	Connecticut Department	of Public H	lealth	D	rinkin	g	Water	Se	ection	
	Water Quality Mor					<u> </u>				
PWS ID	PWS Name								ner Type P	rimary Source
CT0410803	LITTLE NOISES DAY CARE, LLC				NTNC		44		P	GW
Local Address	(where applicable)	Service	Residen	tial	Commer	cial	Industri	al	Combined	Agricultura
41 W.F. PALM		Connections	1							
Towns Served	: EAST HADDAM		1							
	Mor	nitoring Requ	uireme	nts	;					
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS					_		_		
Asbestos (1	.094)						1 ro	uti	ne (RT) pe	r nine years
Sampling	y Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Pe	riod	Compl	iance Status
Select fro	om Inventory of Active Sampling Points		1/1/11 -	12/3	31/19				Co	omplete
			1/1/20 -	12/3	31/28					
<b>Total Colifor</b>	rm (3100)						1	. ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Pe	riod	Compl	iance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -							omplete
			10/1/19 -							omplete
			1/1/20 -						Co	omplete
			4/1/20 -		-					
			7/1/20 -	9/3	0/20					
	opper (PBCU)									three years
	y Point (Sampling Point ID)		Monitori				ection Pe	riod	Compl	iance Status
Select fro	om Inventory of Active Sampling Points		1/1/19 -				6/1-9/30			
			1/1/22 -	12/3	31/24		6/1-9/30			
-	ameters (PPS)			_		~ "				per quarter
	Point (Sampling Point ID)		Monitori	-		Coll	ection Pe	rıod		iance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -							omplete
			10/1/19 -							omplete
			1/1/20 -						LC	omplete
			4/1/20 -							
Mater Coater		201	7/1/20 -	9/3	0/20					
-	m Facility: ENTRY POINT (WSF ID: 0070	00)					-		()	
-	nemicals (IOCS)			_		~ "				three years
	y Point (Sampling Point ID)		Monitori	-		COII	ection Pe	r100	Compl	iance Status
ENTRY PC	(5) דאור		1/1/19 - 1/1/22 -							
Nitrata And	Nitrita (NOX)		1/1/22 -	12/3	) 1/ Z4			1	routing /r	
	Nitrite (NOX) Point (Sampling Point ID)		Monitori	na P	Deriod	Coll	ection Pe		-	RT) per year <i>iance Status</i>
ENTRY PC			1/1/19 -	-		2011				omplete
			1/1/20 -							mpicte
			1/1/21 -							
Pesticides F	Herbicides and PCBs-Phase II (SOC2)		-, -,	/ -	-,		1 roi	ıtin	e (RT) ner	three years
-	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Pe			iance Status
ENTRY PC			1/1/17 -							omplete
	· ·		1/1/20 -							
<u></u>			1/1/23 -							
Pesticides, H	Herbicides and PCBs-Phase V (SOC5)						1 rou	ıtin	e (RT) per	three years
-	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Pe			iance Status
ENTRY PC	DINT (3)		1/1/17 -	12/3	31/19				Co	omplete

	Connecticut De	partment of	Public H	ealth	Dr	inkin	ıg W	/ater	Se	ction		
	Water Q	uality Monit	oring and	d Con	npli	iance	Sch	edul	le			
PWS ID	PWS Name				Clas	sificatior	ו Pop	ulation	Owr	ner Type	Primary	/ Source
CT0410803	LITTLE NOISES DAY CARE	, LLC			ſ	NTNC		44		Р	G	W
Local Addre	ss (where applicable)		Service	Residen	tial	Commer	cial	Industri	al	Combine	d Agri	cultura
41 W.F. PAL	MER ROAD		Connections	1								
Towns Serve	ed: EAST HADDAM											
		Monite	oring Requ	ireme	nts							
Water Syst	em Facility: ENTRY POINT											
Pesticides	, Herbicides and PCBs-Phas	se V (SOC5)						1 rou	utine	e (RT) pei	r three	years
Sampli	ing Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Сотр	liance :	Status
				1/1/20 -	12/3	1/22						
				1/1/23 -	12/3	1/25						
Organic Cl	hemicals (VOCS)								1	routine (		-
Sampli	ing Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Comp	liance :	Status
ENTRY	POINT (3)			1/1/19 -	12/3	1/19				C	omplet	e
				1/1/20 -	12/3	1/20						
				1/1/21 -		-						
		Other C	ompliance	Sched	lule	S						
	Schedule Activity				Due L			Achie	ved	Date		
CROSS CON	NECTION EXEMPTION				3/1/2							
SUBMIT LEA	D CONSUMER NOTICE CERTIF	ICATE		12	2/29/	/2012						
DISTRIBUTIO	ON SYSTEM MATERIALS EVALU	ATION		8	3/31/2	2019						
	Wate	r System Facili	ity and Sar	npling	Poi	int Inv	ento	ory				
Water							Total	Lead				
	Nater System Facility	Sampling Point ID		nt		С	oliforn			A - 1 1		Stage
Facility ID			Description			Status	Rule	Rule	lier	Asbesto	s wQP	2 DBPI
00600 E	DISTRIBUTION SYSTEM		GENERIC DIST			A	Y					
		DOWNSTREAM			N	A	v	-				
		LNDC001				A	Y	2				
		LNDC0010	KITCHEN SINK	Ζ.		A		N				
		LNDC0011	GIRL BATH			A		N				
		LNDC0012 LNDC002	BOYS BATH		N	A A	Y	N 2				
			TODDLER ROOM		IN	A A	Y Y					
		LNDC003 LNDC004	TODDLER ROU			A A	r Y	2				
		LNDC004 LNDC005	HANDICAP ST		4	A	Y	2				
		LNDC005	PRE-SCHOOL		1	A	Y	2				
		LNDC007	PRE-SCHOOL	,		A	Y	2				
		LNDC008	STAFF BATH	-		A		2 N				
		LNDC009	KITCHEN SINK			A		N				
		SCC001	KITCHEN SINK			1	Y		•			
		SCC001	SCHOOL AGE			I	•					
		SCC002	HANDICAP BA			I						
		SCC004	PRESCHOOL L			I						
		SCC005	PRESCHOOL R			I						
		UPSTREAM	WITHIN 5 SER		N	A						
00700 E	INTRY POINT	3	ENTRY POINT		•	A						
	WELL	2	WELL			A						
10101 1		۷.	**			л						

Connectio	ut Depa	rtment c	of Public	Health	Drin	nking V	Water	Secti	on	
Wa	ter Qual	ity Moni	itoring a	ind Com	plia	nce So	chedul	e		
PWS ID PWS Name	Č (		0		<b>A</b>				ype P	rimary Source
CT0410803 LITTLE NOISES D	AY CARE, LLC	2			NTI		44	Р		GW
Local Address (where applicable)			Service	Resident	ial Co	mmercial	Industria	al Con	bined	Agricultural
41 W.F. PALMER ROAD			Connectio	ns 1						
Towns Served: EAST HADDAM					I					
	Water Sy	vstem Faci	ility and S	ampling	Point	t Inven	tory			
Water						Tota	al Lead	and		
System Water System Facility	s S	Sampling Poin				Colifo	rm Copp			Stage
Facility ID		ID	Description	n	Sta	tus Rul	e Rule	Tier Ask	pestos	WQP 2 DBPR
50400 BLADDER TANK										
			•	or Informa	ation					
Water System Facility: <b>DISTR</b>		-	ID: 00600)							
Facility Classification: SMALL W	ATER SYSTEM									Certification
Operator Name		Operator Ty	-	Certification						Expiration
OWENS, EDWIN		CHIEF OPERAT		SMALL WAT	ER SYS	TEM OPEF	RATOR			9/30/2020
		Со	ntact Info	ormation						
Name			Organization					Job	Title	
Ms. Kim Owens		I	Little Noises D	Day Care, LLC			Owner/M	ember		
Mailing Address Line One		Mailing Addre	ess Line Two				City	St	ate	Zip Code
41 William F. Palmer Road		P.O. Box 732				Moodus		(	СТ	06469
Business Phone Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress		·	
860-873-9848	860-873-1	.036		860-301-8	8129	littlenois	esdc@aol.	com		
Contact Role(s): Administrative	Contact, Lega	al Contact, Ov	vner							
Name			Organization					Job	Title	
Mr. Edwin Owens			Little Noises D	Day Care			Member			
Mailing Address Line One		Mailing Addre	ess Line Two				City	St	ate	Zip Code
41 W.F. Palmer Road						Moodus		(	СТ	06469
Business Phone Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress			
860-873-9848	860-873-1	.036		860-301-8	3128	Kimowe1	.522@att.ı	net		
Contact Role(s): <b>Owner</b>										
Name		(	Organization					Job	Title	
Ms. Brenda L. Owens			Little Noises D	Day Care, LLC			Member			
Mailing Address Line One		Mailing Addre	ess Line Two				City	St	ate	Zip Code
41 William F. Palmer Road						Moodus			СТ	06469
Business Phone Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress			
860-873-9848	860-873-1	.036		860-305-4	759					
Contact Role(s): <b>Owner</b>										
Name		(	Organization					Job	Title	
Mr. Jerry R. Owens			Little Noises D	Day Care, LLC			Owner/M	ember		
Mailing Address Line One		Mailing Addre	ess Line Two				City	St	ate	Zip Code
41 William F. Palmer Road						Moodus		(	СТ	06469
Business Phone Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress	1		
860-873-9848	860-873-1	.036		860-727-2	091					
Contact Role(s): <b>Owner</b>										

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0410803	LITTLE NOISES DAY CARE, LLC			NTNC	44	Р	GW
Local Address	s (where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultura
41 W.F. PALN	/IER ROAD	Connections	1				
Towns Served	: EAST HADDAM	i.		·			· · ·
Please note t	he following:						
1. The residu	al disinfectant concentration must be measured at th	he same location	and time a	as each total colif	orm sample.		
2. If a Collect	ion Period is specified, all water quality samples mus	t be collected du	ring the sp	ecified period.			
	g on results, additional monitoring may be required (i dence sent by the DWS on or after the generation da	· · · · · · · · · · · · · · · · · · ·		1 1		0,	,

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

	Connecticut Departmen								ection	
	Water Quality Mo	onitoring an	d Con			1	1			
PWS ID	PWS Name					· ·		Ow	ner Type F	rimary Sourc
СТ0419013	EAST HADDAM ELEMENTARY SCHOOL				NTNC		600		L	GW
	(where applicable)	Service	Residen	tial	Commerc	ial	Industria	al	Combined	Agricultura
JOE WILLIAMS		Connections	1							
Towns Served:	EAST HADDAM									
	Mo	onitoring Requ	ireme	nts						
Water Syster	n Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)								
Asbestos (1	094)						1 ro	uti	ne (RT) pe	r nine years
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod C	Collec	tion Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		1/1/11 -	12/3	1/19				Co	omplete
			1/1/20 -	12/3	1/28					
<b>Total Colifor</b>	m (3100)						1	ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod C	Collec	tion Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	9/30	0/19				C	omplete
			10/1/19 -	12/3	31/19				Co	omplete
			1/1/20 -	3/31	1/20				Co	omplete
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Lead And Co	pper (PBCU)							10	routine (	RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod C	Collec	tion Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		1/1/19 -	12/3	1/19	6,	/1-9/30		Co	omplete
			1/1/20 -	12/3	1/20	6,	/1-9/30			
			1/1/21 -	12/3	1/21	6,	/1-9/30			
Physical Para	ameters (PPS)						1	ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod C	Collec	tion Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	9/30	0/19				Co	omplete
			10/1/19 -	12/3	31/19				Co	omplete
			1/1/20 -	3/31	1/20				Co	omplete
			4/1/20 -							
			7/1/20 -	9/30	0/20					
Water Syster	n Facility: ENTRY POINT (WSF ID: 00	701)								
Nitrate (104	-						1	ro		per quarter
Sampling	Point (Sampling Point ID)		Monitori	_		Collec	tion Pe	riod	Compl	iance Status
ENTRY PC	DINT (3)		7/1/19 -							omplete
			10/1/19 -							omplete
			1/1/20 -						Co	omplete
			4/1/20 -							
			7/1/20 -	9/30	0/20					
Nitrite (104	-								-	RT) per year
	Point (Sampling Point ID)		Monitori			Collec	tion Pe	riod	-	iance Status
ENTRY PC	DINT (3)		1/1/19 -							omplete
			1/1/20 -						Co	omplete
			1/1/21 -	12/3	1/21					
-	emicals (IOCS)									three years
	Point (Sampling Point ID)		Monitori	_		Collec	tion Pe	riod		iance Status
ENTRY PC	DINT (3)		1/1/17 -						Co	omplete
			1/1/20 -	12/3	1/22					

	Connecticut I	<b>^</b>					0			ction		
	Water	Quality Monit	oring an	d Con						1		
PWS ID	PWS Name				Clas	sificati			Owr	ner Type P	rimary	Source
СТ0419013		ENTARY SCHOOL				NTNC		600		L	G۷	
ocal Addro	ess (where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agrio	cultura
OE WILLIA			Connections	1								
Towns Serv	ed: EAST HADDAM											
		Monite	oring Requ	iireme	nts							
Nater Sys	tem Facility: ENTRY POI	NT (WSF ID: 00701)										
Inorganic	Chemicals (IOCS)							1 rou	utine	e (RT) per	three	years
Samp	ling Point (Sampling Point II	D)		Monitori	ing P	eriod	Colle	ction Pe	riod	Compli	iance S	Status
				1/1/23 -	12/3	1/25						
Pesticide	s, Herbicides and PCBs - F	Phase II & V (SOCS)						1 rou	utine	e (RT) per	three	years
Samp	ling Point (Sampling Point II	D)		Monitori	ing P	eriod	Colle	ction Pe	riod	Compli	iance S	Status
ENTRY	( POINT (3)			1/1/17 -	12/3	1/19				Co	mplet	е
				1/1/20 -	12/3	1/22						
				1/1/23 -	12/3	1/25						
Organic C	Chemicals (VOCS)								1	routine (F	RT) pe	r year
Samp	ling Point (Sampling Point II	ס)		Monitori	ing P	eriod	Colle	ction Pe	riod	Compli	iance S	Status
ENTRY	( POINT (3)			1/1/19 -	12/3	1/19				Co	mplete	e
				1/1/20 -	12/3	1/20						
				1/1/21 -	12/3	1/21						
		Other C	ompliance	Sched	lule	es						
Complianc	e Schedule Activity				Due l	Date		Achie	ved	Date		
DISTRIBUTI	ON SYSTEM MATERIALS EVA	LUATION		8	3/31/	2019						
CROSS CON	INECTION SURVEY REPORT				3/1/2	2020						
	Wat	ter System Facili	ity and Sar	npling	Po	int Ir	vent	orv				
Water			•	1 0			Total	Lead	and			
System	Water System Facility	Sampling Point	Sampling Poi	nt			Colifor	n Cop	per			Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP	2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	<b>SYSTEM</b>	1	А	Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CO	N	А						
		ES-00	JOE WILLIAM	S ROAD		А	Y	1	-	Y	Y	
		ES-01	STAFF BATHR	OOM SIN	К	А	Y	1	-	Y	Y	
		ES-02	NURSES OFFIC	CE SINK		А	Y	1	-	Y	Y	
		ES-03	GIRLS BR SIN	K 200		А	Y	1	-	Y	Y	
		ES-04	BOYS BR SINK	200		А	Y	1	-	Y	Y	
		ES-05	KITCHEN SINK	K		А	Y	1	-	Y	Y	
		ES-06	GIRLS BR SIN	(100		А	Y	1	-	Y	Y	
		ES-07	BOYS BR SINK	100		А	Y	1	-	Y	Y	
		ES-08	ROOM 102 B	R SINK		А	Y	1	-	Y	Y	
		ES-09	ROOM 104 B	R SINK		А	Y	1	-	Y	Y	
		ES-10	GIRLS BR SIN			А	Y	2	2	Y	Y	
		ES-11	BOYS BR SINK			А	Y	2	2	Y	Y	
		UPSTREAM	WITHIN 5 SER	VICE CO	N	А						
00701	ENTRY POINT	3	ENTRY POINT			А						
57619	WELL #2	2	WELL #2			А						
	WELL #3	2	WELL # 3			А						

PWS ID PV	VS Name		oring a		Classif			vner Tyne I	Primary Sourc
	ST HADDAM ELEMENTAR					NC	600	L	GW
Local Address (whe	-		Service	Residen		mmercial		Combine	-
JOE WILLIAMS ROA			Connection						
Towns Served: EAS	T HADDAM								
	Water S	ystem Facili	ity and Sa	ampling	Poin	t Inven	tory		
	ystem Facility	Sampling Point		oint		Toto Colifo	al Lead and rm Copper		Stage WQP 2 DBP
Facility ID 57623 ATMOSP	HERIC STORAGE	10	Description		Sta	tus Rui	e kule He	T ASDESIUS	
	R PUMP STATION								
37023 BOO31E	R FOMP STATION		0						
		Certified	•	r Inform	atior	)			
-	cility: DISTRIBUTION S	-	D: 00600)						
Facility Classification	on: SMALL WATER SYSTEN	1							Certification
Operator Name		<b>Operator Typ</b>		Certificatio					Expiration
NIGRO, JR., VICTOR	Ν.	CHIEF OPERATO					OPERATOR - (		6/30/2021
							RATOR - CLAS		6/30/2020
NIGRO, SCOTT A.		ASSIGNED OPER					RATOR - CLAS		6/30/2022
						IT PLANT (	OPERATOR - (	CLASS II	6/30/2020
		Con	tact Info	rmation	ľ				
Name		0	rganization					Job Title	
Mr. Brian S. Reas		Ea	ast Haddam I	Public Scho	ols		Superintende	ent.	
Mailing Address Lin	e One	Mailing Addres	s Line Two				City	State	Zip Code
26 Plains Road	1	P.O. Box 401				Moodus		СТ	06469
<b>Business Phone</b>	Extension Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress		
860-873-5090	860-873-					brian.rea	s@easthadda	amschools.	org
Contact Role(s): A	dministrative Contact, Le	gal Contact							

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

	Connecticut Departmen					0			ection		
	Water Quality Mo	onitoring and	d Com					-			
PWS ID	PWS Name				sification	Pc		Ow	ner Type	Prin	-
CT0419023	EAST HADDAM MUNICIPAL CENTER				NTNC		154		L		GW
	(where applicable)	Service	Residen	tial	Commer	cial	Industri	al	Combine	ed /	Agricultur
PLAIN ROAD		Connections			1						
owns Served:	EAST HADDAM										
	Mo	onitoring Requ	ireme	nts							
Vater Systen	n Facility: DISTRIBUTION (WSF ID: 0	0600)									
Asbestos (1	094)						1 rc	outi	ne (RT) p	er n	ine year
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe				ce Status
DISTRIBU	TION (4)		1/1/18 -	12/3	1/26						
Total Colifor	m (3100)						1	l ro	utine (RT	.) pe	r quarte
	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe		-		ce Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	9/30	0/19				(	Com	plete
	· -		.0/1/19 -	12/3	31/19						plete
			1/1/20 -	3/31	1/20				(	Com	plete
			4/1/20 -	6/30	0/20						
			7/1/20 -	9/30	0/20						
ead And Co	pper (PBCU)						10 ro	utir	ne (RT) pe	er si	x month
	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe				ce Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	12/3	1/19				(	Com	plete
			1/1/20 -	6/30	0/20						
			7/1/20 -								
Physical Para	ameters (PPS)						1	l ro	utine (RT	.) pe	r quarte
•	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe		-		ce Status
DISTRIBU	TION (4)		7/1/19 -	9/30	0/19				(	Com	plete
			.0/1/19 -	12/3	31/19				(	Com	plete
			1/1/20 -	3/31	1/20				(	Com	plete
			4/1/20 -	6/30	0/20						
			7/1/20 -								
Vater Systen	n Facility: ENTRY POINT (WSF ID: 00	)700)									
norganic Ch	emicals (IOCS)						1 rou	utin	e (RT) pe	r th	ree year
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe	rioa	l Com	olian	ce Status
ENTRY PC	DINT (3)		1/1/18 -	12/3	1/20						
			1/1/21 -	12/3	1/23						
Nitrate And	Nitrite (NOX)							1	routine	(RT)	per yea
	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe				ce Status
ENTRY PC	DINT (3)		1/1/19 -	12/3	1/19				(	Com	plete
			1/1/20 -	12/3	1/20				(	Com	plete
			1/1/21 -	12/3	1/21						
Pesticides, H	lerbicides and PCBs - Phase II & V (SC	DCS)					1	l ro	utine (RT	.) pe	r quarte
-	Point (Sampling Point ID)	•	Monitori	ng P	eriod	Coll	ection Pe		-		ce Status
ENTRY PC	DINT (3)		7/1/19 -	9/30	0/19				(	Com	plete
			0/1/19 -	12/3	31/19				(	Com	plete
			1/1/20 -	3/31	1/20						
			4/1/20 -	6/30	0/20						
			7/1/20 -								

	Connecticut Dep Water Ou	artment of ality Monit				0		ction	
	<b>_</b>		or mg aff	<b>^</b>					rimany Source
PWS ID CT0419023	PWS Name EAST HADDAM MUNICIPAI				assificati NTNC		.54	L	rimary Source GW
	ess (where applicable)	LCENTER	Service	Residential			.54 ndustrial	L Combined	
1 PLAIN RO			Connections	Residential	1		nuustriai	Combined	Agricultura
-	ved: EAST HADDAM		connections		<b>1</b>				
TOWIS Serv									
Water Svs	tem Facility: ENTRY POINT (		oring Requ	lirement	S				
Organic C	Chemicals (VOCS)					<b>C</b> // ·			per quarter
	ling Point (Sampling Point ID)			Monitoring		Collect	tion Period		iance Status
ENTRY	POINT (3)			7/1/19 - 9/3					omplete
				10/1/19 - 12					omplete
				1/1/20 - 3/3				C	omplete
				4/1/20 - 6/3 7/1/20 - 9/3					
		Other C	ompliance						
Compliance	e Schedule Activity				e Date		Achieved	Date	
DISTRIBUTI	ON SYSTEM MATERIALS EVALUAT	ΓΙΟΝ		8/31	1/2019				
SUBMIT LE	AD CONSUMER NOTICE CERTIFIC	ATE		9/28	8/2019				
CROSS CON	INECTION SURVEY REPORT			3/1	/2020				
SUBMIT LE	AD CONSUMER NOTICE CERTIFIC	ATE		3/30	0/2020				
	Water S	System Facili	ity and Sar	mpling Po	oint In	ivento	ry		
Water			<i>c i c</i> .			Total	Lead and		
System Facility ID	Water System Facility	Sampling Point ID	Sampling Pol	nt		Coliform Rule		Achastas	Stage WQP 2 DBPF
	DISTRIBUTION	4	DISTRIBUTION		<u>Status</u> A	Y	Kule Hei	ASDESIUS	WQF 2 DDFT
00000		4 DOWNSTREAM				Y			
		EHM1	MEN'S ROOM		A	Y	N	Y	Y
		EHM10	POLICE DEPT	-	A	Ŷ	N	Ŷ	Ŷ
		EHM2	WOMEN'S RC		A	Ŷ	N	Ŷ	Ŷ
		EHM3	BOTTLE FILTE		A	Ŷ	N	Ŷ	Ŷ
		EHM4	KITCHEN SINK		A	Ŷ	N	Ŷ	Ŷ
		EHM5	WOMENS BY		А	Y	Ν	Y	Y
		EHM6	MENS PARK A		А	Y	N	Y	Y
		EHM7	WOMENS PA	RK AND REC	А	Y	Ν	Y	Y
		EHM8	BOTTLE FILLE	R R P&R	А	Y	Ν	Y	Y
		EHM9	BOTTLE FILLE	R L P&R	А	Y	Ν	Y	Y
		UPSTREAM	DISTRIBUTION	N UPSTREA	А	Y			
00700	ENTRY POINT	3	ENTRY POINT		А				
10193	WELL #1 - HALE WELL	2	WELL		А				
10866	WELL #2 - RAY WELL	2	WELL 2		А				
	STORAGE								
60821					lion				
60821		Certified	Operator	Informat	lion				
	tem Facility: <b>DISTRIBUTION</b>		-	Informat	lion				
Water Sys	tem Facility: <b>DISTRIBUTION</b> ssification: SMALL WATER SYSTE	(WSF ID: 00600	-	Informat	lion				Certification
Water Sys	ssification: SMALL WATER SYSTE	(WSF ID: 00600	)	Informat					Certification Expiration

Сс	onnectic	ut Departm	ent of	f Public	Health	Drii	nking	Water	Sectio	on	
	Wat	ter Quality	Monit	coring a	nd Com	plia	ince S	chedul	e		
PWS ID PW	/S Name					Classif	ication I	Population	Owner Ty	/pe Pr	rimary Source
CT0419023 EA	ST HADDAM I	MUNICIPAL CENTE	2			NT	NC	154	L		GW
Local Address (whe	re applicable)			Service	Resident	ial Co	ommercia	l Industria	l Com	oined	Agricultural
1 PLAIN ROAD				Connectio	ns		1				
Towns Served: EAST	r haddam										
		Ce	rtified	Operato	or Informa	atior	า				
Water System Fac	ility: DISTR	IBUTION (WSF II	D: 00600	))							
Facility Classificatio	n: SMALL WA	TER SYSTEM									Certification
<b>Operator</b> Name		Ope	rator Typ	e	Certificatior	n(s)					Expiration
					DISTRIBUTIC	ON SYS	TEM OPE	RATOR - CLA	ASS III		6/30/2020
NIGRO, SCOTT A.		ASSIG	NED OPE	RATOR	DISTRIBUTIC	ON SYS	TEM OPE	RATOR - CLA	ASSI		6/30/2022
,					WATER TREA					I	6/30/2020
			Con	ntact Info	ormation						
Name			0	rganization					Job	Title	
Mr. Emmett Lyman	l		Тс	own of East	Haddam			First Select	man		
Mailing Address Lin	e One	Mailin	g Addres	s Line Two				City	Sta	ate	Zip Code
1 Plains Road		P.O. B	ox 385				Moodus	5	C	т	06469
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress			
860-873-5021		860-873-5025			860-885-8			easthaddar	n.org		
Contact Role(s): <b>O</b>	wner		1								
Name			0	rganization					Job	Title	
Ms. Linda Zemienie	ski			own of East	Haddam			Executive A	Assistant		
Mailing Address Lin	e One	Mailin	g Addres	s Line Two				City	Sta	ate	Zip Code
1 Plains Road			ox 385				Moodus		C	т	06469
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email A	ddress			
860-873-5021		860-873-5025			860-885-8			easthaddar	n.org		
Contact Role(s): Le	gal Contact		1								
Name	-		0	rganization					Job	Title	
Mr. Ronald Turner				own of East	Haddam			Director of	Ops.		
Mailing Address Lin	e One	Mailin	g Addres	s Line Two				City	Sta	ite	Zip Code
1 Plains Road		P.O. B	ox 385				Moodus	5	C	т	06469
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress			
860-873-5090							ronald.t	urner@east	haddam.	org	
Contact Role(s): Ad	dministrative	Contact	1								
Please note the foll	owing:										
	-	ration must be meas	ured at th	e same locatio	on and time as	each t	otal colifo	rm sample.			
2. If a Collection Per	iod is specified,	all water quality sam	ples must	be collected	during the spe	cified p	period.				
		monitoring may be r						edule is subje	ct to chan	ge, an	d any related
		on or after the gene									

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 H	lealth	D	rinking	g N	/ater	· Se	ection	
	Water Quality Mor	nitoring an	d Con	ıpl	iance	Sch	nedul	le		
PWS ID	PWS Name			Cla	ssification	Рор	ulation	Ow	ner Type P	rimary Source
СТ0419043	KINDERCARE LEARNING CORP OF MOOD	US			NTNC		100		Р	GW
Local Address (	(where applicable)	Service	Residen	tial	Commerc	ial	Industri	al	Combined	Agricultura
99 LEESVILLE R	OAD	Connections	2							
Towns Served:	EAST HADDAM									
	Mon	itoring Requ	uireme	nts						
Water System	n Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)								
Asbestos (10	094)						1 ro	outi	ne (RT) pe	r nine years
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	Collec	ction Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		1/1/11 -	12/3	81/19				Сс	omplete
			1/1/20 -	12/3	31/28					
Total Colifor	m (3100)						1	l ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	Collec	ction Pe	riod	Compl	iance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -	8/3	1/19				Co	omplete
			10/1/19 -						Co	omplete
			1/1/20 -						Co	omplete
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Lead And Co	pper (PBCU)						5 ro	utir	ne (RT) per	six months
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	Collec	ction Pe	riod	Compl	iance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -	12/3	81/19				Co	omplete
			1/1/20 -							
			7/1/20 -	12/3	31/20					
-	ameters (PPS)								• •	per quarter
	Point (Sampling Point ID)		Monitori			Collec	ction Pe	riod	-	iance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -		-					omplete
			10/1/19 -							omplete
			1/1/20 -						Co	omplete
			4/1/20 -							
			7/1/20 -	9/3	0/20					
	n Facility: ENTRY POINT (WSF ID: 0070	00)								
Chlordane (2	•								• •	per quarter
	Point (Sampling Point ID)		Monitori			Collec	ction Pe	riod		iance Status
ENTRY PO	DINT (3)		7/1/19 -							omplete
			10/1/19 -							omplete
			1/1/20 -						Co	omplete
			4/1/20 -							
			7/1/20 -	9/3	0/20					
-	emicals (IOCS)									three years
	Point (Sampling Point ID)		Monitori			Collec	ction Pe	riod		iance Status
ENTRY PO	DINT (3)		1/1/17 -						Co	omplete
			1/1/20 -							
			1/1/23 -	12/3	31/25					
	Nitrite (NOX)									RT) per year
	Point (Sampling Point ID)		Monitori			Collec	ction Pe	ríod	-	iance Status
ENTRY PO	DINT (3)		1/1/19 -		-					mplete
			1/1/20 -	12/3	31/20				Co	omplete

	Conne	cticut Departmen	t of Public H	lealth l	Drinkiı	ng Water S	Section	
		Water Quality Mo	onitoring an	d Com	oliance	Schedule	)	
PWS ID	PWS Name		0		•	n Population C		imary Source
СТ0419043	KINDERCA	RE LEARNING CORP OF MOD	DUS		NTNC	100	Р	GW
Local Address	(where applic	cable)	Service	Residentia	al Comme	rcial Industrial	Combined	Agricultural
99 LEESVILLE R	ROAD		Connections	2				
Towns Served:	EAST HADDA	AM						
		Mo	onitoring Requ	iiremen	ts			
Water Systen	n Facility:	ENTRY POINT (WSF ID: 00	700)					
Nitrate And	Nitrite (NO	X)					1 routine (R	T) per year
Sampling	Point (Samp	ling Point ID)		Monitoring	g Period	<b>Collection Perio</b>	od Complia	ance Status
				1/1/21 - 12	2/31/21			
		nd PCBs - Phase II & V (SC	-			1 routi	ine (RT) per t	-
		ling Point ID)		Monitoring		<b>Collection Perio</b>		ance Status
ENTRY PC	DINT (3)			1/1/17 - 12			Со	mplete
				1/1/20 - 12				
				1/1/23 - 12	2/31/25			
Organic Cher		•					ine (RT) per t	-
		ling Point ID)		Monitoring	·	Collection Perio		ance Status
ENTRY PC	DINT (3)			1/1/17 - 12			Coi	mplete
				1/1/20 - 12				
				1/1/23 - 12				
	Mon	thly Water System I	acility (WSF)	evel M	onitorin	ig Requirem	nents	
Water Systen	n Facility: E	NTRY POINT (WSFID: 007	700)					
Analyte		<b>Monitoring Requirement (S</b>		Opera	ting Limit		Samples Re	w/Month
		monitoring nequirement (o	uninary rype)	Opera			Samples Ne	eq/ivionth
рН		Entry Point pH Monitoring (		-	um: 7 PH		4	-
Start Date:	1/1/2002		PHRD)	-	ium: 7 PH	Operating Limit	-	-
•	1/1/2002		PHRD) Complia	Minim	um: 7 PH <b>y:</b>	Operating Limit Compliance Stat	4 Monitor	-
•	1/1/2002		PHRD) Complia Monitor	Minim Ince Histor	um: 7 PH <b>y:</b>		4 Monitor	ing
•	1/1/2002		PHRD) Complia Monitor 10/1/20 11/1/20	Minim ince Histor ing Period 19 - 10/31/ 19 - 11/30/	um: 7 PH y: 2019 2019		4 Monitor	ing
•	1/1/2002		PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20	Minim <b>ince Histor</b> <b>ing Period</b> 19 - 10/31/ 19 - 11/30/ 19 - 12/31/	2019 2019 2019 2019		4 Monitor	ing
•	1/1/2002		PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202	Minim ince Histor ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20	2019 2019 2019 2019 2019 20		4 Monitor	ing
•	1/1/2002	Entry Point pH Monitoring (	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202	Minim ince Histor ing Period 19 - 10/31/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20	2019 2019 2019 2019 2019 20 20		4 Monitor	ing
•	1/1/2002	Entry Point pH Monitoring (	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202	Minim ince Histor ing Period 19 - 10/31/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20	2019 2019 2019 2019 2019 20 20		4 Monitor	ing
•		Entry Point pH Monitoring (	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202	Minim ince Histor ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu	2019 2019 2019 2019 2019 20 20		4 Monitor us: Complia	ing
Start Date:	hedule Activ	Entry Point pH Monitoring ( Oth	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu Du	2019 2019 2019 2019 2019 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing
Start Date:	<i>hedule Activi</i> SANITARY SUF	Entry Point pH Monitoring ( Oth	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu Du 9/1	2019 2019 2019 2019 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing
Start Date:	hedule Activi SANITARY SUF SYSTEM MAT	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202	Minim ince Histor ing Period 19 - 10/31/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu Du 9/1 8/3	2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION	hedule Activi SANITARY SUF SYSTEM MAT	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu 9/1 8/3 3/	2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE	Anitary Sup Sanitary Sup System Mat Ction Exemi	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu 9/2 8/3 3/ Requiren Notice	2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situa	<i>hedule Activi</i> SANITARY SUF SYSTEM MAT CTION EXEMI	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION Public	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 er Compliance Notification R Compliance Period	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu Du 9/1 8/3 3/ Sequiren Notice Tier	2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situr 90th Percentile	<i>hedule Activi</i> SANITARY SUF SYSTEM MAT CTION EXEMI <i>ation</i> e Copper Exce	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION PUblic eedance	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance Period 1/1/14 - 12/31/16	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 <b>Schedu</b> 9/2 8/3 3/ <b>Sequiren</b> Notice Tier 2	2019 2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situa	<i>hedule Activi</i> SANITARY SUF SYSTEM MAT CTION EXEMI <i>ation</i> e Copper Exce	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION PUblic eedance on	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance Period 1/1/14 - 12/31/16 4/1/17 - 1/7/19	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu 9/2 8/3 3/ Sequiren Notice Tier 2 2	2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situa 90th Percentile Lead and Copp	<i>hedule Activi</i> SANITARY SUF SYSTEM MAT CTION EXEMI <i>ation</i> e Copper Exce	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION PUblic eedance	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance Period 1/1/14 - 12/31/16 4/1/17 - 1/7/19	Minim ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu 9/2 8/3 3/ Sequiren Notice Tier 2 2	2019 2019 2019 2019 20 20 20 20 20 20 20 20 20 20 20 20 20	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situa 90th Percentile Lead and Copp	Anitary Sup Sanitary Sup System Mat CTION EXEMI ation e Copper Exce per TT Violatio	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION Public eedance on Water System F	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance Compliance Period 1/1/14 - 12/31/16 4/1/17 - 1/7/19 acility and Sar	Minim nce Histor ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu 9/1 8/3 3/ Sequiren Notice Tier 2 2 mpling F	2019 2019 2019 2019 2020 20 20 20 20 20 20 20 20 20 20 20 2	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situa 90th Percentile Lead and Copp	<i>hedule Activi</i> SANITARY SUF SYSTEM MAT CTION EXEMI <i>ation</i> e Copper Exce	Entry Point pH Monitoring ( Oth ity RVEY TERIALS EVALUATION PTION PUblic eedance on Water System F acility Sampling	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance Period 1/1/14 - 12/31/16 4/1/17 - 1/7/19 acility and Sar Point Sampling Poi	Minim nce Histor ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 1/31/20 0 - 2/29/20 Schedu 9/1 8/3 3/ Sequiren Notice Tier 2 2 mpling F	2019 2019 2019 2019 2020 20 20 20 20 20 20 20 20 20 20 20 2	Compliance Stat	4 Monitor us: Complia	ing nce Status:
Start Date: Compliance Sc RESPOND TO S DISTRIBUTION CROSS CONNE Violation/Situr 90th Percentile Lead and Copp Water System Wat Facility ID	Anitary Sup Sanitary Sup System Mat CTION EXEMI ation e Copper Exce per TT Violatio	Entry Point pH Monitoring ( Othe ity RVEY TERIALS EVALUATION PTION Public eedance on Water System F acility Sampling I ID	PHRD) Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202 er Compliance Compliance Period 1/1/14 - 12/31/16 4/1/17 - 1/7/19 acility and Sar	Minim nce Histor ing Period 19 - 10/31/ 19 - 11/30/ 19 - 12/31/ 0 - 2/29/20 Schedu 9/2 8/3 3/ Requiren Notice Tier 2 2 mpling F nt	2019 2019 2019 2019 2020 20 20 20 20 20 20 20 20 20 20 20 2	Compliance Stat	4 Monitor us: Complia	ing nce Status:

	Water Qua	lity Monit	oring a	nd Con	nplia	nce So	hedule		
PWS ID	PWS Name				Classif	ication Po	pulation Ow	ner Type P	rimary Source
СТ0419043	KINDERCARE LEARNING CO	RP OF MOODUS			NT	NC	100	Р	GW
Local Address (	where applicable)		Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
99 LEESVILLE R	OAD		Connection	ns 2					
Towns Served:	EAST HADDAM		-						
	Water S	ystem Facili	ity and S	ampling	Poin	t Inven	tory		
Water						Tota	I Lead and	1	
System Wat	ter System Facility	Sampling Point	Sampling P	Point		Colifo	rm Copper		Stage
Facility ID		ID	Description	ו	Sta	itus Rul	e Rule Tie	r Asbestos	WQP 2 DBP
		DOWNSTREAM	WITHIN 5 S	ERVICE CON	N A	4			
		MW007-1	STAFF BATH	HROOM	/	A Y	2	Y	Y
		MW007-2	INFANT		/	A Y	2	Y	Y
		MW008	TODDLER Y	OUNG	/	A Y	2	Y	Y
		MW011	TODDLER C	DLD	/	A Y	2	Y	Y
		MW012	PRESCHOO	L 3	/	A Y	2	Y	Y
		MW027	PLAY ROOM	Л	/	A Y	2	Y	Y
		UPSTREAM	WITHIN 5 S	ERVICE CON	N A	4			
00700 ENT	RY POINT	3	ENTRY POIL	NT	/	4			
10196 WEL	L 2	2	WELL 2		1	4			
46378 CHIL	DRENS DISCOVERY								
TRE	ATMENT STATION								
		Certified	Operato	r Inform	atior	ו			
Water System	n Facility: DISTRIBUTION S		-		_				
Facility Classifi	cation: SMALL WATER SYSTEN	Л							Certification
Operator Nam	е	<b>Operator</b> Type	е	Certificatio	n(s)				Expiration
LAFRAMBOISE,		CHIEF OPERATO				TEM OPER	ATOR - CLASS	51	9/30/2021
							OPERATOR - C		9/30/2021
LAFRAMBOISE,	IFFFRFY	ASSIGNED OPER					ATOR - CLASS		12/31/2020
			tact Info						12,01,2020
News				mation				Job Title	
Name	Cibba		rganization				Diverter	Job Title	
Ms. Michelle J.			ndercare Lea	arning Corp			Director	<b>C</b> 1 1	7: 0
Mailing Addres		Mailing Address	s Line Two			<b>N</b> A 1	City	State	Zip Code
99 Leesville Roa						Moodus		СТ	06469
Business Pho			le Phone	Emergency	Phone				
860-873-966	66 860-873- 2 Administrative Contact	-3215				mgibbs@	kindercare.co	om	
		0	ranization					Job Titlo	
Name Mr. Myrop P.B	oraction 2Nd		rganization ) Leesville Ro	4			Owner	Job Title	
Mr. Myron R B				L L				Stata	7in Codo
Mailing Addres		Mailing Address	S LITIE I WO			Noulos	City	State	Zip Code
14 Neptune Co		NA-L:	la Dharra	Emorrow	Dharra	New Lone		СТ	06320
Business Pho	ne Extension Fax	Idoivi	le Phone	Emergency	Phone		aress		
Contract Dala()									
CONTACT ROIE(S)	: Legal Contact, Owner								

		0		1				
PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
СТ0419043	KINDERCARE LEARNING CORP OF MOODUS			N	TNC	100	Р	GW
Local Address	(where applicable)	Service	Residen	ntial C	ommercia	al Industri	al Combine	ed Agricultural
99 LEESVILLE	ROAD	Connections	2					
Towns Served	: EAST HADDAM	1						
Please note t	he following:							
1. The residua	al disinfectant concentration must be measured at th	e same location	and time a	as each	total colife	orm sample.		
2. If a Collect	on Period is specified, all water quality samples must	t be collected du	ring the sp	pecified	period.			
1 0	on results, additional monitoring may be required (i. dence sent by the DWS on or after the generation dat						0,	,

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

	Connecticut Department	of Public Health Drinki	ng Water Section
	<b>^</b>	itoring and Complianc	0
PWS ID	PWS Name	Classificatio	
CT0419073	NATHAN HALE-RAY HIGH SCHOOL	NTNC	461 L GW
	(where applicable)	Service Residential Comm	
15 SCHOOL DR		Connections 1	
	EAST HADDAM		
		toring Requirements	
Water Systen	n Facility: DISTRIBUTION SYSTEM (WS	<u> </u>	
Asbestos (10	094)		1 routine (RT) per nine year
-	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
Select fro	m Inventory of Active Sampling Points	1/1/11 - 12/31/19	Complete
		1/1/20 - 12/31/28	
<b>Total Colifor</b>	m (3100)		1 routine (RT) per quarte
Sampling	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 9/30/19	Complete
		10/1/19 - 12/31/19	Complete
		1/1/20 - 3/31/20	Complete
		4/1/20 - 6/30/20	
		7/1/20 - 9/30/20	
Lead And Co	pper (PBCU)		5 routine (RT) per three year
Sampling	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
Select fro	m Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30 Complete
		1/1/19 - 12/31/21	6/1-9/30
		1/1/22 - 12/31/24	6/1-9/30
-	ameters (PPS)		1 routine (RT) per quarte
Sampling	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 9/30/19	Complete
		10/1/19 - 12/31/19	Complete
		1/1/20 - 3/31/20	Complete
		4/1/20 - 6/30/20	
		7/1/20 - 9/30/20	
Water Systen	n Facility: ENTRY POINT (WSF ID: 0070	0)	
Inorganic Ch	emicals (IOCS)		1 routine (RT) per three year
Sampling	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
ENTRY PC	DINT (3)	1/1/19 - 12/31/21	Complete
		1/1/22 - 12/31/24	
	Nitrite (NOX)		1 routine (RT) per yea
	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
ENTRY PC	DINT (3)	1/1/19 - 12/31/19	Complete
		1/1/20 - 12/31/20	
		1/1/21 - 12/31/21	
	Ierbicides and PCBs - Phase II & V (SOCS	-	1 routine (RT) per three year
	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
ENTRY PC	DINT (3)	1/1/17 - 12/31/19	Complete
		1/1/20 - 12/31/22	
		1/1/23 - 12/31/25	
-	micals (VOCS)		1 routine (RT) per yea
Sampling	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status

	Connecticut De	<b>^</b>				0			ction		
	Water Q	uality Monit	oring and						1		
PWS ID	PWS Name				Classifica	ation Po	pulation	Owr	ner Type	rimary So	urce
СТ0419073	NATHAN HALE-RAY HIGH	I SCHOOL			NTN	С	461		L	GW	
Local Addre	ess (where applicable)		Service	Resident	tial Com	mercial	Industri	ial	Combined	Agricult	tural
15 SCHOOL	DRIVE		Connections	1							
Towns Serv	ed: EAST HADDAM					·					
		Monite	oring Requ	iiremei	nts						
	tem Facility: ENTRY POINT		0 1								
Organic C	Chemicals (VOCS)								routine (I	RT) per ye	ear
Samp	ling Point (Sampling Point ID)			Monitorir	_		ection Pe	riod	Compl	iance Stat	tus
ENTRY	POINT (3)			1/1/19 - 1	12/31/19	)			Co	mplete	
				1/1/20 - 1	12/31/20	)					
				1/1/21 - 1	12/31/21	<u>_</u>					
		Other C	ompliance	Sched	ules						
Compliance	e Schedule Activity			Ľ	Due Date	•	Achie	eved	Date		
DISTRIBUTI	ON SYSTEM MATERIALS EVALU	IATION		8,	/31/2019	Э					
CROSS CON	INECTION SURVEY REPORT			3	8/1/2020	1					
	Wate	r System Facili	ity and Sar	npling	Point	Invent	ory				
Water						Tota					
	Water System Facility	Sampling Point		nt		Colifor	-	-			age
Facility ID		ID	Description		Stati		e Rule	lier	Asbestos	WQP 2 D	вы
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Y					
		DOWNSTREAM									
		HS-00	15 SCHOOL D		A	Y					
		HS-01	STAFF BATHR		K A	Y	1	L			
		HS-02	NURSES OFFIC		A	Y	1	L			
		HS-03	BOYS BR SINK		A	Y	1	L			
		HS-04	GIRLS BR SINK	K	А	Y	1	L			
		HS-05	KITCHEN SINK	(	А	Y	1	L			
		HS-06	ROOM 114 SI	NK	А	Y	1	L			
		HS-07	ROOM 113 SI	NK	А	Y	1	L			
		HS-08	ROOM 115 SI	NK	А	Y	1	L			
		HS-09	ROOM 117 SI	NK	А	Y	1	L			
		HS-10	BOYS BR SINK	2FL	А	Y	1	L			
		HS-11	GIRLS BR SINK	C2FL	А	Y	1	L			
		HS-12	STAFF BR SIN	< 2FL	А	Y	1	L			
		HS-13	MEDIA CNTR	OFFICE	А	Y	1	L			
		HS-14	ROOM 134 SI	NK	А	Y	1	L			
		HS-15	ROOM 137 SI	NK	А	Y	1	L			
		HS-16	ROOM 142 SI	NK	А	Y	1	L			
		UPSTREAM	WITHIN 5 SER	VICE CON	I A						
00700	ENTRY POINT	3	ENTRY POINT		А						
	WELL #3	2	WELL #3		A						
	WELL #2	2	WELL #2		A						
	NATHAN HALE-RAY HIGH										
	SCHOOL TREATMENT										
54274	ATMOSPHERIC STORAGE										
59020	PUMP STATION										

PWS ID	Water Qu PWS Name	anteg 1		0 ui						Primary Source
CT0419073	NATHAN HALE-RAY HIGH							461		GW
	where applicable)			Service	Residen		mmercial		Combined	
15 SCHOOL DRI				Connection			minercial	muustnai	Combined	Agricultura
Towns Served: I					-					
	-	r Svsten	n Facilit	y and Sa	mpling	Poin	t Inven	torv		
Water				,			Tot	-	d	
System Wat	er System Facility	Sampli	ng Point	Sampling Po	oint		Colife	orm Copper	•	Stage
Facility ID			ID L	Description		Sta	tus Ru	le Rule Tie	er Asbestos	WQP 2 DBP
59022 BLAD	DER TANKS									
		Ce	rtified C	) perato	<sup>r</sup> Inform	natior	1			
Water System	Facility: NATHAN HAL	E-RAY HIG	ы зснос	<b>DL TREATM</b>	IENT (WS	SF ID: 1	211)			
Facility Classific	ation: CLASS 1 TREATMEN	NT PLANT								Certification
<b>Operator</b> Name	•	Орег	ator Type		Certificatio	on(s)				Expiration
NIGRO, JR., VIC	OR N.	CHIEF	OPERATOR	۱ ۱	NATER TRE	EATMEN	IT PLANT	OPERATOR -	CLASS II	6/30/2021
				ſ	DISTRIBUTI	ON SYS	TEM OPEI	RATOR - CLAS	S III	6/30/2020
NIGRO, SCOTT A	۱.	ASSIG	NED OPERA	TOR I	DISTRIBUTI	ON SYS	TEM OPEI	RATOR - CLAS	S I	6/30/2022
				١	NATER TRE	EATMEN	IT PLANT	OPERATOR -	CLASS II	6/30/2020
			Cont	act Info	mation	)				
Name			Org	anization					Job Title	
Mr. Brian S. Rea	as			t Haddam P	ublic Scho	ols		Superintend	ent.	
Mailing Address	Line One	Mailin	g Address I	Line Two				City	State	Zip Code
26 Plains Road			ox 401				Moodus		СТ	06469
Business Phor	ne Extension	Fax	Mobile	Phone	Emergency	Phone	Email Ad	ldress		
860-873-509	0 860-8	73-5092					brian.rea	as@easthadd	amschools.	org
	Administrative Contact,	Legal Cont	tact							
Contact Role(s):										
Contact Role(s): Please note the	following:									

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

	Connecticut Departme	ent of Public H	lealth	D	rinkir	ng V	Water	S	ection	
	Water Quality M	Ionitoring an	d Con	npl	liance	Sc	hedu	le		
PWS ID	PWS Name								ner Type	Primary Source
СТ0410194	LITTLE VILLAGE PRESCHOOL				NTNC		34		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Comme	rcial	Industri	al	Combine	d Agricultura
20 PLAINS RO	AD, MOODUS, CT	Connections			1					
Towns Served	: EAST HADDAM				1					
	Ν	Aonitoring Requ	ireme	nts	;					
Water Syster	m Facility: DISTRIBUTION SYSTEM	• •				_		_		
Asbestos (1	094)						1 ro	outi	ne (RT) pe	er nine years
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	rioa	l Comp	liance Status
DISTRIBU	TION SYSTEM (4)		1/1/12 -	12/3	31/20					
			1/1/21 -	12/3	31/29					
<b>Total Colifor</b>	rm (3100)						1	ro	utine (RT)	) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	rioa	l Comp	liance Status
Select fro	om Inventory of Active Sampling Points		1/1/20 -	3/3	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Lead And Co	opper (PBCU)						5 ro	utir	ne (RT) pe	r six months
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	rioa	l Comp	liance Status
Select fro	om Inventory of Active Sampling Points		1/1/20 -	6/3	0/20					
			7/1/20 -	12/3	31/20					
<b>Physical Par</b>	ameters (PPS)						1	ro	utine (RT)	) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	rioa	l Comp	liance Status
DISTRIBU	TION SYSTEM (4)		1/1/20 -	3/3	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Water Syster	m Facility: ENTRY POINT (WSF ID:	00700)								
Inorganic Ch	nemicals (IOCS)						1 rou	utin	e (RT) pe	r three years
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	rioa	l Comp	liance Status
ENTRY PC	DINT (3)		1/1/20 -	12/3	31/22					
			1/1/23 -	12/3	31/25					
Nitrate And	Nitrite (NOX)							1	routine	RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	rioa	l Comp	liance Status
ENTRY PC	DINT (3)		1/1/20 -	12/3	31/20					
			1/1/21 -	12/3	31/21					
Pesticides, H	lerbicides and PCBs - Phase II & V(	SOCS)					1	. ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe			liance Status
ENTRY PC	DINT (3)		1/1/20 -	3/3	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
<b>Organic</b> Che	micals (VOCS)						1	. ro	utine (RT)	per quarter
•	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Pe			liance Status
ENTRY PC	DINT (3)		1/1/20 -	3/3	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
	Ot	her Compliance	Schec	lule	es					
Compliance So	chedule Activity				Date		Achie	ved	Date	

	С	onnectic	ut Depa	rtment of	f Public	Health	Drii	nking	g Wa	ater	Se	ction	
			<b>*</b>	lity Monit				-	-				
PWS ID	P۱	NS Name	tor Qua					ication				er Type P	rimary Sourc
СТ041019	94 LI	TTLE VILLAGE F	RESCHOOL					NC	34			P	GW
Local Add	lress (whe	ere applicable)			Service	Residen	tial Co	ommerci	al In	dustria	al	Combined	Agricultura
20 PLAINS	S ROAD, N	AOODUS, CT			Connectior	ns		1					
Towns Se	rved: EAS	T HADDAM											
				Other C	omplian	ce Sched	ules						
Complian	ce Sched	ule Activity				I	Due Da	te		Achie	ved L	Date	
CROSS CC	DNNECTIC	N SURVEY REP	ORT			:	3/1/202	21					
			Water Sy	stem Facil	ity and S	ampling	Poin	t Inve	ntor	у			
Water										Lead	and		
System		System Facility	9	Sampling Point					iform	Сорр			Stage
Facility IL				ID	Description			itus	lule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIB	UTION SYSTEM		4				A •	Y				
				DOWNSTREAM UPSTREAM	5 SERVICE (			А А	Y Y				
00700	ENTRY F			3	ENTRY POI			ң Д	Ţ				
20743	WELL			2	WELL			<u>¬</u>					
20743	<b>WEEL</b>					r Inform							
				Certified		r miorm	atioi	•					
-				STEM (WSFI	D: 00600)								
Operator	-	on: SMALL WA	IER SYSTEM	Operator Typ	P	Certificatio	n(s)						Certification Expiration
KLOBUKO		EVEN I		CHIEF OPERATO		WATER TRE		Τ ΡΙ ΑΝ		RATOR	8 - CL	ASS IV	6/30/2022
	,			0		DISTRIBUTI			-	-	-		6/30/2020
				Con	tact Info	rmation	1						
Name					rganization							Job Title	
Mrs. Nata	alie Thave	er			nt Properties	LLC			Dire	ctor			
Mailing A				Mailing Addres	-				Cit	:y		State	Zip Code
116 Heml	ock Valle	y Rd						East Ha	addam			СТ	06423
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	Addres	S			
860-89	1-8450					860-847-	1100	Nattha	iy@cor	ncast.	net		
Contact R	lole(s):	dministrative	Contact, Leg										
Name					rganization							Job Title	
Mr. Robe		-			nt Properties	LLC			Owr			<b>C</b> 1 <b>1</b>	7. 0 1
Mailing A				Mailing Addres	s Line Two			Fact II	Cit	,		State	Zip Code
116 Heml	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Dhone	East Ha				CT	06423
	7-0692	EACCHSION	I ax	IVIODI	ic i none	energency	inone	bobtha			.net		
Contact R		)wner							, с				
Please no													
1. The re	sidual disi	nfectant concent	ration must b	e measured at the	e same locatic	on and time a	s each t	otal colif	orm sai	mple.			
				lity samples must									
	-	sent by the DWS	on or after th	ay be required (i. ne generation dat	e of this sched	lule will have	preced	ence ove	r what	is cont	ained	-	
		lf you h		estions, please o		-			(860) 5	509-73	33.	<b>C</b>	of och a deal
			<u> </u>	http://www.c	t.gov/dph/	publicdrin	<u>kingw</u>	<u>ater</u>				End	of schedule

	Connecticut Department					-			ction	
	Water Quality Mor	nitoring a	nd Con				1			
PWS ID	PWS Name				sification					rimary Sour
СТ0410334	GOODSPEED OPERA HOUSE				NTNC	_	50		Р	GW
	s (where applicable)	Service		ntial	Commerc	cial In	dustria	al C	Combined	Agricultur
5 MAIN ST (R		Connection	IS		1					
owns Serve	d: EAST HADDAM									
	Мо	nitoring Rec	luireme	nts						
Nater Syste	em Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Asbestos (	1094)						1 ro	utine	e (RT) pe	r nine year
Samplin	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect	ion Per	riod	Compl	iance Status
Select fr	om Inventory of Active Sampling Points		1/1/11 -	12/3	1/19				Co	omplete
			1/1/20 -	12/3	1/28					
Total Colifo	orm (3100)						1	rout	ine (RT)	per quarte
Samplin	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect	ion Per	riod	Compl	iance Status
Select fr	om Inventory of Active Sampling Points		7/1/19 -	- 9/30	/19				Co	omplete
			10/1/19 -	- 12/3	1/19				Co	omplete
			1/1/20 -	- 3/31	/20					
			4/1/20 -	- 6/30	/20					
			7/1/20 -	- 9/30	/20					
Lead And C	opper (PBCU)							5 re	outine (F	RT) per yea
Samplin	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect	ion Per	riod	Compl	iance Status
Select fr	om Inventory of Active Sampling Points		1/1/19 -	12/3	1/19	6/1	-9/30		Co	omplete
			1/1/20 -	12/3	1/20	6/1	-9/30			
			1/1/21 -	12/3	1/21	6/1	-9/30			
Physical Pa	rameters (PPS)						1	rout	ine (RT)	per quartei
Samplin	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect	ion Per	riod	Compl	iance Status
Select fr	om Inventory of Active Sampling Points		7/1/19 -	- 9/30	/19				Co	omplete
			10/1/19 -	- 12/3	1/19				Co	omplete
			1/1/20 -	- 3/31	/20					
			4/1/20 -	- 6/30	/20					
			7/1/20 -	- 9/30	/20					
Nater Syste	em Facility: ENTRY POINT (WSF ID: 007	00)								
Inorganic C	hemicals (IOCS)						1 rou	tine	(RT) per	three years
Samplin	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect	ion Per	riod	Compl	iance Status
ENTRY P	POINT (3)		1/1/17 -	12/3	1/19				Сс	omplete
			1/1/20 -	12/3	1/22					
			1/1/23 -	12/3	1/25					
Nitrate And	d Nitrite (NOX)							<b>1</b> re	outine (F	RT) per yeai
Samplin	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect	ion Per	riod	Compl	iance Status
ENTRY P	POINT (3)		1/1/19 -	12/3	1/19				Co	omplete
			1/1/20 -	12/3	1/20					
			1/1/21 -	12/3	1/21					
Pesticides,	Herbicides and PCBs-Phase II (SOC2)						1 rou	tine	(RT) per	three years
	g Point (Sampling Point ID)		Monitor	ing Pe	eriod (	Collect				iance Status
ENTRY P	POINT (3)		1/1/17 -	12/3	1/19				Co	omplete
			1/1/20 -	12/3	1/22					
			1/1/23 -							

	Connecticut Dep	nartment of	Public F	lealth D	rinki	nσ W	ater Se	ction	
	*					0		CUOII	
		ality Monit	oring an						
PWS ID CT0410334	PWS Name GOODSPEED OPERA HOUS	с.		Cla	NTNC		50	P	rimary Source GW
	ess (where applicable)	DE	Service	Residential	1		ndustrial	Combined	-
6 MAIN ST			Connections	Residential	1		luustilai	Compilieu	Agricultura
	ved: EAST HADDAM								
		Monite	oring Requ	uirement	s				
Water Svs	stem Facility: ENTRY POINT				<u> </u>				
	s, Herbicides and PCBs-Phase						1 routine	e (RT) per	three years
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	Compli	ance Status
ENTRY	Y POINT (3)			1/1/17 - 12/	/31/19			Co	mplete
				1/1/20 - 12/	-				
				1/1/23 - 12/	/31/25				
-	Chemicals (VOCS)			Monitorius	Doried	Collect		-	RT) per year
	<i>ling Point (Sampling Point ID)</i> Y POINT (3)			Monitoring 1/1/19 - 12/		Collect	tion Period		ance Status mplete
				1/1/19 - 12/					mpiete
				1/1/21 - 12/	-				
		Other C	ompliance		-				
Complianc	e Schedule Activity				e Date		Achieved	Date	
	ION SYSTEM MATERIALS EVALUA	TION		8/31	1/2019				
CROSS COM	NNECTION SURVEY REPORT			3/1	/2020				
	Water	System Facili	ity and Sai	npling Po	oint In	vento	ry		
Water						Total	Lead and		
-	Water System Facility	Sampling Point ID	Sampling Poi Description	nt		-	Copper	Achastas	Stage WQP 2 DBP
Facility ID 00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		<u>Status</u> A	Rule Y	Rule Her	ASDESIUS	WQP 2 DDP
00000		+ DOWNSTREAM			A	•			
		GEL BAR	GELSTON MA		A	Y	2		
		GEL KITCHEN	GELSTON KIT		А	Y	2		
		GOH BAR	GOH BAR		А	Y	2		
		GOH KITCHEN	GOH KITCHEN	I SINK	А	Y	2	Y	
		GOH MEN ONE			А	Y	2		
		UPSTREAM	WITHIN 5 SEF		Α				
	ENTRY POINT	3	ENTRY POINT		A				
	WELL	2	WELL		A				
	HYDROPNEUMATIC STORAGE								
	ATMOSPHERIC STORAGE @ GELSTON HOUSE								
	BLADDER TANKS @ GELSTON HOUSE								
		Certified	Operator	Informat	ion				
Water Sys	stem Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)						
	stem Facility: <b>DISTRIBUTION</b> ssification: SMALL WATER SYSTE	<u>.</u>	D: 00600)						Certification
Facility Cla Operator N	ssification: SMALL WATER SYST	<u>.</u>		ertification(s	;)				Certification Expiration 6/30/2022

PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Sourc
СТ0410334	GOODSPEED OP	ERA HOUSE				Ν	ITNC	150	Р	GW
Local Address (w	here applicable)			Service	Reside	ntial (	Commerci	ial Industri	al Combin	ed Agricultura
6 MAIN ST (RTE 8	32)			Connectio	ons		1			
Towns Served: E	AST HADDAM			I				I		
				Contact Inf	ormatio	n				
Name				Organization					Job Titl	e
Mr. Edward C. B	aschik			Goodspeed C	Opera Hous	e		Theatre N	/lanager	
Mailing Address	Line One		Mailing	Address Line Two				City	State	Zip Code
6 Main Street			P O Box	A			East H	addam	СТ	06423
Business Phon	e Extension	Fax		Mobile Phone	Emergend	cy Phon	e Email /	Address	Ċ	
860-873-8664	326	860-873-	2329		860-873	3-1089	ecb@g	goodspeed.o	rg	
Contact Role(s):	Administrative	Contact, Leg	gal Conta	ct						
Please note the	following:									

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

	Connecticut Department		0	
	Water Quality Mor	itoring and Complianc	e Schedule	
PWS ID	PWS Name	Classificatio		Source
СТ0419193	NATHAN HALE-RAY MIDDLE SCHOOL	NTNC	620 L GW	/
Local Address	(where applicable)	Service Residential Comm	ercial Industrial Combined Agric	ultura
73 CLARK GAT	ES ROAD	Connections 1		
Towns Served	: EAST HADDAM			
	Mor	itoring Requirements		
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)		
Asbestos (1	.094)		1 routine (RT) per nine y	years
Sampling	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	tatus
Select fro	om Inventory of Active Sampling Points	1/1/11 - 12/31/19	Complete	)
		1/1/20 - 12/31/28		
<b>Total Colifo</b>	rm (3100)		1 routine (RT) per qu	
Sampling	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	tatus
Select fro	om Inventory of Active Sampling Points	7/1/19 - 9/30/19	Complete	
		10/1/19 - 12/31/19	Complete	
		1/1/20 - 2/29/20	Complete	9
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
<b>Total Colifo</b>	rm (3100)		3 repeat (RP) per pe	eriod
Sampling	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	tatus
Select fro	om Inventory of Active Sampling Points	2/11/20 - 2/16/20		
<b>Total Colifo</b>	rm (3100)		3 temporary routine (TR) per m	onth
Sampling	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	tatus
Select fro	om Inventory of Active Sampling Points	3/1/20 - 3/31/20		
	opper (PBCU)		10 routine (RT) per	•
Sampling	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	tatus
Select fro	om Inventory of Active Sampling Points	1/1/19 - 12/31/19	6/1-9/30 Complete	9
		1/1/20 - 12/31/20	6/1-9/30	
		1/1/21 - 12/31/21	6/1-9/30	
Physical Par	ameters (PPS)		1 routine (RT) per qu	
	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	
Select fro	om Inventory of Active Sampling Points	7/1/19 - 9/30/19	Complete	
		10/1/19 - 12/31/19	Complete	
		1/1/20 - 3/31/20	Complete	2
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
Water Syster	m Facility: ENTRY POINT (WSF ID: 0070	00)		
Arsenic (10	•		1 routine (RT) per	-
	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	
ENTRY PO	DINT (3)	1/1/19 - 12/31/19	6/1-9/30 Complete	2
		1/1/20 - 12/31/20	6/1-9/30	
		1/1/21 - 12/31/21	6/1-9/30	
-	nemicals (IOCS)		1 routine (RT) per three y	-
	g Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance St	
ENTRY PO	DINT (3)	1/1/17 - 12/31/19	Complete	:
		1/1/20 - 12/31/22		
		1/1/23 - 12/31/25		

	Connecticut Do	*				U		ection		
DIAKE ID		Juality Monit	of fing and			T		-	<b>.</b> .	6
PWS ID	PWS Name			Cla				wner Type		
CT0419193		DDLE SCHOOL			NTNC		520	L	G	
	ess (where applicable)		Service Re Connections	esidential			ndustrial	Combine	d Agri	cultural
	GATES ROAD		connections		1					
Towns Serv	ved: EAST HADDAM									
Matan Corr			oring Requir	ements	S				_	_
	tem Facility: ENTRY POIN	I (WSF ID: 00700)								
	nd Nitrite (NOX)							1 routine		-
	ling Point (Sampling Point ID)			onitoring l		Collect	tion Perio		liance S	
ENTRY	Y POINT (3)			1/19 - 12/				(	Complet	e
				1/20 - 12/	•					
			1/:	1/21 - 12/	31/21					
Pesticide	s, Herbicides and PCBs - Pr	ase II & V (SOCS)					1 routi	ne (RT) pe		-
-	ling Point (Sampling Point ID)			onitoring l		Collect	tion Perio	d Comp	liance S	Status
ENTR	Y POINT (3)		1/2	1/17 - 12/	31/19			C	Complet	e
			1/1	1/20 - 12/	31/22					
			1/1	1/23 - 12/	31/25					
Organic O	Chemicals (VOCS)							1 routine	(RT) pe	r year
Samp	ling Point (Sampling Point ID)		Ма	onitoring l	Period	Collect	tion Perio	d Comp	liance S	Status
ENTR	Y POINT (3)		1/2	1/19 - 12/	31/19	6/	1-9/30	C	Complet	e
			1/:	1/20 - 12/	31/20	6/	1-9/30			
			1/:	1/21 - 12/	31/21	6/	1-9/30			
Water Sys	stem Facility: WELL 2 (WS	F ID: 55598)								
E. Coli (3		•					1 tri	ggered (TC	a) per i	period
-	ing Point (Sampling Point ID)		Ма	onitoring l	Period	Collect	tion Perio		liance S	
WELL				10/20 - 2/						
	stem Facility: WELL 3 (WS	F ID: 55600)		20,20 2,	10,20					
E. Coli (3		1 10. 550007					1 +ri	ggorod (T(		aariad
-	ling Point (Sampling Point ID)		D.A.c	onitoring l	Dariad	Colloc	tion Perio	ggered (TO	liance S	
				10/20 - 2/		Conect	lion Perio	u comp	inunce .	Stutus
WELL	3 (2)									
		Other C	ompliance S	chedul	es					
-	e Schedule Activity				Date		Achieve	d Date		
DISTRIBUT	ION SYSTEM MATERIALS EVAL	UATION		8/31	/2019					
CROSS CON	NECTION SURVEY REPORT			3/1/	/2020					
	Wate	er System Facili	ity and Samp	oling Po	oint In	vento	ry			
Water		-				Total	Lead an	d		
	Water System Facility	Sampling Point	Sampling Point			Coliform				Stage
Facility ID	-	ID	Description		Status	Rule		er Asbesto	s WQP	-
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A					
		DOWNSTREAM	WITHIN 5 SERVIO	CE CON	А					
		MS-01	NURSES OFFICE	SINK	А	Y	N	Y	Y	
		MS-02	MAIN OFFICE KIT		А	Y	N	Y	Y	
		MS-03	LIBRARY WORK F		A	Ŷ	1	Ŷ		
		MS-04	STAFF BATH RM		A	Ŷ	1	Ŷ		
		MS-05	STAFF BATH RM		A	Ŷ	1	Ŷ		
		MS-06	GIRLS LOCKER R		A	Ŷ	1	Ŷ		
							-			

ст041919	3 NATHAN HALE-RAY M	IDDLE SCHOOL					520	L	imary Source GW
	ess (where applicable)		Service	Residential	NTNC Comme		ndustrial	Combined	Agricultur
	GATES ROAD		Connections	Residentia	1		industrial	combined	, ignouncui
	ved: EAST HADDAM				-				
01115 501		ter System Facili	ty and Sar	nnling Pa	nint In	vento	rv		
Water	vu	ter system ruem	ty and sar			Total	Lead an	d	
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliform			Stag
Facility ID		, J ID	Description		Status	Rule		er Asbestos	-
		MS-07	BOYS LOCKER	ROOM	A	Y	1	Y	
		MS-08	ART ROOM 21	LO	А	Y	1	Y	
		MS-09	MUSIC ROOM	218	А	Y	1	Y	
		MS-10	KITCHEN		А	Y	1	Y	
		MS-11	CAFE FOUNTA	AIN	А	Y	1	Y	
		MS-12	STAFF ROOM	301	А	Y	1	Y	
		MS-13	FCS ROOM 30	4	А	Y	1	Y	
		MS-14	WORLD LANG	RM 306	А	Y	1	Y	
		MS-15	CLASSROOM	507	А	Y	1	Y	
		MS-16	CLASSROOM	503	А	Y	1	Y	
		MS-17	CLASSROOM	801	А	Y	1	Y	
		MS-18	CLASSROOM	809	А	Y	1	Y	
		MS-19	CLASSROOM	704	А	Y	1	Y	
		MS-20	CLASSROOM !	502	А	Y	1	Y	
		MS-21	CLASSROOM !	505	А	Y	1	Y	
		MS-22	STAFF ROOM	510	А	Y	1	Y	
		MS-23	CLASSROOM	409	А	Y	1	Y	
		MS-24	CLASSROOM	406	А	Y	1	Y	
		MS-25	CLASSROOM	404	А	Y	1	Y	
		UPSTREAM	WITHIN 5 SER	VICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT		А				
55598	WELL 2	2	WELL 2		А				
55600	WELL 3	2	WELL 3		А				
55604	TREATMENT PLANT								
55606	ATMOSPHERIC TANK								
55608	BLADDER TANKS								
55610	PUMP STATION								
			Operator						

Water System Facility. IREAT	IVIENT PLANT (VV3F ID: 55004)		
Facility Classification: CLASS 2 TR	EATMENT PLANT		Certification
Operator Name	<b>Operator Type</b>	Certification(s)	Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

	··· a	cer quu	incy i		or mg u		mp.	indifice	Juncau					
PWS ID	PWS Name						Classification		Population	Owner Type	Primary Source			
СТ0419193	NATHAN HALE-RAY MIDDLE SCHOOL							NTNC	620	L	GW			
Local Address (where applicable) Service Residential Commercial Industrial Combin								ed Agricultural						
73 CLARK GATES	ROAD				Connectio	ns		1						
Towns Served: EA	AST HADDAM				-			1						
				Con	tact Info	ormatio	n							
Name	Or	rganization				Job Title								
Mr. Brian S. Reas	6			Ea	ist Haddam	Public Sch	ools		Superintendent.					
Mailing Address I	ine One		Mailing	g Address	s Line Two				City	State	Zip Code			
26 Plains Road			P.O. Bo	ox 401			Moodus CT 06469							
Business Phone	e Extension	Fax		Mobil	le Phone	Emergen	cy Pho	one Email	Address					
860-873-5090		860-873-	5092					brian.r	brian.reas@easthaddamschools.org					
Contact Role(s):	Administrative	Contact, Leg	gal Conta	act										
Please note the f	ollowing:													
1. The residual di	sinfectant concent	tration must b	e measu	red at the	e same locatio	on and time	as ea	ch total colif	orm 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

	Connecticut Department		0	ection
	Water Quality Mor	nitoring and Compliance	e Schedule	
PWS ID	PWS Name	Classificatio	on Population Ow	ner Type Primary Source
СТ0419223	CHESTELM ADULT DAY SERVICES, INC.	NTNC	39	P GW
Local Address	(where applicable)	Service Residential Comme	ercial Industrial	Combined Agricultural
542 TOWN STR	REET	Connections 2 1		
Towns Served:	EAST HADDAM			
		nitoring Requirements		
	n Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)		
Asbestos (10	•			ne (RT) per nine years
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	m Inventory of Active Sampling Points	1/1/16 - 12/31/24		
<b>Total Colifor</b>	. ,			itine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
		10/1/19 - 12/31/19		Complete
		1/1/20 - 3/31/20		Complete
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
	pper (PBCU)			e (RT) per six months
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
		1/1/20 - 6/30/20		
		7/1/20 - 12/31/20		
-	ameters (PPS)			itine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
		10/1/19 - 12/31/19		Complete
		1/1/20 - 3/31/20		Complete
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
	n Facility: ENTRY POINT (WSF ID: 007)	00)		
-	emicals (IOCS)			e (RT) per three years
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY PC	DINT (3)	1/1/17 - 12/31/19		Complete
		1/1/20 - 12/31/22		
		1/1/23 - 12/31/25		
	Nitrite (NOX)			routine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY PC	DINT (3)	1/1/19 - 12/31/19		Complete
		1/1/20 - 12/31/20		
		1/1/21 - 12/31/21		
-	Ierbicides and PCBs - Phase II & V (SOC	-		e (RT) per three years
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY PC	אויו (3)	1/1/17 - 12/31/19	7/1-12/31	Complete
		1/1/20 - 12/31/22		
		1/1/23 - 12/31/25		
-	micals (VOCS)			routine (RT) per year
Sampling	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

	Conne	ecticut Depa							0			ection	
		Water Qua	lity Mor	nitor	ing an	d Con							
PWS ID	PWS Nam	-					Cla		on Po		ו Ov	vner Type Pi	rimary Source
СТ041922		M ADULT DAY SER	ICES, INC.					NTNC		39		Р	GW
Local Addr	ress (where appl	icable)			rvice	Residen	tial	Comme	ercial	Indust	rial	Combined	Agricultura
542 TOWN	N STREET			Со	nnections	2		1					
Towns Ser	ved: EAST HADD	DAM											
			Mon	nitorin	ng Requ	uireme	nts	5					
Water Sy	stem Facility:	ENTRY POINT (V	VSF ID: 0070	00)									
Organic	Chemicals (VC	DCS)									1	L routine (R	T) per year
-	oling Point (Sam	-				Monitori	ing F	Period	Colle	ection P		-	ance Status
ENTR	Y POINT (3)					1/1/19 -	12/3	31/19				Со	mplete
						1/1/20 -	12/3	31/20					
						1/1/21 -	12/3	31/21					
			Other	Com	pliance								
Compliand	ce Schedule Acti	vity					Due	Date		Achi	evec	l Date	
CCTS 1: PV	NS TO RECOMM	END OCCT				1	2/31	/2016					
SWTS 2: D	WS REVIEW & A	PPROVAL OF SOWT	-			6	5/30,	/2017					
CCTS 2: DV	WS REVIEW & AF	PROVAL OF OCCT				6	5/30,	/2018					
DISTRIBUT	TION SYSTEM MA	ATERIALS EVALUATI	ON			8	3/31,	/2019					
SWTS 2: D	WS REVIEW & A	PPROVAL OF SOWT	-			1	2/31	/2019					
CCTS 2: DV	WS REVIEW & AF	PROVAL OF OCCT				1	2/31	/2020					
CROSS CO	NNECTION SUR	/EY REPORT				:	3/1/	2023					
			Public N	lotific	cation <b>F</b>	Require	eme	ents					
					liance	Notice	-		c Noti	fication		PN Cert	ification
Violation/	Situation			Per	riod	Tier		Require	ed l	Perform	ed	Due to DPH	Received
Lead and (	Copper TT Violat	ion		7/1/19	- 3/2/20	2		9/12/20	19			9/22/2019	
		Water S	ystem Fa	cility	and Sa	mpling	Po	oint In	vent	ory			
Water			•	-					Tota	-	d and	d	
System	Water System	Facility	Sampling Po	int Sar	mpling Poi	int		(	Colifo	m Coj	oper		Stage
Facility ID	)		ID	Des	scription			Status	Rule	e Rul	e Tie	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION	SYSTEM	4	DIS	TRIBUTIO	N SYSTEM	1	А					
			CADS1	KIT	CHEN SINI	K		А	Y		N	Y	
			CADS2	EM	PLOYEE B	ATH		А	Y		N		
			CADS3	ME	D ROOM			А	Y		N		
			CADS4	HA	NDICAP B	ATH		А	Y		N		
			CADS5	CLI	ENT BATH	ROOM		А	Y		N		
			DOWNSTREA	AM WI	THIN 5 SEF		N	А					
			UPSTREAM	/ WI	THIN 5 SEF		N	А					
00700	ENTRY POINT		3	EN	TRY POINT	-		А					
59897	WELL 1		2	WE	ELL 1			А					
			Certifie	ed Op	erator	Inform	nati	ion					
Water Sy	stem Facility:	DISTRIBUTION S	YSTEM (WS	F ID: 0	0600)								
		DISTRIBUTION S		6F ID: 0	0600)								Certification
Facility Clo	assification: SM					ertificatio	on(s)	,					Certification Expiration
	assification: SM Name		1	Туре	C	<i>ertificatio</i> ISTRIBUTI			OPER	ATOR - (	CLAS	51	Certification Expiration 12/31/2022

Local Address (where applicable)Service ConnectionsResidential QCommercial IndustrialIndustrial CombinedAgricu Agricu542 TOWN STREETConnections21							P							
Local Address (where applicable)       Service Connections       Residential 2       Commercial Industrial       Industrial       Combined       Agrical Agrical         542 TOWN STREET       Connections       2       1       Image: Commercial Connections       Industrial       Combined       Agrical         542 TOWN STREET       Contact Information       2       1       Image: Combined       Agrical         Towns Served: EAST HADDAM         Contact Information         Mark Epright       Organization       Job Title         Mr. Mark Epright       Chestelm Health & Rehab Center       Cfo         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         534 Town Street       P.O. Box 719       Moodus       CT       0646         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com       Contact Role(s):       Administrative Contact, Legal Contact         Name       Organization       Job Title       Mailing Address Line Two       City       State       Zip Co         OB S48       Business Phone       Extension       Fax	PWS ID	PWS Name			Class	ification	Population	Ow	ner Type P	rimary Source				
Connections       2       1       Image: Connections Served: EAST HADDAM         Contact Information         Name       Job Title         Mailing Address Line One       Job Title         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         534 Town Street       P.O. Box 719       Moodus       CT       06466         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com       Contact Role(s):       Administrative Contact, Legal Contact       Mailing Address Line Two       City       State       Zip Co         Name       Organization       Job Title       Job Title       Image: Contact Role(s):       Administrative Contact, Legal Contact       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Image: Contact Role(s):       Admine Address       Image: Contact Role(s):       State       Zip Co         PO Box 548       Image: Contact Role(s):       Mailing Address Line Two       City       State       Zip Co         860-873-1455	СТ0419223	CHESTELM ADU	JLT DAY SERV		N			39		Р	GW			
SAZ FORMESTRICT       2       1	Local Address (w	here applicable	)		Service	Resider	Residential Com		al Industr	ial	Combined	Agricultural		
Contact Information         Name       Organization       Job Title         Mr. Mark Epright       Chestelm Health & Rehab Center       Cfo         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         S34 Town Street       P.O. Box 719       Moodus       CT       0646         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com         Contact Role(s):       Administrative Contact, Legal Contact       Organization       Job Title         Mr. Brinton Epright       Organization       Gity       State       Zip Co         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Mailing Address Line Two       City       State       Zip Co         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         State       Zip Co       Contact Role(s):       Owner       Plase note the following: <td>542 TOWN STRE</td> <td>ET</td> <td></td> <td></td> <td>Connection</td> <td>ns 2</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	542 TOWN STRE	ET			Connection	ns 2		1						
Name       Organization       Job Title         Mr. Mark Epright       Chestelm Health & Rehab Center       Cfo         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         S34 Town Street       P.O. Box 719       Moodus       CT       06466         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address       CT       06466         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address       CT       06466         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address       CT       06466         Renergency Phone       Emergency Phone       Email Address       CT       06466         Mailing Address Line Contact       Qorganization       mane       Job Title         Mr. Brinton Epright       Organization       City       State       Zip Co         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Mobile Phone       Emergency Phone       Email Address       State       Zip Co         Business Phone       Extension       Fax       M	Towns Served: E	AST HADDAM				1								
Mr. Mark Epright       Chestelm Health & Rehab Center       Cfo         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         534 Town Street       P.O. Box 719       Moodus       CT       0646         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com       Contact Role(s):         Administrative Contact, Legal Contact       Name       Organization       Job Title         Mr. Brinton Epright       Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Mailing Address Line Two       City       State       Zip Co         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         60-873-1455       V       V       State       Zip Co         Contact Role(s):       Owner       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       V       V       V       V       V       V <td></td> <td></td> <td></td> <td>Cor</td> <td>ntact Info</td> <td>rmatior</td> <td>า</td> <td></td> <td></td> <td></td> <td></td> <td></td>				Cor	ntact Info	rmatior	า							
Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         534 Town Street       P.O. Box 719       Moodus       CT       0646         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com       Contact Role(s):       Administrative Contact, Legal Contact         Name       Organization       Job Title       Job Title         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Organization       Job Title       Job Title       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       Owner       Contact Role(s):       Owner       Contact Role(s):       Owner         Please note the following:	Name			С	Organization						Job Title			
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Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com         Contact Role(s):       Administrative Contact, Legal Contact        Job Title         Name       Organization       Job Title         Mr. Brinton Epright       Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         PO Box 548         Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455               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.	Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code		
860-873-6500       DLIN       860-873-2307       860-873-6500       mepright@chestelm.com         Contact Role(s):       Administrative Contact, Legal Contact       Job Title         Name       Organization       Job Title         Mr. Brinton Epright       Mailing Address Line One       Mailing Address Line Two       City       State       Zip Corr         PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       Image: Contact Role(s):       Owner       Vector 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.       Image: Contact Role(s)	534 Town Street			P.O. Box 719	719 [				S		СТ	06469		
Contact Role(s):       Administrative Contact, Legal Contact         Name       Organization       Job Title         Mr. Brinton Epright       Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       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.	Business Phon	susiness Phone Extension Fax M				le Phone Emergency Phone			Email Address					
Name       Organization       Job Title         Mr. Brinton Epright       Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       Owner       Please note the following:       Image: The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.       Job Title	860-873-6500	-6500 DLIN 860-873-2307				860-873	meprig	ht@chestelm.com						
Mr. Brinton Epright       Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       Image: 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.	Contact Role(s):	Administrative	Contact, Leg	al Contact										
Mailing Address Line One       Mailing Address Line Two       City       State       Zip Co         PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       Owner       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.       Image: Contact Role(s)	Name			C	Organization				Job Title					
PO Box 548       Higganum       CT       0644         Business Phone       Extension       Fax       Mobile Phone       Emergency Phone       Email Address         860-873-1455       0       0       0       0       0       0         Contact Role(s):       Owner       0       0       0       0       0       0         Please note the following:       1.       The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.       0       0       0	Mr. Brinton Epri	ight												
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860-873-1455       Image: Contact Role(s):       Owner         Please note the following:       Image: Contact Role (a):       Image: Contact Role (b):         1.       The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.	PO Box 548							Higgan	Higganum			06441		
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1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.	Contact Role(s):	Owner												
·	Please note the	following:												
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.	1. The residual d	isinfectant conce	ntration must b	e measured at th	ne same locatio	on and time	as each	total colifo	orm sample.					
	2. If a Collection	Period is specified	ત્ર, all water qua	lity samples mus	t be collected of	during the sp	pecified	period.						
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any rel	3. Depending on	results, additiona	I monitoring m	nay be required (i	i.e. repeat or co	onfirmation	sample	s). This sch	edule is sub	ject to	o change, ar	id 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