

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source		
CT1520054	THE WILLIAMS SCHOOL BALLFIELD				NC	25	P	GW		
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
120R BLOOMINGDALE ROAD						1				
Towns Served: WATERFORD										
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					
					10/1/25 - 12/31/25					
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					
					10/1/25 - 12/31/25					
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					
Other Compliance Schedules										
Compliance Schedule Activity					Due Date			Achieved Date		
CROSS CONNECTION SURVEY REPORT					3/1/2030					
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						
		UPSTREAM	WITHIN 5 SERVICE CON	A						
		WMISPIGOT	OUTSIDE SPIGOT	A	Y					
00700	ENTRY POINT	3	ENTRY POINT	A						
22914	WELL #1	2	WELL #1	A						
Contact Information										
Name				Organization			Job Title			
The Williams School										
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code	
182 Mohegan Avenue						New London		CT	06320	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address					
860-443-5333										
Contact Role(s): Owner										

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
120R BLOOMINGDALE ROAD				1	
Towns Served: WATERFORD					
Name		Organization		Job Title	
Mr. Mark Fader		The Williams School		Head of School	
Mailing Address Line One		Mailing Address Line Two		City	State
182 Mohegan Ave				New London	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-443-5333					mfader@williamsschool.org
Contact Role(s): Legal Contact					
Name		Organization		Job Title	
Mr. Mike Lawton		The Williams School		Facilities Director	
Mailing Address Line One		Mailing Address Line Two		City	State
182 Mohegan Ave				New London	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-912-9199					mlawton@williamsschool.org
Contact Role(s): Administrative Contact					
Please note the following:					
<ol style="list-style-type: none"> 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		
CT1521004	CONNECTICUT HUMANE SOCIETY - WATERFORD	NC	43	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
169 OLD COLCHESTER ROAD				2			
Towns Served: WATERFORD							

Monitoring Requirements

Water System Facility: WELL 1

(WSF ID: 00520)

E. Coli (3014)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	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: 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
00520	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
62191	UV TREATMENT							

Contact Information

Name	Organization	Job Title
Mr. Robert Tate	CT Humane Society	Facility Manager
Mailing Address Line One	Mailing Address Line Two	City
169 Old Colchester Road	Waterford	CT 06395

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.

Schedule Generation Date: 10/3/2025

Page 3

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
169 OLD COLCHESTER ROAD			2		
Towns Served: WATERFORD					
196 Old Colchest Road		Waterford		CT	06375
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-594-4500				860-978-1656	rtate@cthumane.org
Contact Role(s): Administrative Contact					
Name			Organization		Job Title
Mr. Gregory Jandreau			Connecticut Humane Society		Chief Financial Offi
Mailing Address Line One		Mailing Address Line Two		City	State
701 Russell Rd				Newington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-594-4500	6315				gjandreau@cthumane.org
Contact Role(s): Legal Contact					
Please note the following: <ol style="list-style-type: none"> The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. If a Collection Period is specified, all water quality samples must be collected during the specified period. 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