

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0840054</b>	<b>HAPPY SHACK</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
883 NORTH STREET				1			
Towns Served: MILFORD							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<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		Out of Service
	1/1/24 - 3/31/24		Out of Service
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<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		Out of Service
	1/1/24 - 3/31/24		Out of Service
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<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		Out of Service
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

**Water System Facility: WELL (WSF ID: 21476)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per quarter</b>		
<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		Out of Service
	1/1/24 - 3/31/24		Out of Service
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

## 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	2	GENERATED BY BATCH	I	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21476	WELL	2	WELL	A				
57179	PRESSURE STORAGE							
57216	ULTRA-VIOLET TREATMENT PLANT							

*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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883 NORTH STREET				1			
Towns Served: MILFORD							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Andreas Gavrielidis</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
			43 Tierney Street			Norwalk		CT	06851
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-216-4463					gavrielidis@aol.com				

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

Name			Organization			Job Title			
<b>Ms. Hariklia Gavrielidis</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
17 Fitch Street						Norwalk		CT	06851
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-979-0409					carolgoodchild@aol.com				

Contact Role(s): **Owner**

Name			Organization			Job Title			
<b>Mr. Chris Gavrielidis</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
17 Fitch Street						Norwalk		CT	06851
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-293-5501					rwmil1@aol.com				

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**