Title		
Mr. Joel Jekubovich		Meriden YMCA			Property Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
110 West Main					Meriden	CT	06450
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-235-6386			203-996-6350	860-966-6350	jjekubovich@meridenymca.org		

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

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	
CT0800044	THE MERIDEN YMCA OUTDOOR CENTER			NC	100	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HIGH HILL ROAD					1			
Towns Served: MERIDEN								

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0807014	THE MERIDEN YMCA OUTDOOR CENTER - WELL 3			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HIGH HILL ROAD					1			
Towns Served: MERIDEN								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete

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	4/1/25 - 6/30/25	5/1-6/30	Complete
	7/1/25 - 9/30/25		Complete

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48769	WELL 3	2	WELL 3	A				

Contact Information

Name				Organization			Job Title		
Mr. Robert Neidermeyer				Meriden YMCA			YMCA Bd. President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Remedy Inc.			2790 Main Street			Glastonbury		CT	06033
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-633-3244									

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

Name				Organization				Job Title		
Mr. Joel Jekubovich				Meriden YMCA				Property Manager		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
110 West Main							Meriden		CT	06450
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-235-6386					203-996-6350		860-966-6350	jjekubovich@meridenymca.org		

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

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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	
CT0807014	THE MERIDEN YMCA OUTDOOR CENTER - WELL 3			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HIGH HILL ROAD					1			
Towns Served: MERIDEN								

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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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0800083	NEW LIFE CHURCH - NORTH RIDGE BUILDING			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
600 HIGH HILL RD					1			
Towns Served: MERIDEN								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		HH-NRHS	N RIDGE HAND SINK	A	Y			
		HH-NRHS-1	N RIDGE HAND SINK 1	A	Y			
		HH-NRK	NORTH RIDGE KITCHEN	A	Y			
		HH-NRM	NORTH RIDGE MENS	A	Y			
		HH-NRW	NORTH RIDGE WOMENS	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
63159	NORTH RIDGE WELL 1	2	WELL 1 - NORTH RIDGE	A				

Contact Information

Name				Organization			Job Title		
Pastor William T. Marotti, Jr.				New Life Church			Pastor		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
344 High Hill Road						Wallingford		CT	06492
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-630-3012						info@newlifechurchct.com			
Contact Role(s): Administrative Contact, Legal Contact									

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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
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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
600 HIGH HILL RD				1			
Towns Served: MERIDEN							

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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