

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	ZONE NATION SPORTS			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
30 GREAT HILL ROAD			Connections		1			
Towns Served: SEYMOUR								

Monitoring Requirements

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

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

<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	1/1/26 - 1/31/26		

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

<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	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		

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

Nitrate (1040) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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		

Nitrite (1041) 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		

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:	Monitoring Compliance Status:
		Monitoring Period	Compliance Status:
		5/1/2025 - 5/31/2025	
		6/1/2025 - 6/30/2025	
		7/1/2025 - 7/31/2025	
		8/1/2025 - 8/31/2025	
		9/1/2025 - 9/30/2025	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
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	

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.

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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	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	
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				Zone Nation Academy, LLC			Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
21 Charles St			3Rd Floor			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. Dana Garrity				Zone Nation Sports			General Manager		
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			
203-233-5599					203-400-7131	DGarrity@zonenationsports.com			
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	
CT1240054	ZONE NATION SPORTS			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
30 GREAT HILL ROAD					1			
Towns Served: SEYMOUR								

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	
CT1240094	716 DERBY AVENUE			NC	33	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
716 DERBY AVENUE			Connections		1			
Towns Served: SEYMOUR								

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)	1/1/24 - 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			
		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				

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									

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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	
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								

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.

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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	
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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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		Complete
	7/1/25 - 9/30/25		
	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	
<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: **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)	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	6/10/2025		6/20/2025	

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>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos WOP 2 DBPR</i>	<i>Stage</i>
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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								

				Status			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y		
	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								alexdanka@sbcglobal.net		

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