	Connecticut Depa	artmer	nt of Public H	lealth	Drir	king V	Water S	Section	
	* · · · · · · · · · · · · · · · · · · ·		onitoring an						
PWS ID	PWS Name	inty ivi	officoring and						Primary Source
CT0610192	LITTLE CITY CAMPGROUND				N		30	P P	GW
	(where applicable)		Service	Resident		mmercial	Industrial	•	_
733 LITTLE CIT			Connections	1	ai coi	Timerciai	maasma	Combine	Agricultural
Towns Served									
TOWNS SCIVED	HADDAIN	NA	onitoring Requ	iiromor	tc				
Water Syste	m Facility: DISTRIBUTION S			ill elllel	its				
Total Colifo		•	,				1 r	outine (RT)	per quarter
	g Point (Sampling Point ID)			Monitorin	a Perio	nd Coll	ection Perio		liance Status
	om Inventory of Active Samplin	g Points		7/1/19 - 9					omplete
Sciect iii	on inventory of Active Samplin	g i 0iiit3		10/1/19 - 1					omplete
				4/1/20 - 6					ompiete
				7/1/20 - 9	-				
Dhysias I D-	romotors (DDC)			//1/20-5) 3U/ Z	J	4	outing (DT)	nor another
-	rameters (PPS)			Monitorio	a Doub	nd Call			per quarter
	g Point (Sampling Point ID)	a Doint-		<i>Monitorin</i> 7/1/19 - 9			lection Perio		liance Status
Select III	om Inventory of Active Samplin	g Points							omplete
				10/1/19 - 1				C	omplete
				4/1/20 - 6					
	- 111			7/1/20 - 9	9/30/2	J			
-	m Facility: ENTRY POINT (WSF ID: 0	0700)						
	Nitrite (NOX)							-	RT) per year
	g Point (Sampling Point ID)			Monitorin	_		ection Perio	-	liance Status
ENTRY P	OINT (3)			1/1/19 - 1				С	omplete
				1/1/20 - 1					
				1/1/21 - 1	2/31/2	1			
		Oth	er Compliance	Sched	ules				
Compliance S	chedule Activity			D	ue Dat	e	Achiev	ed Date	
RESPOND TO	SANITARY SURVEY			4/	15/201	L2			
RESPOND TO	SANITARY SURVEY			6/	12/201	16			
		Public	Notification R	Require	ment	:s			
			Compliance	Notice	<u>P</u>	ublic Not	<u>ification</u>	PN Cei	<u>rtification</u>
Violation/Situ			Period	Tier		•	Performed		
Physical Parar	meters M&R Violation		4/1/04 - 6/30/04	3	11/	7/2004		11/17/2004	1
	Water 9	System I	Facility and Sar	mpling	Point	Inven	tory		
Water						Tota	al Lead a	nd	
System Wo	ater System Facility	Sampling	Point Sampling Poi	nt		Colifo	rm Coppe	er	Stage
Facility ID		ID	Description		Sta	tus Rul	e Rule T	ier Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	, Y			
		DOWNST	REAM WITHIN 5 SER	RVICE CON	A	١			
		UPSTRE	AM WITHIN 5 SER	RVICE CON	A				
00700 EN	TRY POINT	3	ENTRY POINT		Α	·			
20053 WI	ELL	2	WELL		Δ	\			
			Contact Inform	mation					
Name				nation				IAL THE	
Name	·		Organization	**************************************				Job Title	
Mr. Al Oktave		D 4 = :1: •	Little City Campa	ground			City	Ct.	7in 01
Mailing Addre	ess line One	iviailing A	ddress Line Two				City	State	Zip Code

	Connectic	ut Depa	rtment o	f Public	Health	ı Drir	nking	, Water	Section	1	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Pri	mary Source
CT0610192	LITTLE CITY CAN	1PGROUND				N	С	30	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	ial Combined		Agricultural
733 LITTLE CITY F	ROAD			Connection	ns 1						
Towns Served: H	ADDAM					'		,			
741 Little City Ro	ad						Higgan	um	СТ		06441
Business Phone	e Extension	Fax	Mob	ile Phone	ile Phone Emergency Phone Ema			Address			
860-345-8469					860-345	-4886					
Contact Role(s):	Legal Contact, (Owner									
Name			C	Organization					Job Tit	le	
Ms. Cheryl Oktav	vec		L	ittle City Can	npground						
Mailing Address	Line One		Mailing Addres	ss Line Two				City	State		Zip Code
741 Little City Ro	ad					Higgan	um	СТ		06441	
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address			
860-345-8469					860-345	-4886					
Contact Role(s):	Administrative	Contact									

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

End of schedule

	Connecticu Wat	•	rtment of ity Monit					_			ction		
PWS ID	PWS Name					Clas	sificatio	n Popi	ulation	Owr	ner Type P	rimary	Source
CT0610054	BRAINERD MEMO	ORIAL LIBRAI	RY				NC		25		L	G۱	V
Local Address (where applicable)			Service	Residen	tial	Comme	rcial I	ndustri	al	Combined	Agri	cultural
920 SAYBROOK	ROAD			Connections	5		1						
Towns Served:	HADDAM							l .					
			Monito	oring Req	uireme	nts							
•	Facility: DISTRI	BUTION SY:											
Total Coliforn	•								1	l rou	tine (RT)	per qı	uarter
	Point (Sampling Po				Monitori			Collec	tion Pe	riod	Compli	ance S	Status
Select fron	n Inventory of Activ	e Sampling F	Points		7/1/19 -							mplet	
					10/1/19 -						Co	mplet	е
					1/1/20 -		-				Со	mplet	е
					4/1/20 - 7/1/20 -								
Physical Para	meters (PPS)								1	l rou	tine (RT)	per qı	uarter
_	Point (Sampling Po	int ID)			Monitori	ng P	eriod	Collec	tion Pe		Compli		
Select fron	n Inventory of Activ	e Sampling F	Points		7/1/19 -	9/30	0/19				Со	mplet	е
					10/1/19 -	12/3	31/19				Co	mplet	e
								Co	mplet	e			
					7/1/20 -	9/30	0/20						
Water System	Facility: ENTRY	POINT (W	SF ID: 00700)										
Nitrate And N	litrite (NOX)									1	routine (F	T) pe	r year
Sampling	Point (Sampling Po	int ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compli	ance S	Status
ENTRY PO	NT (3)				1/1/19 -	12/3	1/19				Co	mplet	e
					1/1/20 -	12/3	1/20				Co	mplet	e
					1/1/21 -	12/3	1/21						
			Other Co	omplianc									
Compliance Sch							Date		Achie	eved	Date		
RESPOND TO SA	ANITARY SURVEY				9	/21/	2016						
		Nater Sy	stem Facili	ty and Sa	mpling	Poi	int Inv						
Water System Wat	er System Facility	c	ampling Point	Samplina Da	oint			Total oliform	Lead Cop				Stage
Facility ID	er system ruemty	.	ID	Description	,,,,,		Status	Rule			Asbestos	WOP	_
	RIBUTION SYSTEM		4	DISTRIBUTIO	N SYSTEM		A	Υ					
			OWNSTREAM				Α	·					
			UPSTREAM	WITHIN 5 SE			Α						
00700 ENTI	RY POINT		3	ENTRY POIN			Α						
21027 WEL			2	WELL	<u>-</u>		Α						
				tact Infor	mation								
Name			Or	ganization							Job Title		
Haddam													
Mailing Address	s Line One	1	Mailing Address	Line Two				(City		State	Zip C	ode
Business Pho	ne Extension	Fax	Mobil	le Phone E	Emergency	Pho	ne Ema	il Addre	ess				

Page 3

	Connectic	ut Depa	rtme	nt o	f Public	Health	n Drii	nking	Water	· Se	ection	
	Wa	ter Qua	lity M	oni	toring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name						Classif	ication	Population	Owi	ner Type P	rimary Source
CT0610054	BRAINERD MEM	ORIAL LIBRA	ARY				N	С	25		L	GW
Local Address (w	nere applicable)				Service	Resider	ntial Co	mmercia	al Industri	ial	Combined	Agricultural
920 SAYBROOK R	OAD				Connectio	ns		1				
Towns Served: H	ADDAM				·	·	·		·			·
Contact Role(s):	Owner											
Name				О	Organization						Job Title	
Ms. Lizz Milardo				В	rainerd Men	norial Librai	ry		First Selec	ctma	n	
Mailing Address I	ine One		Mailing A	Addres	ss Line Two				City		State	Zip Code
30 Field Park Driv	re	т.				ı		Haddar	n		СТ	06438
Business Phone	Extension	Fax		Mob	ile Phone	Emergence	y Phone	Email A	ddress			
860-345-8531		860-345-3	3730					firstsele	ectman@ha	addaı	m.org	
Contact Role(s):	Administrative	Contact, Ow	ner									
Name				О	rganization						Job Title	
Mr. Thomas Piez					rainerd Men	norial Librai	ry		Director			
Mailing Address I	ine One		Mailing A	Addres	ss Line Two				City		State	Zip Code
920 Saybrook Ro	ad	T				ı		Haddar	n		CT	06438
Business Phone	Extension	Fax		Mob	ile Phone	Emergence	y Phone	Email A	ddress			
860-345-2204		860-345-7	7735					tpiezzo	@brainerdl	ibrar	y.org	
Contact Role(s):	Legal Contact											
Name					rganization						Job Title	
Ms. Marijean Co	nrad				rainerd Men	norial Librai	ry					
Mailing Address I	ine One		Mailing	Addres	ss Line Two				City		State	Zip Code
920 Saybrook Ro	ad	I				l		Haddar	n		СТ	06438
Business Phone	Extension	Fax		Mob	ile Phone	Emergence	y Phone	Email A	ddress			
860-345-2204		860-345-7	7735					conrad	marijean@រួ	gmai	l.com	
Contact Role(s):	Legal Contact											

Please note the following:

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

End of schedule

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	Connecticut Dep	artmen	it of	f Public H	ealth I	Orinki	ng Wa	ater S	ection	
	Water Qua	ality Mo	onit	oring and	d Comp	olianc	e Sche	edule		
PWS ID	PWS Name				C	lassificati	on Popul	ation O	wner Type Pri	mary Source
CT0610074	CAMP BETHEL					NC	2	5	Р	GW
Local Address (w	here applicable)			Service	Residentia	l Comm	ercial In	dustrial	Combined	Agricultural
124 CAMP BETH	EL ROAD			Connections		78	3			
Towns Served: H	IADDAM									
		Mo	onit	oring Requ	irement	ts				
Water System	Facility: DISTRIBUTION S	SYSTEM (\	NSF I	D: 00600)						
Total Coliform	(3100)							2 rc	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)			ı	Monitoring	Period	Collecti	on Perio	d Complia	nce Status
Select from	Inventory of Active Samplin	g Points			7/1/19 - 9/	/30/19			Cor	nplete
					4/1/20 - 6/	/30/20				
					7/1/20 - 9/	/30/20				
Physical Paran	neters (PPS)							2 r	outine (RT) p	er quarter
	oint (Sampling Point ID)			-	Monitoring	Period	Collecti	on Perio	d Complia	nce Status
Select from	Inventory of Active Samplin	g Points			7/1/19 - 9/				Cor	nplete
					4/1/20 - 6/	-				
					7/1/20 - 9/	/30/20				
Water System	Facility: ENTRY POINT -	WEST (WS	SF ID:	00700)						
Nitrate And N	•								1 routine (R	
Sampling P	oint (Sampling Point ID)			ı	Monitoring	Period	Collecti	on Perio	d Complia	nce Status
ENTRY POIN	NT (3-WEST)				1/1/19 - 12				Cor	nplete
					1/1/20 - 12	/31/20				
					1/1/21 - 12	/31/21				
Water System	Facility: ENTRY POINT -	EAST (WS	F ID:	00701)						
Nitrate And N	itrite (NOX)								1 routine (R	Γ) per year
Sampling P	oint (Sampling Point ID)			ı	Monitoring	Period	Collecti	on Perio	d Complia	nce Status
ENTRY POIN	NT - EAST (3-EAST)				1/1/19 - 12	/31/19			Cor	nplete
					1/1/20 - 12	/31/20				
					1/1/21 - 12	/31/21				
		Oth	er C	ompliance	Schedu	les				
Compliance Sch	edule Activity				Du	e Date		Achieve	d Date	
SEASONAL STAR	T UP COMPLETION				4/:	1/2020				
		Public	Not	tification R	equiren	nents				
			C	Compliance	Notice	Publi	ic Notifica	tion	PN Certi	<u>fication</u>
Violation/Situat	ion			Period	Tier	Requir	ed Perj	formed	Due to DPH	Received
REVISED TOTAL (COLIFORM RULE (RTCR)		4/23	3/17 - 4/25/17	3	10/13/2	018		10/23/2018	
	Water 9	System F	acil	ity and San	npling P	oint In	ventor	У		
Water							Total	Lead an	d	
*	r System Facility		Point	Sampling Poir	nt		Coliform	Coppe	•	Stage
Facility ID		ID		Description		Status	Rule	Rule Tie	er Asbestos I	NQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4-EAS	T	DISTRIBUTION	I SYSTEM	Α	Υ			
		4-WES		DISTRIBUTION		Α	Υ			
				WITHIN 5 SER		Α				
		UPSTRE		WITHIN 5 SER	VICE CON	Α				
	Y POINT - WEST	3-WES		ENTRY POINT		Α				
00701 ENTR	Y POINT - EAST	3-EAS	Т	ENTRY POINT	- EAST	Α				

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0610074	CAMP BETHEL			NC	25	Р	GW				
Local Address (v	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural				
124 CAMP BETH	EL ROAD	Connections			78						

Connecticut Department of Public Health Drinking Water Section

	Water	System Facili	ity and Samplin	g Point In	ventoi	у			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	(Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
21029	WELL WEST	2	WELL	А					
22844	WELL EAST	2	WELL 2	А					
61271	ATMOSPHERIC TANKS (WEST WELL)								
61272	ATMOSPHERIC TANKS (EAST WELL)								

			Contact Inf	ormation						
			Organization	1			Job Title			
rd			Camp Bethel	Association, Inc.		Chairman E	nv. Comm.			
e One		Mailing Ad	ldress Line Two		City		State	Zip Code		
1		lvoryton CT						06442		
Extension Fax			Mobile Phone	Emergency Phone	Email Ad	ddress				
	860-434-6	5150		860-360-3838	STEVE.GEPHARD@PO.STATE.CT.US					
lministrative	Contact									
			Organization	1		Job Title				
iation, Inc.										
e One		Mailing Ad	ldress Line Two		City		State	Zip Code		
24 Camp Bethel Road					Haddam	l	СТ	06438		
Business Phone Extension Fax N			Mobile Phone	Emergency Phone	Email Ad	ddress				
	Extension Iministrative iation, Inc. e One	Extension Fax 860-434-6 Iministrative Contact iation, Inc. e One	Extension Fax 860-434-6150 Imministrative Contact Sation, Inc. Se One Mailing Address and Mailing Addres	Organization Camp Bether The One Mailing Address Line Two Extension Fax Mobile Phone 860-434-6150 Imministrative Contact Organization Station, Inc. The One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone 860-434-6150 860-360-3838 Imministrative Contact Organization iation, Inc. e One Mailing Address Line Two	Organization Camp Bethel Association, Inc. e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email Ad 860-434-6150 860-360-3838 STEVE.G Imministrative Contact Organization iation, Inc. e One Mailing Address Line Two and Haddam	Organization Ind Camp Bethel Association, Inc. Chairman E e One Mailing Address Line Two Ivoryton Extension Fax Mobile Phone Beo-360-3838 STEVE.GEPHARD@P Imministrative Contact Organization Idition, Inc. Idition, Inc. Idition Address Line Two Mailing Address Line Two City Haddam	Organization Job Title Trd Camp Bethel Association, Inc. Chairman Env. Comm. The One Mailing Address Line Two City State Extension Fax Mobile Phone Emergency Phone Email Address 860-434-6150 860-360-3838 STEVE.GEPHARD@PO.STATE.CT.U Imministrative Contact Organization Job Title Tation, Inc. The One Mailing Address Line Two City State The One Mailing Address Line Two City		

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: HADDAM

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End of schedule

	Connecticu	ıt Departr	nent of	Public	Health	Dri	nkin	g Wa	ater	Se	ction	
	Wat	er Quality	Monit	oring a	nd Com	plia	ance	Sche	edul	e		
PWS ID	PWS Name	<u> </u>				Classi	fication	Popu	lation	Own	er Type F	rimary Source
CT0610184	HADDAM MEAD	OWS S.P.				ı	NC	78	80		S	GW
Local Address (v	where applicable)			Service	Resident	tial C	ommer	cial In	dustria	al (Combined	Agricultural
ROUTE 154 HAI	DDAM			Connection	ns 1							
Towns Served:	HADDAM					,		·				
			Monite	oring Red	quireme	nts						
Water System	Facility: DISTRI	BUTION SYSTE	M (WSF I	D: 00600)								
Total Coliforn	n (3100)								1	rout	tine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Per	riod	Collect	ion Per	iod	Compl	iance Status
Select fror	n Inventory of Acti	ve Sampling Poin	ts		7/1/19 -	9/30/	19			_	Co	omplete
					4/1/20 -	6/30/	20					
					7/1/20 -	9/30/	20					
•	meters (PPS)											per quarter
	Point (Sampling Po				Monitorii			Collect	ion Per	iod	Compl	iance Status
Select fror	n Inventory of Acti	ve Sampling Poin	ts		7/1/19 -						Co	omplete
					4/1/20 -							
					7/1/20 -	9/30/	20					
•	Facility: ENTRY	POINT (WSF I	D: 00700)									
Nitrate And N	• •										-	RT) per year
	Point (Sampling Po	oint ID)			Monitorii			Collect	ion Per	iod		iance Status
ENTRY PO	INT (3)				1/1/19 - :						Co	omplete
					1/1/20 - :							
					1/1/21 - :							
			Other C	omplian	ce Sched	ules						
Compliance Sch						Due Do			Achie	ved E	Date	
SEASONAL STAI	RT UP COMPLETION	N .				1/1/20)20					
	,	Water Syste	m Facili	ity and S	ampling	Poir	nt Inv	entoi	ry			
Water							7	Total	Lead o	and		
•	er System Facility	Samp	_	Sampling P				liform	Сорр			Stage
Facility ID			ID	Description			utus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4		ON SYSTEM		A	Υ				
				WITHIN 5 S			A					
00700 5517	DV DOINT	UF	STREAM		ERVICE CON	1	Α					
	RY POINT		3	ENTRY POII	VI		A					
21037 WEL	L		2	WELL			Α					
				tact Info	rmation							
Name				rganization					··		Job Title	
Mr. David Cool				eep-Enginee	rıng Unit				v Civil	Engir		7: 0 !
Mailing Address		Mail	ing Addres	s Line Two			-	Ci	ty		State	Zip Code
163 Great Hill R		-	8 8 1 1	I- DI-	F	DI	Portla				СТ	06480
Business Pho		Fax		le Phone	Emergency							
860-342-221	.5	860-344-2560	860-2	205-7552	860-424-	3333	david	.cooley	@ct.gc	V		

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

Conne	ecticut Department of Public Health Drinking Water Section
	Water Quality Monitoring and Compliance Schedule

			 0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0610184	HADDAM MEADOWS	S.P.			NC	780	S	GW
Local Address (w	here applicable)		Service	Residen	tial Commerc	cial Industri	al Combine	ed Agricultural
ROUTE 154 HAD	DAM		Connections	1				

Towns Served: HADDAM

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End of schedule

C	onnectic	ut Depa	rtment of	Public	Health l	Drin	iking W	ater Se	ction	
	Wa	ter Qua	lity Monit	oring a	nd Com	plia	nce Sch	edule		
PWS ID PV	VS Name				C	Classifi	cation Pop	ulation Owr	ner Type P	rimary Source
CT0610194 HA	ADDAM NECK	CONGREGAT	TIONAL CHURCH			N	С	25	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Coi	mmercial I	ndustrial	Combined	Agricultural
408 QUARRY HILL F	ROAD			Connectio	ns		1			
Towns Served: HAD	DAM									
			Monito	oring Re	quiremen	ts				
Water System Fa	cility: DISTR	RIBUTION S	YSTEM (WSF I	D: 00600)						
Total Coliform (3100)							1 rou	tine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Perio	od Collec	tion Period	Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 - 9					mplete
					10/1/19 - 1					mplete
					1/1/20 - 3				Co	mplete
					4/1/20 - 6					
DI	(DDC)				7/1/20 - 9	0/30/20	U	4	(DT)	
Physical Parame Sampling Poir		oint ID)			Monitoring	a Dorid	nd Collec	1 rou tion Period		per quarter iance Status
Select from In			Points		7/1/19 - 9			tion Period		omplete
Sciect Hom III	veritory or nec	ive samping	, r omes		10/1/19 - 1	-				mplete
					1/1/20 - 3					mplete
					4/1/20 - 6					•
					7/1/20 - 9	/30/20	0			
Water System Fa	cility: ENTR	Y POINT (V	VSF ID: 00700)							
Nitrate And Nitr	ite (NOX)							1	routine (I	RT) per year
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Perio	od Collec	tion Period	Compl	iance Status
ENTRY POINT	(3)				1/1/19 - 12					mplete
					1/1/20 - 12				Co	mplete
					1/1/21 - 12		21			
			Other Co	omplian	ce Schedu	ıles				
Compliance Schedu	ıle Activity				Di	ue Dat	'e	Achieved I	Date	
RESPOND TO SANIT	TARY SURVEY				2/	/5/200	6			
		Water Sy	ystem Facili	ity and S	Sampling F	Point	Invento	ry		
Water							Total	Lead and		
,	ystem Facility	,	Sampling Point				Coliform			Stage
Facility ID	ITIONI CVCTEN	•	ID	Description		Sta		Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	JTION SYSTEN	1	4 DOWNSTREAM		ION SYSTEM	Δ				
			UPSTREAM		SERVICE CON	Д				
00700 ENTRY P	OINT		3	ENTRY POI		Α				
21038 WELL	Olivi		2	WELL	111	Α				
21030 WEEE					rmation	,	<u>, </u>			
Niero					miliation				Internal	
Name Royarand James A	Cimpson			rganization	c Congreg'l Ch	urch	B 4	inister	Job Title	
Reverend James A. Mailing Address Lir	-		Mailing Address		Congregich	uiCII		City	State	Zip Code
305 Rock Landing R			ivialing Address	J LINE I WO			Haddam Ne		CT	06424
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone			-,	
860-301-4124	12 31211			01-4124	860-267-42			@sbcglobal.ı	net	
	1	1			1		1			

CT0610194	HADDAM NECK CONGREGATIONAL CHURCH	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary So
	Water Quality Monitoring and Con	npliance S	Schedul	le	
	Connecticut Department of Public Health	Drinking	g Water	Section	

Residential

Commercial

1

Industrial

Combined

Service

Connections

408 QUARRY HILL ROAD Towns Served: HADDAM

Local Address (where applicable)

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

Source

Agricultural

108 Christian Business P 860-345-3	hone Extension	Fax Contact		-301-3043	Emergency	PHO			@sbcgl	obal.	net	
108 Christian Business P	hone Extension	Fax			Emergency	PHO				obal.	net	
108 Christian		Fax	Mol	olle Phone	Emergency	PHO	one Ema	all Auu				
	I HIII ROAU		1	11 61	_	, Dh	Г	hhΔ lic	ress			
Mailing Addr	LIII Dood		T					ganum			СТ	06441
	ess Line One	ľ	Mailing Addre	ess Line Two					City		State	Zip Code
Mr. Brian E.	Thayer		l	Higganum Cor	ng. Church			C	Chair of	Trust	ees	
Name			(Organization							Job Title	
			Co	ntact Info	rmation)						
21044 W	/ELL		2	WELL			A					
	NTRY POINT		3	ENTRY POII	N I		Α					
00700 5	NTDV DOINT		UPSTREAM		SERVICE CON	N	Α					
		L		/ WITHIN 5 S			A					
טטסטט D	NISTERY MULLINGIALCI						A	Y				
-	ISTRIBUTION SYSTEM	1	4	•	ON SYSTEM	1	Status ^	Y	NUI	e riel	Manearos	WAL ZUBP
System W Facility ID	ater System Facility	S	ampling Poin ID	t Sampling F Description				Colifor Rule		pper	Ashestos	Stage WQP 2 DBP
Water								Total		d and	1	
		Water Sy	stem Faci	lity and S	ampling	Po	int In	vent	ory			
					1/1/21 -	12/3	31/21					
					1/1/20 -	12/3	31/20					
	POINT (3)	-			1/1/19 -							omplete
	ng Point (Sampling P	oint ID)			Monitori	ing F	Period	Colle	ction P			liance Status
_	d Nitrite (NOX)	•								1	routine (RT) per year
Water Syste	em Facility: ENTRY	POINT (W	SF ID: 00700))								
					7/1/20 -							
					4/1/20 -							
					1/1/20 -							
22.0001	22 7 0100				10/1/19 -							omplete
-	rom Inventory of Acti		Points		7/1/19 -			20116	30,011 1	J. 100		omplete
	irameters (PPS) ng Point (Sampling P	oint ID)			Monitori	ina I	Period	Colle	ction P			per quarter liance Status
Physical Ba	arameters (PPS)				7/1/20 -	3/3	0/20			1 ro	utine (DT)	per quarter
							-					
					1/1/20 - 4/1/20 -							
					10/1/19 -						C	omplete
Select f	rom Inventory of Acti	ive Sampling F	oints		7/1/19 -			_				omplete
	ng Point (Sampling Po				Monitori			Colle	ection P	eriod		liance Status
Total Colif	orm (3100)									1 ro	utine (RT)	per quarter
Water Syste	em Facility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)								
			Moni	toring Red	quireme	nts	5					
Towns Serve	d: HADDAM											
340 SAYBRO	OK ROAD			Connection	ns		1					
Local Addres	s (where applicable)			Service	Residen	tial	Comme	ercial	Indust	rial	Combined	Agricultura
CT0610254	HIGGANUM CON	IGREGATION	AL CHURCH				NC		25		Р	GW
PWS ID	PWS Name	<u> </u>			1101 0011						ner Type I	Primary Source
	vval	rer Qual	itv Moni	toring a	nd Con	nn	lianco	e Scl	hedi	ıle		
	Connectic							0				

(Connectic	ut Depa	irtment of	f Public	Health	\mathbf{D}	rinking	g Water	Section	1	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID	WS Name					Cla	ssification	Population	Owner Type	Pri	mary Source
CT0610254	IIGGANUM COI	NGREGATIO	NAL CHURCH				NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	itial	Commerci	al Industri	al Combin	ed	Agricultural
340 SAYBROOK R	DAD			Connection	ns		1				
Towns Served: HA	DDAM				1				1	,	
Name			0	rganization					Job Tit	le	
Mr. Sam Crum			Н	igganum Cor	ngregationa	l Ch	urch	Board of I	Finance		
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State		Zip Code
Higganum Congre	gational Church	1	23 Parsonage R	load			Higgan	um	СТ		06441
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Email A	Address			
860-345-4304											
Contact Role(s):	Legal Contact			,							

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Page 12

Connecticut Departmen	nt of Public H	lealth D	rinkir	ng W	ater S	Section	
Water Quality M	onitoring and	d Comp	liance	Sch	edule		
PWS ID PWS Name		Cl	assificatio	n Popu	ulation O	wner Type P	rimary Source
CT0610304 GAS PLUS			NC		30	Р	GW
Local Address (where applicable)	Service	Residentia	Comme	rcial I	ndustrial	Combined	Agricultural
210 SAYBROOK ROAD	Connections		1				
Towns Served: HADDAM							
M	onitoring Requ	irement	S				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Coliform (3100)					1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collec	tion Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/					omplete
		10/1/19 - 12					omplete
		1/1/20 - 3/				Co	omplete
		4/1/20 - 6/	-				
		7/1/20 - 9/	30/20				_
Physical Parameters (PPS)		0.4 a mita nima	Daviad	Callag			per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collect	tion Perio		iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/ 10/1/19 - 12					omplete omplete
	-	1/1/20 - 3/					omplete
		4/1/20 - 6/					impiete
		7/1/20 - 9/					
Water System Facility: ENTRY POINT (WSF ID: 0	0700)	7/1/20 3/	30,20				
Nitrate And Nitrite (NOX)						1 routine (I	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	tion Perio	=	iance Status
ENTRY POINT (3)		1/1/19 - 12,					omplete
		1/1/20 - 12,	/31/20			Co	omplete
		1/1/21 - 12	/31/21				
Water System Facility: WELL (WSF ID: 21049)							
E. Coli (3014)					1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	tion Perio	d Compl	iance Status
WELL (2)		7/1/19 - 9/	30/19				
		10/1/19 - 12	/31/19			Co	omplete
		1/1/20 - 3/				Co	omplete
		4/1/20 - 6/					_
		7/1/20 - 9/	•				
Public	Notification R	equirem	ents				
	Compliance	Notice		Notific			<u>tification</u>
Violation/Situation	Period 7/4/40 0/20/40	Tier	Require		rformed	Due to DPH	
E. Coli M&R Violation	7/1/19 - 9/30/19	3	11/11/20			11/21/2020	
Water System	Facility and Sar	npling P	oint Inv	vento			
Water System Water System Facility Sampling Facility ID ID	Point Sampling Poil Description	nt	C Status	Total Coliform Rule		r	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DOWNST UPSTRE	DISTRIBUTION REAM WITHIN 5 SER EAM WITHIN 5 SER	VICE CON	A A A	Υ			

	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0610304	GAS PLUS			NC	30	Р	GW	
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
210 SAYBROO	K ROAD			1				
Towns Served:	HADDAM	·						

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

				-				-		
Water System Water S Facility ID	ystem Facility	:	Sampling Point	t Sampling Descriptio		Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP
00700 ENTRY P	OINT		3	ENTRY PO	INT	Α				
21049 WELL			2	WELL		Α				
			Coi	ntact Info	ormation					
Name			C	Organization					Job Title	
Mr. Richard Gossel	in		G	as Plus			Ow	ner		
Mailing Address Lin	e One		Mailing Addre	ss Line Two			C	ity	State	Zip Code
210 Saybrook Road						Hi	gganum		СТ	06441
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Ph	one En	nail Addre	SS		
860-345-3174										
Contact Role(s): A	dministrative (Contact, Leg	al Contact, Ow	ner		·				
Name			C	Organization					Job Title	
Mr. Mustafa Ayaz			G	as Plus			Ow	ner		
Mailing Address Lin	e One		Mailing Addre	ss Line Two			C	ity	State	Zip Code
210 Saybrook Road						Hi	gganum		СТ	06441
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Ph	one En	nail Addre	SS		
860-345-3174										
Contact Role(s): O	wner									

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

End of schedule

	Connecticut Dep	artmer	nt of	Public H	lealth [Orinki	ng Wa	ater S	ection	
	Water Qua	ality M	onit	oring and	d Comp	oliance	e Sche	dule		
PWS ID	PWS Name				C	lassificatio	n Popul	ation O	wner Type Pr	imary Source
CT0610324	40 SAYBROOK ROAD					NC	2	7	Р	GW
	where applicable)			Service	Residentia	I Comme	ercial In	dustrial	Combined	Agricultural
40 SAYBROOK				Connections	2	1				
Towns Served:	HADDAM									
				oring Requ	irement	ts				
	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	•								outine (RT) p	-
	Point (Sampling Point ID)			ı	Monitoring		Collecti	on Perio		ance Status
Select froi	m Inventory of Active Samplir	ng Points			7/1/19 - 9/		_			nplete
					10/1/19 - 12					nplete
					1/1/20 - 3/				Cor	nplete
					4/1/20 - 6/					
Dharai and Dana	·························· (DDC)				7/1/20 - 9/	/30/20		4		
•	ameters (PPS) Point (Sampling Point ID)				Monitoring	Pariod	Collecti	ı ro on Perio	outine (RT) p	ance Status
	m Inventory of Active Samplir	ng Points			7/1/19 - 9/		Conecti	on Ferio		nplete
Sciect iroi	Thirtentory of Active Jumpin	16 1 011113			10/1/19 - 12					nplete
				-	1/1/20 - 3/					nplete
					4/1/20 - 6/					
					7/1/20 - 9/	-				
Water System	r Facility: ENTRY POINT (WSF ID: 0	0700)		, ,,					
•	Nitrite (NOX)								1 routine (R	T) per vear
	Point (Sampling Point ID)				Monitoring	Period	Collecti	on Perio	=	ance Status
ENTRY PO	INT (3)				1/1/19 - 12	/31/19			Cor	mplete
					1/1/20 - 12	/31/20			Cor	mplete
					1/1/21 - 12	/31/21				
		Oth	er C	ompliance	Schedu	les				
Compliance Sc	hedule Activity				Du	e Date		Achieve	d Date	
RESPOND TO S	ANITARY SURVEY				4/9	9/2020				
CORRECTIVE A	CTION/CORRECTIVE ACTION F	PLAN			7/8	8/2020				
CORRECTIVE A	CTION/CORRECTIVE ACTION F	PLAN			7/8	8/2020				
		Public	Not	ification R	equiren	nents				
			C	ompliance	Notice	<u>Public</u>	Notifica Notifica	<u>tion</u>	PN Certi	<u>fication</u>
Violation/Situe	ation			Period	Tier	Require		formed	Due to DPH	Received
E. Coli				/16 - 6/30/16	3	11/7/20			11/17/2017	
	Water 9	System I	acili	ity and Sar	npling P	oint In	ventor	У		
Water							Total	Lead an		_
-	ter System Facility	Sampling ID	Point	Sampling Poil Description	nt		Coliform	Coppe	r er Asbestos	Stage
Facility ID 00600 DIST	TRIBUTION SYSTEM	4		DISTRIBUTION	I CVCTENA	<u>Status</u> A	Rule Y	nuie II	EI MONEOLUS	WUR ZUDPK
OUGOO DIST	IMPOLION 2121EIAI	· ·	DEVIV	WITHIN 5 SER		A	ī			
		UPSTRE		WITHIN 5 SER		A				
00700 ENT	RY POINT	3	/\IVI	ENTRY POINT	VICE COIN	A				
21051 WEI		2		WELL		A				
	SSURE STORAGE			VV LLL						
JIZZ4 FKE	JJONE JI ONAGE									

	Connectic	ut Depa	rtment	of Public	Health	ı Drii	nking	Water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0610324	40 SAYBROOK R	OAD				N	С	27	Р	GW
Local Address (w	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
40 SAYBROOK RO	AD			Connectio	ns 2		1			
Towns Served: H	ADDAM			,		,				
			C	ontact Info	rmation	1				
Name				Organization					Job Title	е
Mr. Jeffrey L. Sch	ultz							Co-Owner	r	
Mailing Address	ine One		Mailing Add	ress Line Two				City	State	Zip Code
297 Farm Hill Roa	ıd						Middle	town	СТ	06457
Business Phone	Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	ddress		
860-965-1803					860-965	-1866	jlonsch	ultz@yahoc	o.com	
Contact Role(s):	Administrative	Contact, Leg	al Contact, C	wner						
Name				Organization					Job Titl	е
Ms. Jody A. Schu	ltz							Co-Owner	ſ	
Mailing Address	ine One		Mailing Add	ress Line Two				City	State	Zip Code
40 Saybrook Rd							Haddar	n	СТ	06438
Business Phone	Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	ddress		

Contact Role(s): Owner

860-965-1866

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860-965-1803

jody.schultz@snet.net

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 Departme	nt of Public F	lealth	Drinkin	ig Water S	Section	
	Water Quality M	lonitoring an	d Com	pliance	Schedule	<u> </u>	
PWS ID	PWS Name			Classification	Population C	wner Type Pr	imary Sourc
CT0610344	THE BLUE OAR			NC	25	Р	GW
	(where applicable)	Service	Resident	ial Commer	cial Industrial	Combined	Agricultura
11 HADDAM D		Connections		1			
Towns Served:							
		lonitoring Requ	uiremer	nts			
•	n Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)				/p=\	
Total Colifor			Manitarin	a Daviad		routine (RT)	-
	Point (Sampling Point ID) m Inventory of Active Sampling Points		<i>Monitorin</i> 5/1/20 - 5		Collection Perio	oa Compiic	ance Status
Select II OI	in inventory of Active Sampling Foints		6/1/20 - 0	 -			
			7/1/20 -				
			8/1/20 - 8				
			9/1/20 - 9				
Physical Para	ameters (PPS)				1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Collection Perio	od Complic	ance Status
DISTRIBUT	TION SYSTEM (4)		5/1/20 - !	5/31/20			
			6/1/20 - (6/30/20			
			7/1/20 - 1				
			8/1/20 - 3				
	- 11:		9/1/20 - 9	9/30/20			
•	n Facility: ENTRY POINT (WSF ID: C	00700)					
	Nitrite (NOX)		0.0 14 1	Danita d	Callantian Davi	1 routine (R	
ENTRY PO	Point (Sampling Point ID)		Monitorin	_	Collection Perio	-	ance Status
ENTRY PO	JIN1 (3)		1/1/19 - 1 1/1/20 - 1			Cor	mplete
			1/1/20 - 1				
	Otl	ner Compliance	, .	<u>, , , , , , , , , , , , , , , , , , , </u>			
Compliance Co		iei compnance			Ashiow	nd Desta	
	hedule Activity			oue Date	Achieve	ea Date	
	SANITARY SURVEY ART UP COMPLETION			/28/2017 /1/2020			
JEAJONAL STA		c Notification F		· ·			
	Publi	Compliance	Notice		Notification	PN Certi	ification
Violation/Situd	ation	Period	Tier	Required		Due to DPH	Received
	L COLIFORM RULE (RTCR) TT Violation	5/2/17 - 6/7/17	2	7/30/201		8/9/2017	
REVISED TOTAL	L COLIFORM RULE (RTCR) TT Violation	5/2/18 - 5/20/19	2	7/18/201	8	7/28/2018	
REVISED TOTAL	L COLIFORM RULE (RTCR)	5/2/18 - 5/20/19	3	7/18/201	8	7/28/2018	
REVISED TOTAL	L COLIFORM RULE (RTCR)	5/2/17 - 6/7/17	3	10/13/201	18	10/23/2018	
	L COLIFORM RULE (RTCR) TT Violation	5/17/19 - 5/20/19	2	7/28/201		8/7/2019	
	M&R Violation	5/1/18 - 5/31/18	3	9/10/201		9/20/2019	
Physical Param	neters M&R Violation	5/1/18 - 5/31/18	3	9/10/201		9/20/2019	
	Water System	Facility and Sai	mpling	Point Inv	entory		
Water					Total Lead a	nd	

DISTRIBUTION SYSTEM

Rule Tier Asbestos WQP 2 DBPR

Rule

Υ

Status

Α

Description

ID

4

Facility ID

00600 DISTRIBUTION SYSTEM

	Connecticut Departin	icit of i ubite i	icaitii	נשו	111171111	5 Water	beetion	•
	Water Quality	Monitoring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0610344	THE BLUE OAR				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commercial		al Industri	al Combine	ed Agricultural
11 HADDAM D	OOCK ROAD	Connections			1			
Towns Served:	HADDAM	·				·	·	
	Water Syste	m Facility and Sar	npling	Po	int Inve	ntory		

Connecticut Department of Public Health Drinking Water Section

		Water Sy	/stem Facili	ity and S	Sampling Po	oint	Invent	ory		
Water System Water Sy Facility ID 00700 ENTRY P	ystem Facility		Sampling Point ID DOWNSTREAM UPSTREAM 3	Descriptio WITHIN 5	SERVICE CON SERVICE CON	Statu A A A	Total Colifor Rule	n Copper	Asbestos	Stage WQP 2 DBP
21053 WELL			2	WELL		Α				
			Con	tact Info	ormation					
Name			Oı	rganization					Job Title	
The Davidson Com	pany									
Mailing Address Lin	e One		Mailing Address	s Line Two				City	State	Zip Code
11 Haddam Dock Ro	oad					ŀ	Haddam		СТ	06438
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	one E	mail Add	ress		
860-345-4330										
Contact Role(s): O	wner									
Name			Oı	rganization					Job Title	
Mr. Scott Davidson	1		Th	ne Davidson	Company, LLC					
Mailing Address Lin	e One		Mailing Address	s Line Two				City	State	Zip Code
11 Haddam Dock Ro	oad					ŀ	Haddam		СТ	06438
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	one E	mail Add	ress		
860-510-2480						c	damarltd@	osbcglobal.ne	et	
Contact Role(s): Le	egal Contact									
Name			Oı	rganization					Job Title	
Mr. James A. Reilly	•		Th	ne Blue Oar			В	usiness Own	er	
Mailing Address Lin	e One		Mailing Address	s Line Two				City	State	Zip Code
31 Pleasant St						C	Chester		СТ	06412
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	one E	mail Add	ress		
860-526-8984			860-2	227-7963		j	reilly92@	comcast.net		
Contact Role(s): A	dministrative	Contact								

Contact Role(s): Administrative Contact

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

End of schedule

Mailing Add Town Office Business I 860-345-	e Buliding Phone -8531	Extension gal Contact, C	Fax 860-345-3730			Emergency	Pho			dress Dhadda	am.org	,	
Mailing Add Town Office Business	e Buliding Phone		Fax			Emergency	Pho				am.org	,	
Mailing Add Town Office	e Buliding					Emergency	Pho	one Em	ail Add	dress			
Mailing Add			30 F	icia i ai k b									
				ield Park D	rive			Had	ddam			СТ	06438
Ms. Melissa	dress Line	One			s Line Two					City		State	Zip Code
i	a J. Schlag				own of Hadda	am			F	First Se	lectm	an	
Name				0	rganization							Job Title	
				Con	tact Info	rmation)						
21054 \	WELL			2	WELL			Α					
	ENTRY PO	I VIII		3	ENTRY POIN	N I		Α					
00700	ENITOV DO	INT	UP	STREAM	WITHIN 5 S		N	Α					
			_	_	WITHIN 5 S			A					
00600	NIS I KIBU	TION SYSTEM		4 INICTOEANA	DISTRIBUTION			A	Υ				
Facility ID	DICTRIBLE	TIONI CVCTENA		ID	Description		1	<u>Status</u>	Rule	e Ki	iie i ie	Aspestos	WQP 2 DBP
•	Water Sys	stem Facility	Samp	_	Sampling P				Colifor		opper		Stage
Water					-				Tota		ad and	1	
		,	Water Syste	m Facil	ity and Sa	ampling	Po	int In	vent	tory			
						1/1/21 - :	12/3	31/21					
						1/1/20 - :	12/3	31/20				С	omplete
	POINT (3					1/1/19 - :							omplete
		(Sampling Po	oint ID)			Monitori	ng F	Period	Colle	ection			liance Status
Nitrate Ar		-									1	routine (RT) per year
Water Sys	tem Faci	lity: ENTRY	POINT (WSF I	D: 00700)				•					
						7/1/20 -							
						4/1/20 -							
						1/1/20 -							omplete
22,000						10/1/19 -							omplete
			ve Sampling Poin	ts		7/1/19 -			COIIC				omplete
-		ers (PPS) (Sampling Po	oint ID)			Monitori	na F	Period	Colle	ection			per quarter <i>liance Status</i>
Physical P	Daramoto	are (DDC)				//1/20-	<i>3</i> /3	JU 20			1 ro	utina (DT)	per quarter
						7/1/20 -		-					
						4/1/20 -		-				C	ompiete
						10/1/19 - 1/1/20 -							omplete omplete
Select	irom Inve	entory of Acti	ve Sampling Poin	tS .		7/1/19 -		_					omplete
		(Sampling Po				Monitori	_		Colle	ection	Period		liance Status
Total Coli	•	•											per quarter
Water Sys	tem Faci	lity: DISTR	IBUTION SYSTE	M (WSF I	D: 00600)								
				Monit	oring Red	quireme	nts	5					
Towns Serv	ed: HADE	DAM					_						
923 SAYBRO					Connection	IS		1					
Local Addre	ess (where	e applicable)			Service	Residen	tial	Commo	ercial	Indus	trial	Combined	d Agricultura
СТ0610374	НАС	DAM SENIO	R CENTER					NC		25		L	GW
PWS ID	PW:	S Name	<u> </u>				Cla	ssification	on Po	pulatio	on Ov	ner Type I	Primary Sourc
		Wat	ter Quality	Monit	coring a	nd Com	npl	lianc	e Sc	hed	ule		
			0 111									ection	

(onnectic	ut Depa	rtme	nt or	Public	Health	ועו	ınkıng	g water	· Sect	ion	
	Wa	ter Qua	lity M	Ionit	oring a	nd Con	npli	ance S	Schedu	le		
PWS ID P	WS Name						Class	ification	Population	Owner	Type P	rimary Source
CT0610374 H	IADDAM SENIC	R CENTER						NC	25	L		GW
Local Address (wh	ere applicable)				Service	Resider	ntial (Commerci	ial Industri	ial Co	mbined	Agricultural
923 SAYBROOK RO	DAD				Connection	ıs		1				
Towns Served: HA	DDAM					'				'		
Name				Or	ganization					Jo	b Title	
Ms. Debra Talbot				То	wn of Hadda	am			Custodiar	า		
Mailing Address L	ne One		Mailing	Address	Line Two				City	9	State	Zip Code
30 Field Park Drive	5							Hadda	m		СТ	06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phon	e Email /	Address			
860-345-8531	208	860-345-3	3730					custod	lian@hadda	m.org		
Contact Role(s):	Administrative	Contact			,							

Connecticut Department of Dublic Health Drinking Water Costion

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Connecticut Departmen	nt of Public H	ealth I	Drinki	ng Water S	Section
Water Quality Mo					
PWS ID PWS Name					wner Type Primary Source
CT0610394 HADDAM RESTAURANT			NC	25	P GW
Local Address (where applicable)	Service	Residentia	I Comm	ercial Industrial	Combined Agricultura
1617 SAYBROOK ROAD	Connections		1		
Towns Served: HADDAM					
M	onitoring Requ	iremen	ts		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)				
Total Coliform (3100)				1 re	outine (RT) per quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9,			Complete
	1	10/1/19 - 1	2/31/19		Complete
		1/1/20 - 3,			
		4/1/20 - 6,			
		7/1/20 - 9,	/30/20		
Physical Parameters (PPS)					outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	•
Select from Inventory of Active Sampling Points		7/1/19 - 9/	•		Complete
]	10/1/19 - 1			Complete
		1/1/20 - 3			
		4/1/20 - 6,	-		
Water System Facility: ENTRY POINT (WSF ID: 00	0700)	7/1/20 - 9,	/30/20		
Nitrate And Nitrite (NOX)	0700)				1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	. Period	Collection Perio	
ENTRY POINT (3)		1/1/19 - 12		Concetion remo	Complete
ENTITY (3)		1/1/19 12 1/1/20 - 12			Complete
		1/1/20 - 12 1/1/21 - 12			
Water System Facility: WELL (WSF ID: 21056)		1/1/21 12	./31/21		
E. Coli (3014)				1 r	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	. Period	Collection Perio	• • •
WELL (2)		7/1/19 - 9			
		10/1/19 - 1			Complete
		1/1/20 - 3			
		4/1/20 - 6			
		7/1/20 - 9			
Oth	er Compliance	Schedu	les		
Compliance Schedule Activity			e Date	Achieve	d Date
RESPOND TO SANITARY SURVEY			26/2011		
RESPOND TO SANITARY SURVEY			28/2014		
RESPOND TO SANITARY SURVEY		4/1	1/2019		
Public	Notification R	equiren	nents		
	Compliance	Notice		ic Notification	PN Certification
Violation/Situation	Period	Tier	Requir		Due to DPH Received
	-1.1.0 -11.	l -			

11/11/2020

3

11/21/2020

7/1/19 - 9/30/19

E. Coli M&R Violation

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Classificati	on F	opulation	Owner Type	Primary Source					
СТ0610394	HADDAM RESTAURANT			NC		25	Р	GW				
Local Address (w	here applicable)	Residen	tial Comm	ercia	l Industri	al Combin	ed Agricultural					
1617 SAYBROOK	ROAD		1									

Connecticut Department of Public Health Drinking Water Section

1617 SAYBROOK ROAD
Towns Served: HADDAM

Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21056	WELL	2	WELL	Α								

Contact Information													
Name				Organization	1			Job Title					
Mr. Salami Matosh	i			Matoshi, LLC	Dba Haddam Pizza		Owner						
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code				
1617 Saybrook Rd						Haddam		СТ	06438				
Business Phone	Extension	Mo	obile Phone	Emergency Phone	Email Ad	dress							
860-345-4472						haddam	LLC@GMAI	L.COM					
	·												

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

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End of schedule

Schedule Generation Date: 3/10/2020

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	Connectic	•		of Public						ction		
PWS ID	PWS Name	cer qua	iicy 14101	intoring a		_			_	ner Type P	rimary	Source
CT0610424	DINOS PIZZA RES	STALIRANT				N		25	OWI	P	GV	
	(where applicable)	JIAONAITI		Service	Resident		mmercial	_	ial	Combined		cultural
968 KILLINGWO				Connectio			1	maasti	iui		7.811	Jarcarar
Towns Served:												
			Mou	nitoring Re	auiramai	ntc						
Water Systen	n Facility: DISTR	IBUTION S			quireinei	163						
Total Colifor	•							:	1 rou	tine (RT)		
	Point (Sampling P				Monitorin			lection Pe	eriod	Compli		
Select fro	m Inventory of Act	ive Sampling	Points		7/1/19 -						mplete	_
					10/1/19 -					Co	mplete	9
					1/1/20 -							
					4/1/20 - 7/1/20 -							
Physical Para	ameters (PPS)				771/20	3,30,2			1 rou	tine (RT)	ner ai	ıarter
_	Point (Sampling P	oint ID)			Monitorin	na Perio	od Col	lection Pe		Compli		
	m Inventory of Act		Points		7/1/19 -						mplete	
	•		<u>'</u>		10/1/19 -						mplete	
					1/1/20 -						•	
					4/1/20 -	6/30/2	0					
					7/1/20 -	9/30/2	0					
Water Systen	n Facility: ENTR	Y POINT (V	VSF ID: 007	00)								
Nitrate And	Nitrite (NOX)			-					1	routine (F	RT) pei	r year
	Point (Sampling P	oint ID)			Monitorin	ng Perio	od Col	lection Pe		Compli		-
ENTRY PC	DINT (3)				1/1/19 - 1	2/31/1	19			Co	mplete	9
					1/1/20 - 1	2/31/2	20					
					1/1/21 - 1	2/31/2	21					
			Othe	r Complian	ce Sched	ules						
Compliance Sc	hedule Activity				E	ue Dat	te	Achie	eved I	Date		
RESPOND TO S	ANITARY SURVEY				6	/5/201	16					
Marken		Water Sy	ystem Fa	cility and S	ampling	Point		•	l and			
Water System Wa	ter System Facility		Samplina Pa	oint Sampling I	Point		Tota Colifo					Stage
Facility ID	ier cystem raemty		ID	Description		Sta	itus Rul			Asbestos	WQP .	_
	TRIBUTION SYSTEM	1	4	-	ION SYSTEM	<u>Stu</u>	tus				•	
				AM WITHIN 5								
			UPSTREAM	M WITHIN 5	SERVICE CON	A	Α					
00700 ENT	RY POINT		3	ENTRY POI	NT	A	4					
21059 WE	LL		2	WELL		A	4					
			C	Contact Info	rmation							
Name				Organization						Job Title		
Mr. James Fan	is			Dinos Pizza				Building	Owne	r		
Mailing Addres	ss Line One		Mailing Add	dress Line Two				City		State	Zip C	ode
29 Cedar Stree	t						Middleto	wn		СТ	064	57
Business Pho	one Extension	1obile Phone	Emergency	Phone	Email Ad	dress						
860-346-404	40				860-347-3	3522						

CT0610424													
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source								
Water Quality Monitoring and Compliance Schedule													
Connecticut Department of Public Health Drinking Water Section													

Connections

Residential

Commercial

1

Industrial

Combined

Service

968 KILLINGWORTH ROAD
Towns Served: HADDAM

Local Address (where applicable)

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

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End of schedule

Agricultural

	Connecticut De	epartment of	Public Health	Drink	ing W	ater Se	ection				
	Water Q	uality Monit	oring and Com	pliand	e Sch	edule					
PWS ID	PWS Name			Classificat	ion Popu	ulation Ow	ner Type Pr	imary Source			
CT0610444	ST PETERS CHURCH			NC	:	26	Р	GW			
	s (where applicable)		Service Resident	ial Comm	nercial I	ndustrial	Combined	Agricultural			
	'S LANE		Connections	1	L						
Towns Serve	d: HADDAM										
			oring Requiremen	its							
	em Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
	orm (3100)						utine (RT) p	-			
	ng Point (Sampling Point ID)		Monitorin	_	Collect	tion Period		ince Status			
Select f	rom Inventory of Active Sam	pling Points	7/1/19 - 9					nplete			
			10/1/19 - 1					nplete			
			1/1/20 - 3				Cor	nplete			
			4/1/20 - 6 7/1/20 - 9	•							
Dhysical Da	arameters (PPS)		7/1/20-3	7,30,20		1 ro	utine (RT) p	or quartor			
_	ng Point (Sampling Point ID)		Monitorin	a Period	Collect	tion Period		ince Status			
	rom Inventory of Active Sam	nling Points	7/1/19 - 9	_	Conce	ilon i ciiou	-	nplete			
30,0001	Tom memory of Active Sum	pg 1 0	10/1/19 - 1					nplete			
			1/1/20 - 3					nplete			
			4/1/20 - 6								
			7/1/20 - 9								
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00700)	· ·								
Nitrate (1	040)					1 ro	utine (RT) p	er quarter			
-	ng Point (Sampling Point ID)		Monitorin	g Period	Collect	ollection Period Compliance Status					
ENTRY	POINT (3)		7/1/19 - 9	9/30/19		nplete					
			10/1/19 - 1	12/31/19			Cor	nplete			
			1/1/20 - 3	3/31/20			Cor	nplete			
			4/1/20 - 6	5/30/20							
			7/1/20 - 9	9/30/20							
Nitrite (10	41)					1	routine (R	T) per year			
Samplii	ng Point (Sampling Point ID)		Monitorin	g Period	Collect	tion Period	Complic	ince Status			
ENTRY	POINT (3)		1/1/19 - 1	2/31/19			Cor	nplete			
			1/1/20 - 1	2/31/20			Cor	nplete			
			1/1/21 - 1	2/31/21							
		Other Co	ompliance Schedi	ules							
Compliance	Schedule Activity		D	ue Date		Achieved	Date				
RESPOND TO	SANITARY SURVEY		3/	29/2020							
	Wate	r System Facili	ty and Sampling	Point Ir	nvento	ry					
Water					Total	Lead and	1				
	/ater System Facility	Sampling Point ID	Sampling Point Description	_	Coliform		Achastas	Stage			
Facility ID	ICTDIDI ITIONI CVCTCNA		•	<u>Status</u>	Rule Y	Kule Hel	ASDESTOS	WQP 2 DBPR			
00600 D	ISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION SYSTEM	A	ĭ						
		UPSTREAM	WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A							
00700 E	NTRY POINT		ENTRY POINT								
	/ELL	2	WELL	Α							
\	/ LLL	۷	VVELL	A							

	Connectic	ut Depa	rtment	of Public	Health	Drii	nking	g Water	Sectio	n		
	Wa	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Typ	e Pı	rimary Source	
CT0610444	ST PETERS CHUF	RCH				N	IC	26	Р		GW	
Local Address (w	here applicable)			Service	Resider	itial Co	mmerci	al Industri	al Combi	ned	Agricultural	
30 ST PETER');S LANE			Connection	ıs		1					
Towns Served: H	owns Served: HADDAM											
			Co	ntact Info	rmation	1						
Name				Organization					Job Ti	tle		
Diocese of Norw	ich											
Mailing Address I	Line One		Mailing Addr	g Address Line Two				City	Stat	е	Zip Code	
203 Broadway							Norwi	ch	СТ		06360	
Business Phone	Extension	Fax	Мо	Mobile Phone Emergency			none Email Address					
Contact Role(s):	Legal Contact,	Owner										
Name				Organization					Job Ti	tle		
Ms. Deborah G. S	Spitzmacher			Church				Secretary				
Mailing Address Line One Mailing Address Line Two City State Zip Code											Zip Code	
PO Box 707							Higgan	um	СТ		06441	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address				
860-345-8018												

Contact Role(s): Administrative Contact

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End of schedule

		nt of Public F	lealth	Dri	nkii	ng V	Vater	Se	ection	
	Water Quality M	lonitoring an	d Con	nplia	ance	Sc	hedul	e		
PWS ID	PWS Name	<u> </u>							ner Type P	rimary Source
CT0610454	106 BRIDGE ROAD - HADDAM				NC		25		P	GW
Local Address	(where applicable)	Service	Residen	tial C	omme	rcial	Industria	al	Combined	Agricultura
106 BRIDGE R		Connections			1					
Towns Served	: HADDAM									
	M	Ionitoring Requ	uireme	nts						
Water Syster	m Facility: DISTRIBUTION SYSTEM									
Total Colifor	rm (3100)						1	rou	itine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ng Per	riod	Colle	ection Per	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	9/30/	19					
			10/1/19 -	12/31	./19					
			1/1/20 -	3/31/	20					
			4/1/20 -							
			7/1/20 -	9/30/	20					
•	rameters (PPS)						1	rou		per quarter
	g Point (Sampling Point ID)		Monitori			Colle	ection Per	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -							
			10/1/19 -							
			1/1/20 -							
			4/1/20 -							
			7/1/20 -	9/30/	20					
	m Facility: ENTRY POINT (WSF ID: 0	00700)								
Nitrate And	Nitrita (NOX)									_
Samplina	• •			_		- "			=	
	g Point (Sampling Point ID)		Monitori			Colle	ection Per		Compli	ance Status
ENTRY PO	g Point (Sampling Point ID)		1/1/19 -	12/31,	/19	Colle	ection Per		Compli	
	g Point (Sampling Point ID)		1/1/19 - 1/1/20 -	12/31, 12/31,	/19 /20	Colle	ection Per		Compli	ance Status
	g Point (Sampling Point ID) OINT (3)		1/1/19 - 1/1/20 - 1/1/21 -	12/31, 12/31, 12/31,	/19 /20 /21	Colle	ection Per		Compli	
	g Point (Sampling Point ID) OINT (3)	her Compliance	1/1/19 - 1/1/20 - 1/1/21 -	12/31, 12/31, 12/31,	/19 /20 /21	Colle	ection Per		Compli	ance Status
ENTRY PO	g Point (Sampling Point ID) OINT (3)		1/1/19 - 1/1/20 - 1/1/21 -	12/31, 12/31, 12/31,	/19 /20 /21	Colle	Achie	riod	Compli Co	ance Status
ENTRY PO	g Point (Sampling Point ID) DINT (3) Ot		1/1/19 - 1/1/20 - 1/1/21 - • Sched	12/31, 12/31, 12/31, lules	/19 /20 /21 ate	Colle		riod	Compli Co	ance Status
ENTRY PO Compliance So RESPOND TO S	Otlochedule Activity		1/1/19 - 1/1/20 - 1/1/21 - • Sched	12/31, 12/31, 12/31, lules	/19 /20 /21 ate	Colle		riod	Compli Co	ance Status
ENTRY PO Compliance So RESPOND TO S	OT Chedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN		1/1/19 - 1/1/20 - 1/1/21 - 2 Sched	12/31, 12/31, 12/31, lules Due Do 4/6/20	/19 /20 /21 /21 /21 /21 /21 /21 /21 /21	Colle		riod	Compli Co	ance Status
ENTRY PO Compliance So RESPOND TO S	OT Chedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN	her Compliance	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched	12/31, 12/31, 12/31, 1ules Due Do 4/6/20 7/5/20	/19 /20 /21 ate 19 19			riod	Compli Co	ance Status
ENTRY PO Compliance So RESPOND TO S	OINT (3) Otherwise Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publi	her Compliance	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched	12/31, 12/31, 12/31, 12/31, lules Due Do 4/6/20 7/5/20	/19 /20 /21 ate 19 19	: Notij	Achie	ved	Compli Co	mplete
Compliance So RESPOND TO S CORRECTIVE A	OINT (3) Otherwise Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publi	her Compliance c Notification F	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier	12/31, 12/31, 12/31, 12/31, lules Due Due 4/6/20 7/5/20	/19 /20 /21 ate 19 19 nts	: Notij	Achie:	ved D	Compli Co Date	ance Status mplete
ENTRY PO Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform	Other (Sampling Point ID) OINT (3) Other (Sampling Point ID) Other (Sa	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3	12/31/ 12/31/ 12/31/ 12/31/ lules Due Do 4/6/20 7/5/20 emer	/19 /20 /21 /21 /19 /19 /15 /Publice	: Notij ed F 19	Achie:	ved C	Compli Co Date PN Cert	mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran	Otlochedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publication M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 -	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3	12/31/ 12/31/ 12/31/ 12/31/ lules 04/6/20 7/5/20 emer 8 3/ 3/ 10/	/19 /20 /21 ate /19 /19 hts Public equire 16/20 /24/20	: Notig ed 19 19 19	Achie:	ved D	Compli Co Date PN Cert Due to DPH 3/26/2019	mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform	Otlochedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publi M&R Violation meters M&R Violation ER RULE TT Violation M&R Violation M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 3	12/31/ 12/31/ 12/31/ 12/31/ lules Due Do 4/6/20 7/5/20 emer 3/ 3/ 10/ 8/	/19 /20 /21 /21 /21 /21 /29 /29 /24/20 /24/20 /24/20	: Noti j ed 19 19 19 019	Achie:	vved	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020	mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform Physical Paran	OTIONT (3) Otion (4)	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19 4/1/19 - 6/30/19	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 2 3 3	12/31/ 12/31/ 12/31/ 12/31/ 1ules Due Due 4/6/20 7/5/20 R 3/ 3/ 10/ 8/	/19 /20 /21 /21 /21 /21 /21 /21 /21 /21	2 Notig 2d F 19 19 019 20 20	Achie:	vved E	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020 3/22/2020	mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform Physical Paran Total Coliform	Otlochedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publi In M&R Violation TER RULE TT Violation The M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 3 2 3 3 3	12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 10/ 2/15/20 2/15/20 2/15/20 2/15/20 2/15/20 3/ 3/ 10/ 8/ 8/ 11/	/19 /20 /21 /ate /19 /19 /15 Public equire /16/20 /24/20 /12/20 /13/20	2 Notij 2d F 19 19 019 20 20	Achie:	ved S S S S S S S S S S S S S S S S S S	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020 1/23/2020	ance Status mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform Physical Paran Total Coliform	OTIONT (3) Otion (Sampling Point ID) OTION (3) Otion (4) SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publication M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 2 3 3 3 3 3	12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 10/ 7/5/20 7/5/20 7/5/20 8/ 8/ 11/ 11/	/19 /20 /21 /21 /21 /21 /21 /21 /21 /21 /21 /21	2 Notiged 19 19 19 20 20 020	Achie fication Performed	ved S S S S S S S S S S S S S S S S S S	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020 3/22/2020	ance Status mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform Physical Paran Total Coliform	OTIONT (3) Otion (Sampling Point ID) OTION (3) Otion (4) SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publication M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 2 3 3 3 3 3	12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 10/ 7/5/20 7/5/20 7/5/20 8/ 8/ 11/ 11/	/19 /20 /21 /21 /21 /21 /21 /21 /21 /21 /21 /21	2 Notiged 19 19 19 20 20 020	Achie fication Performed	ved S S S S S S S S S S S S S S S S S S	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020 1/23/2020	ance Status mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform Physical Paran Total Coliform Physical Paran	Otlochedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publi Interior In M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sai	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 3 2 3 3 3 mpling	12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 10/ 7/5/20 7/5/20 7/5/20 8/ 8/ 11/ 11/	/19 /20 /21 /21 /21 /21 /21 /19 /19 /19 /19 /19 /16/20 /24/20 /12/20 /13/20 /13/20 /13/20	2 Notiged 19 19 19 20 20 020 020 vent	Achied fication Performed	ved C S S S S S S S S S S S S S S S S S S	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020 1/23/2020	ance Status mplete
Compliance So RESPOND TO S CORRECTIVE A Violation/Situ Total Coliform Physical Paran GROUNDWAT Total Coliform Physical Paran Total Coliform Physical Paran	Otlochedule Activity SANITARY SURVEY ACTION/CORRECTIVE ACTION PLAN Publi Interior In M&R Violation	c Notification F Compliance Period 10/1/17 - 12/31/17 10/1/17 - 12/31/17 7/6/19 - 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sai	1/1/19 - 1/1/20 - 1/1/21 - 2 Sched Require Notice Tier 3 3 2 3 3 3 mpling	12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 12/31/ 10/ 7/5/20 7/5/20 7/5/20 8/ 8/ 11/ 11/	/19 /20 /21 /21 /21 /21 /21 /19 /19 /19 /19 /19 /16/20 /24/20 /12/20 /13/20 /13/20 /13/20	2 Notified 19 19 19 20 20 20 220 220	Achied fication Performed Ory Lead of the Copp	ved Signature of the state of	PN Cert Due to DPH 3/26/2019 11/3/2019 3/22/2020 1/23/2020 1/23/2020	ance Status mplete

DISTRIBUTION SYSTEM

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Schedule Generation Date: 3/10/2020 Page 27

4

00600 DISTRIBUTION SYSTEM

	C	onnectic	ut Depa	rtment	of	f Public	Health	n Dr	inki	ng V	Wate	r Se	ection		
		Wa	ter Qua	lity Mo	nit	coring a	nd Con	npli	anc	e Sc	hedu	ıle			
PWS ID	PV	VS Name						Clas	sificati	on Po	pulatio	n Ow	ner Type	Prin	nary Source
CT061045	10	6 BRIDGE ROA	AD - HADDAI	M					NC		25		Р		GW
Local Add	ress (whe	re applicable)				Service	Resider	ntial	Comm	ercial	Indust	rial	Combine	ed A	Agricultural
106 BRIDO	GE ROAD					Connection	ns		1						
Towns Sei	rved: HAD	DAM													
			Water Sy	ystem Fa	cili	ity and Sa	ampling	g Poi	nt In	vent	tory				
Water										Tota	ıl Lea	d and			
System		ystem Facility			oint	Sampling P				Colifo		pper			Stage
Facility ID)			ID		Description)	5	tatus	Rule	e Rul	e Tier	Asbesto	s W	/QP 2 DBPR
				DOWNSTRE	AM	WITHIN 5 S	ERVICE CO	N	Α						
				UPSTREA	M	WITHIN 5 S	ERVICE CO	N	Α						
00700	ENTRY P	OINT		3		ENTRY POIN	NT		Α						
21062	WELL			2		WELL			Α						
				C	Con	tact Info	rmation	1							
Name					0	rganization							Job Title	9	
Mr. Salva	tore M. A	dorno													
Mailing Ad	ddress Lin	e One		Mailing Add	dres	s Line Two					City		State	Z	Zip Code
189 Seasio	de Avenu	9							We	stbroo	ok		СТ		06498
Busines	s Phone	Extension	Fax	N	/lobi	ile Phone	Emergence	y Phoi	ne Em	ail Add	dress				
				8	60-3	391-2797	860-391	-2797							
Contact R	ole(s): A	dministrative	Contact, Leg	al Contact,	Owr	ner									
Name					0	rganization							Job Title	9	
Ms. Delia	R. Adorn	0													
Mailing A	ddress Lin	e One		Mailing Add	dres	s Line Two					City		State	Z	Zip Code
189 Seasio	de Avenue	e							We	stbroo	ok		CT		06498

Contact Role(s): Owner

Business Phone

Please note the following:

Extension

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

Emergency Phone Email Address

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

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

End of schedule

	Connectic	•			f Public toring a							ection		
PWS ID	PWS Name	ter Qua	iity 1410	111	toring a	iiu Goii						ner Type P	rimary 9	Source
CT0610484	986 KILLINGWO	RTH RD PI AZ	7Δ					VC	וון די	25	OII OW	P	GW	
Local Address (w		KIII NO FEAZ	<u>- </u>		Service	Residen	-	omme	ercial	Indus	trial	Combined	_	ultural
986 KILLINGWO					Connection		tiai cc	1	cretar	maas	ociiai	Combined	Agrico	artarar
Towns Served: H														
			Mo	nit	oring Red	nuiromo	ntc							
Water System	acility: DISTR	IBUTION S				quireine	1113							
Total Coliform											1 rou	utine (RT)	per qu	arter
	oint (Sampling P					Monitori			Colle	ection	Period		iance St	
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -			_				mplete	_
						10/1/19 -						Co	mplete	
						1/1/20 -								
						4/1/20 - 7/1/20 -								
Physical Parar	neters (PPS)										1 rou	utine (RT)	per qua	arter
_	oint (Sampling P	oint ID)				Monitori	ng Per	iod	Colle	ection	Period		iance St	
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/2	19				Co	mplete	
						10/1/19 -	12/31,	/19				Co	mplete	
						1/1/20 -	3/31/2	20						
						4/1/20 -	6/30/2	20						
						7/1/20 -	9/30/2	20						
Water System	acility: ENTR	Y POINT (V	VSF ID: 007	700))									
Nitrate And N	•										1	routine (F	RT) per	year
	oint (Sampling P	oint ID)				Monitori			Colle	ection	Period	Compl	iance St	atus
ENTRY POI	IT (3)					1/1/19 -	12/31/	/19				Co	mplete	
						1/1/20 -								
						1/1/21 -	12/31/	/21						
			Othe	er C	Complian	ce Sched	lules							
Compliance Sch	dule Activity					1	Due Da	ate		Ac	hieved	Date		
RESPOND TO SA	NITARY SURVEY					4	/14/20	019						
Water		Water Sy	ystem Fa	acil	ity and S	ampling	Poin	it In	vent Total		ad and			
	r System Facility		Samplina P	oint	Sampling P	Point			rotui Colifor		uu unu opper		9	Stage
Facility ID	,		ID		Description		Str	atus	Rule			Asbestos		_
00600 DISTR	IBUTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM		A	Υ					
			DOWNSTRI	EAM	I WITHIN 5 S	ERVICE CON	١ .	Α						
			UPSTREA	M	WITHIN 5 S	ERVICE CON	١ .	Α						
00700 ENTR	/ POINT		3		ENTRY POII	NT		Α						
21065 WELL			2		WELL			Α						
			(Cor	ntact Info	rmation	l							
Name					rganization							Job Title		
Mr. Michael J. Z			T		86 Killingwor	th Rd Plaza			C	Owner	/Landlo	ord		
Mailing Address	Line One		Mailing Ad	dres	ss Line Two					City		State	Zip Co	ode
331 Brainard Hil	Road							Hig	ganum	1		СТ	0644	11
Business Phon	e Extension	Fax	ſ	Mob	ile Phone	Emergency								
860-345-8245				860-301-	3881	maz	zanelli	@aol.d	com					

C	T0610484	986 KILLINGWORTH RD PLAZA	NC	25	Р	GW								
Р	WS ID	PWS Name	Classification	Population	Owner Type	Primary Source								
		Water Quality Monitoring and Con	npliance S	Schedul	e									
		Connecticut Department of Public Health Drinking Water Section												

Residential

Commercial

1

Industrial

Combined

Service

Connections

986 KILLINGWORTH ROAD
Towns Served: HADDAM

Local Address (where applicable)

Contact Role(s): Administrative Contact, Legal Contact, 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

Agricultural

	Connecticut Departm	nent of Public I Monitoring an				_			ection	
PWS ID	PWS Name	Monitoring an	u con					_	nor Type Pr	imary Source
CT0610494	THREE OAKS PLAZA			Clas	NC	11 FC	25	Ow	P P	GW
	where applicable)	Service	Residen	tial	Comme	rcial	Industri	al	Combined	Agricultural
ROUTE 81	where applicable,	Connections		ciai	1	Ciai	maastri	ui	Combined	7 Gircarcarar
Towns Served:	HADDAM									
		Monitoring Req	uireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM			1163						
Total Coliforn	•									oer quarter
	Point (Sampling Point ID)		Monitori			Coll	ection Pe	riod		ance Status
Select fron	m Inventory of Active Sampling Point	ts	7/1/19 - 9/30/19							mplete
			10/1/19 -							mplete
			1/1/20 -						Со	mplete
			4/1/20 -							
DI : 10	. (556)		7/1/20 -	9/30	0/20				.: (5=)	
-	meters (PPS)		0.0	D	- ui - d	C-11	1 ection Pe			per quarter
	Point (Sampling Point ID) Inventory of Active Sampling Point	to.	<i>Monitori</i> 7/1/19 -			COII	ection Pel	rioa		mplete
Select Iron	in inventory of Active Sampling Point	.5								mplete
			10/1/19 - 12/31/19 1/1/20 - 3/31/20							mplete
			4/1/20 -						CO	inpiete
			7/1/20 -		-					
Water System	Facility: ENTRY POINT (WSF II	D: 00700)	7/1/20	3,30	<i>5</i> / 20					
Nitrate And N	,							1	routine (R	T) per year
	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe		=	ance Status
ENTRY POI			1/1/19 - 12/31/19							mplete
	,		1/1/20 - 12/31/20							mplete
			1/1/21 - 12/31/21							1
Water System	Facility: WELL (WSF ID: 21066	i)			<u>.</u>					
E. Coli (3014							1	rou	utine (RT) į	er quarter
	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe			ance Status
WELL (2)			7/1/19 -	9/30	0/19					
			10/1/19 -	12/3	31/19				Со	mplete
			1/1/20 -	3/31	1/20				Со	mplete
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
		Other Compliance	e Sched	lule	!S					
Compliance Sch	hedule Activity			Due I	Date		Achie	ved	Date	
RESPOND TO SA	ANITARY SURVEY		8	8/6/2	2017					
	Pul	blic Notification I	Require	eme						
Violetian (Ct.	ution	Compliance	Notice				<u>ification</u>			i <u>fication</u>
Violation/Situa E. Coli M&R Vio		Period 7/1/19 - 9/30/19	Tier		Require		Performe		1/21/2020	Received
E. COII IVI&K VIO			3		1/11/20				1/21/2020	
	Water Syste	m Facility and Sa	mpling	Po	int in		•			
Water	or System Easility	ling Doint Committee De	int		_	Tota				C.
System Wat Facility ID	er System Facility Samp	ling Point Sampling Po ID Description	IIIL			olifo Rul			Ashestos	Stage WQP 2 DBPR
r denity ID		Sescription			<u>Status</u>	nul	L Nuie	1161	73063103	Qi Z DDPN

		Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	ince S	chec	dule		
PWS ID	PV	/S Name					Classif	ication	Populat	ion Ow	ner Type P	rimary Source
CT061049	4 TH	REE OAKS PLA	ZA				N	IC	25		Р	GW
Local Add	ress (whe	re applicable)			Service	Resider	ntial Co	mmercia	al Industrial		Combined	Agricultural
ROUTE 81					Connection	ns		1				
Towns Ser	rved: HAD	DAM										
			Water Sy	ystem Faci	ility and S	ampling	Poin	t Invei	ntory			
Water								То	tal L	ead and	1	
System	Water S	ystem Facility		Sampling Poin	nt Sampling F	Point		Colif	orm	Copper		Stage
Facility ID)			ID	Description	1	Sto	atus Ri	ıle F	Rule Tiei	r Asbestos	WQP 2 DBPR
00600	00600 DISTRIBUTION SYSTEM 4			4	DISTRIBUTI	ON SYSTEM	1 .	Α ,	Y			
	DOWNSTRE				M WITHIN 5 S	SERVICE CO	N .	A				
				UPSTREAM	WITHIN 5 S	SERVICE CO	N .	Α				
00700	ENTRY P	OINT		3	ENTRY POI	NT		A				
21066	WELL			2	WELL			A				
				Co	ntact Info	rmation	1					
Name					Organization						Job Title	
Mr. Kevin	Cross, Do	ls			Higganum Dei	ntal Associa	ition					
Mailing Ad	ddress Lin	e One		Mailing Addre	ess Line Two				City		State	Zip Code
415 Killingworth Road								Higganı	ım		СТ	06441
Business	s Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress			
860-34	5-4538											
Contact R	ole(s): O	wner		,								
Name	'				Organization						Job Title	

Connecticut Department of Public Health Drinking Water Section

Extension

200

Contact Role(s): Le	egai Contact, C	wner								
Name				Organization	า		Job Title			
Dr. Timothy J. Buck			3 Oaks Condo Plaza				Board President			
Mailing Address Lin		Mailing Add	ress Line Two	City State			Zip Code			
Higganum Family M	1edical Group		415 Killingworth Rd			Higganur	n	CT	06441	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress			
860-304-4662						tbuckley	@Prohealthmd.d	com		

Three Oaks Plaza

Mailing Address Line Two

Mobile Phone

Contact Role(s): Administrative Contact

Please note the following:

Mr. Andrew Becker

Business Phone

860-632-3500

162 West Street

Mailing Address Line One

- 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.

Fax

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

Board Member

State

CT

Zip Code

06416

City

Cromwell

Emergency Phone Email Address

860-685-1183

Contact Ro	ole(s): Le	egal Contact, O	wner											
860-345	-8531		860-345-3730					mso	chlag@	hadd	am.or	g		
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho							
Town Offic		g	30 Fi	eld Park D	rive				ddam			C	Т	06438
Mailing Ad					s Line Two	Two City				Sta		Zip Code		
Ms. Meliss			1		own of Hadd	am			F	First Se	electn			
Name				0	rganization							Job '	Title	
				Con	tact Info	rmation	١							
21068	WELL			2	WELL			A						
		UINI		3	ENTRY POII	N I		Α						
00700	ENTRY P	OINT	UPS	STREAM		ERVICE CON	N	Α						
				_	WITHIN 5 S			A						
00600	אואוצוטו	JTION SYSTEM		4 NETDEANA		ON SYSTEM		A	Υ					
Facility ID	DICTO'S.	ITION CYCTES :		ID	Description		ı	Status	Rule	e R	ule Tie	er Asbe	estos	WQP 2 DBP
System	Water S	ystem Facility	Samp	_	Sampling P				Colifor	rm C	орреі	r		Stage
Water				J. 7 J.C.	· ,	B			Tota		ad an	d		
		,	Water Syste	m Facil	ity and S				vent	torv				
						1/1/21 -								•
<u> </u>						1/1/20 -								mplete
	Y POINT		, ,			1/1/19 -			50.11					mplete
		ite (NOX) it (Sampling Po	oint ID)			Monitori	na I	Period	Colle	ection				ance Status
		ite (NOX)	(2001)									1 routi	ne (R	T) per year
Water Sys	stem Fac	cility: ENTRY	POINT (WSF II	D: 00700)		. , _, _	٥, ٥	-,						
						7/1/20 -								
						4/1/20 -								
						1/1/20 -								mplete
Jeiect		CITION OF ACL	ve sampling rollit			10/1/19 -								mplete
		et (Sampling Po	יוסו <i>וסותנוסותנו</i> ve Sampling Point	·c		<i>Monitori</i> 7/1/19 -			Colle	ection	rerio	u C		mplete
_		ters (PPS)	oint (D)			Monitori	I	Daviad	Call	a stiana				er quarter
		(222)				7/1/20 -	9/3	0/20					/\	_
						4/1/20 -		-						
						1/1/20 -		-					Со	mplete
						10/1/19 -								mplete
Select	from In	ventory of Acti	ve Sampling Point	:S		7/1/19 -		_						mplete
Samp	ling Poin	t (Sampling Po	oint ID)			Monitori	ng I	Period	Colle	ection	Perio	d C	ompli	ance Status
Total Col	iform (3	3100)									1 rc	outine	(RT)	er quarter
Water Sys	stem Fac	cility: DISTRI	BUTION SYSTEM	M (WSF I	D: 00600)									
				Monit	oring Red	quireme	nts	5						
Towns Serv	ved: HAD	DAM												
30 FIELD PA					Connection			1						
		re applicable)	002 50.25	<u>-</u>	Service	Residen	tial	Commo	ercial	Indu	strial	Coml	oined	Agricultura
CT0610514			OFFICE BUILDING	 3			Cia	NC	011 1 0	25	011 0	WITCH TY	pe i i	GW
PWS ID	PΜ		cr quarry	MOIII	or mg a	na con							ne Pr	imary Source
	C		*)11	
PWS ID			ut Departm er Quality				np]	lianc	e Sc	hed	ule			imary Sourc

(Jonnectic	ut Depa	irume	ent or	Public	пеани	עו	Linking	g water	Section	1	
	Wa	ter Qua	lity N	Jonit	oring a	nd Con	np	liance S	Schedul	le		
PWS ID	PWS Name						Cla	ssification	Population	Owner Type	Prir	mary Source
CT0610514	HADDAM TOWN	OFFICE BU	LDING					NC	25	L		GW
Local Address (wh	nere applicable)				Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
30 FIELD PARK DR	FIELD PARK DRIVE					ons		1				
Towns Served: HA	ADDAM					-				1		
Name				Or	ganization					Job Tit	le	
Ms. Debra Talbot				То	wn of Hadd	am			Custodiar	1		
Mailing Address L	ine One		Mailing	Address	Line Two				City	State		Zip Code
30 Field Park Driv	е							Hadda	m	СТ		06438
Business Phone Extension Fax Mo				Mobil	e Phone	Emergency Phone Email Address						
860-345-8531	208	860-345-	3730					custod	ian@hadda	m.org		
Contact Role(s):	Administrative	Contact						*				

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

Con	necticut Department of I	Public F	lealth	Dr	inkir	ng V		Sec	ction	
302	Water Quality Monito					_				
PWS ID PWS I		ing an	u Con						or Type B	rimary Source
	VILLE VILLAGE 2			Clas	NC	11 PO	35	OWITE	P P	GW
Local Address (where a		Service	Residen	tial	Comme	rcial	Industria	al C	Combined	
116 BRIDGE ROAD		Connections	Residen	tiai	2	ICIAI	muustii	ai C	Jonnoniec	Agricultural
Towns Served: HADDA										
Towns served. HADDA		ina Doau	iiromo	ntc						
Water System Facilit	y: DISTRIBUTION SYSTEM (WSF ID:	ring Requ	ureme	nts						
Asbestos (1094)							1 ro	utine	(RT) pe	r nine years
Sampling Point (S	Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Pei			iance Status
Select from Inven	tory of Active Sampling Points		1/1/11 -	12/3	1/13	1	/1-12/31			
Total Coliform (310	00)						1	rout	ine (RT)	per quarter
Sampling Point (S	Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
Select from Inven	tory of Active Sampling Points		7/1/19 -	9/30	0/19					
			10/1/19 -	12/3	31/19					
			1/1/20 -	3/31	1/20					
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Physical Parameters	s (PPS)						1	rout	ine (RT)	per quarter
Sampling Point (S	Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
Select from Inven	tory of Active Sampling Points		7/1/19 -	9/30	0/19					
			10/1/19 -	12/3	31/19					
			1/1/20 -	3/31	1/20					
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Water System Facilit	y: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite	(NOX)							1 r	outine (I	RT) per year
	Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compl	iance Status
ENTRY POINT (3)			1/1/19 -	12/3	1/19					
			1/1/20 -	12/3	1/20					
			1/1/21 -	12/3	1/21					
N	Monthly Water System Facilit	y (WSF) I	Level N	/lon	itorin	g Ro	equire	men	ts	
Water System Facilit	y: ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summar	y Type)	Ope	ratin	g Limit			S	amples R	eq/Month
рН	Entry Point pH Monitoring (PHRD)		Mini	imun	n: 7 PH				•	4
Start Date: 6/1/20	014	Complia	nce Histo	ory:	(Opera	ating Limi	it	Monito	ring
		Monitor	ing Perio	d	(Comp	liance Sta	atus:	Compli	ance Status:
			19 - 10/3							
			19 - 11/3							
			19 - 12/3							
			0 - 1/31/2							
	OIL O		0 - 2/29/2							
	Other Co	mpliance						, -		
Compliance Schedule					Date		Achie	ved D	ate	
CROSS CONNECTION E	XEMPTION			3/1/2	2015					

1/12/2020

RESPOND TO SANITARY SURVEY

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prin	nary Source
CT0610534	TYLERVILLE VILLAGE 2				NC	35	Р		GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
116 BRIDGE RO	AD	Connections			2				

Towns Served: HADDAM

Public Notification Requirements											
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Distribution Turbidity MCL Violation	1/1/11 - 3/31/11	2	3/23/2012		4/2/2012						
Distribution Color MCL Violation	4/1/11 - 6/30/11	2	3/23/2012		4/2/2012						
Distribution Turbidity MCL Violation	4/1/11 - 6/30/11	2	3/23/2012		4/2/2012						
Distribution Color MCL Violation	7/1/11 - 9/30/11	2	3/23/2012		4/2/2012						
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/23/2012		4/2/2012						
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	3/23/2012		4/2/2012						
Distribution Turbidity MCL Violation	10/1/11 - 12/31/11	2	3/23/2012		4/2/2012						
Distribution Color MCL Violation	1/1/11 - 3/31/11	2	3/23/2012		4/2/2012						
Distribution Turbidity MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012						
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012						
Distribution Color MCL Violation	7/1/12 - 9/30/12	2	12/1/2012		12/11/2012						
pH M&R Violation	6/1/14 - 6/30/14	3	8/4/2015		8/14/2015						
pH M&R Violation	7/1/14 - 7/31/14	3	9/22/2015		10/2/2015						
pH M&R Violation	8/1/14 - 8/31/14	3	11/3/2015		11/13/2015						
pH M&R Violation	9/1/14 - 9/30/14	3	11/6/2015		11/16/2015						
pH M&R Violation	11/1/14 - 11/30/14	3	1/9/2016		1/19/2016						
pH M&R Violation	10/1/14 - 10/31/14	3	1/9/2016		1/19/2016						
pH M&R Violation	1/1/15 - 1/31/15	3	3/5/2016		3/15/2016						
pH M&R Violation	12/1/14 - 12/31/14	3	3/5/2016		3/15/2016						
pH M&R Violation	2/1/15 - 2/28/15	3	4/15/2016		4/25/2016						
pH M&R Violation	3/1/15 - 3/31/15	3	4/27/2016		5/7/2016						
pH M&R Violation	4/1/15 - 4/30/15	3	5/31/2016		6/10/2016						
pH M&R Violation	5/1/15 - 5/31/15	3	7/8/2016		7/18/2016						
pH M&R Violation	6/1/15 - 6/30/15	3	8/3/2016		8/13/2016						
pH M&R Violation	7/1/15 - 7/31/15	3	9/16/2016		9/26/2016						
pH M&R Violation	8/1/15 - 8/31/15	3	10/25/2016		11/4/2016						
pH M&R Violation	9/1/15 - 9/30/15	3	12/17/2016		12/27/2016						
Physical Parameters M&R Violation	4/1/19 - 6/30/19	3	9/19/2020		9/29/2020						
Total Coliform M&R Violation	4/1/19 - 6/30/19	3	9/19/2020		9/29/2020						
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	11/13/2020		11/23/2020						
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	11/13/2020		11/23/2020						

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	3	WS2692-14	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

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.

		. 5		CD 111	** 1.1	Б.	1.	.		0		
(Connectic	•					•	_			ction	
	Wa	ter Qual	lity Mon	itoring a	and Con	ıplia	nce	Sch	edul	e		
PWS ID P	WS Name					Classifi	cation	Popu	ulation	Owr	ner Type F	rimary Sour
CT0610534 T	YLERVILLE VILL	AGE 2				N	С		35		Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmerc	ial I	ndustri	al	Combined	Agricultur
116 BRIDGE ROAD)			Connectio	ons		2					
Towns Served: HA	DDAM											
		Water Sy	ystem Fac	ility and S	Sampling	Point	t Inve	ento	ry			
Water System Water Facility ID	System Facility		Sampling Poi	nt Sampling Descriptio		Sta	Col	otal liform Rule		per	Asbestos	Stage WQP 2 DBF
00700 ENTRY	POINT		3	ENTRY PO	INT	Þ	4					
21069 WELL 1			2	WELL 1		Þ	4					
	JRE STORAGE E 2 TREATMEN	ΓPLANT										
Certified Operator Information												
Water System Fa	acility: DISTR	IBUTION SY	STEM (WSI	ID: 00600)								
-									Certification Expiration			
WADGE, ELIZABET	H LISA		CHIEF OPERA	TOR	SMALL WA	TER SYS	TEM OI	PERAT	OR			9/30/2020
			Co	ntact Info	ormation	1						
Name				Organization							Job Title	
Ms. Elizabeth Lisa	Wadge			Hcpd LLC				Me	ember			
Mailing Address Li			Mailing Addr	ess Line Two				C	ity		State	Zip Code
101 Town Woods	Rd P. O. Box 29	2					Old Ly	me			СТ	06371
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	Phone	Email	Addre	ess			
860-304-0995					860-345-	7771	lwadg	e@at	t.net			
Contact Role(s):	Administrative	Contact										
Name				Organization							Job Title	
Lafayette Realty (Company											
Mailing Address Li	ine One		Mailing Addr	ess Line Two				C	ity		State	Zip Code
43 Lafayette St							Water	bury			СТ	06708
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email	Addre	ess			
Contact Role(s):	Owner		1		•		•					
Name				Organization								
Mr. Michael J Dev	vino			Lafayette Realty Company				Pre	President			
Mailing Address Line One			Mailing Addr					C	ity		State	Zip Code
364 Georgetown [Drive						Water	town			СТ	06795

Contact Role(s): Legal Contact

Extension

Please note the following:

Business Phone

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

Emergency Phone Email Address

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

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

End of schedule

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Connecticut Depar	tment of	Public H	ealth D	rinki	ing W	ater Se	ection	
Water Quali	ty Monit	oring and	d Comp	lianc	e Sch	edule		
PWS ID PWS Name	-J	8 -	-				ner Type Pr	imary Source
CT0614024 201 SAYBROOK ROAD				NC		25	Р	GW
Local Address (where applicable)		Service	Residential	Comm		ndustrial	Combined	Agricultural
The state of the state of		Connections		1				0
Towns Served: HADDAM								
	Monito	oring Requ	irements	s				
Water System Facility: DISTRIBUTION SYS								
Total Coliform (3100)						1 rou	ıtine (RT) p	er quarter
Sampling Point (Sampling Point ID)		1	Monitoring I	Period	Collect	ion Period	Complic	ince Status
Select from Inventory of Active Sampling P	oints		7/1/19 - 9/3	30/19			Cor	nplete
		1	10/1/19 - 12,	/31/19			Cor	nplete
			1/1/20 - 3/3	31/20			Cor	nplete
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
Physical Parameters (PPS)						1 rou	ıtine (RT) p	er quarter
Sampling Point (Sampling Point ID)		ı	Monitoring I	Period	Collect	ion Period	Complic	ince Status
Select from Inventory of Active Sampling P	oints		7/1/19 - 9/3	30/19			Cor	nplete
		1	10/1/19 - 12	/31/19			Cor	nplete
			1/1/20 - 3/3	31/20			Cor	nplete
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
Water System Facility: ENTRY POINT (WS	SF ID: 00700)							
Nitrate (1040)						1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point ID)		ı	Monitoring I	Period	Collect	ion Period	Complia	nce Status
ENTRY POINT (3)			7/1/19 - 9/3	30/19			Cor	mplete
		1	10/1/19 - 12,	/31/19			Cor	mplete
			1/1/20 - 3/3	31/20			Cor	mplete
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
Nitrate And Nitrite (NOX)						1	routine (R	T) per year
Sampling Point (Sampling Point ID)		1	Monitoring I	Period	Collect	ion Period	Complia	nce Status
ENTRY POINT (3)			1/1/19 - 12/	31/19			Cor	nplete
			1/1/20 - 12/	31/20			Cor	nplete
			1/1/21 - 12/	31/21				
	Other Co	ompliance	Schedul	es				
Compliance Schedule Activity			Due	Date		Achieved	Date	
RESPOND TO SANITARY SURVEY			9/20	/2008				
CROSS CONNECTION SURVEY REPORT			3/1,	/2023				
Water Sys	stem Facili	ity and San	npling Po	oint In	vento	ry		
Water					Total	Lead and		
		Sampling Poin	nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α				
		WITHIN 5 SER		Α				
	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
I.								

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prin	nary Source			
CT0614024		NC	25	Р		GW						
Local Address (w	Service	Residen	tial	Commercia	al Industri	al Combine	ed /	Agricultural				
	Connections			1								

Towns Served: HADDAM

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
52977	WELL #1	2	WELL #1	Α								
52981	TREATMENT PLANT											
52983	PRESSURE TANK											

			Co	ontact Info	ormation						
Name				Organization		Job Title					
Mr. Ralph Vynalek				Owner							
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code		
827 Higganum Rd						Durham	СТ	06422			
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	one Email Address					
860-349-8652					860-349-8652						
Contact Role(s): Le	gal Contact, O	wner	·								
Name				Organization Job				Job Title	Job Title		
Ms. Fiona P. Watts				Great Americ	can Donut, Inc.		Controller				
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code		
100 East Main Street				Plainvi			5	СТ	06062		
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ac	ldress				

Contact Role(s): Administrative Contact

227

Please note the following:

860-793-6955

- 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

fiona@gadonut.com

		45 11: 7				-	_	
	Connecticut Department	of Public F	lealth D	rinkir	ng Wa	ater Se	ection	
	Water Quality Mon	itoring an	d Compl	liance	Sche	edule		
PWS ID	PWS Name		Cla	ssificatio	n Popu	lation Ow	ner Type I	Primary Source
CT0614034	THE RIVERHOUSE AT GOODSPEED STATIO	N		NC	30	04	Р	GW
Local Address (where applicable)	Service	Residential	Comme	rcial In	dustrial	Combined	d Agricultural
57 BRIDGE ROA	AD	Connections		1				
Towns Served:	HADDAM							
	Moni	itoring Requ	uirements	•				
Water System	Facility: DISTRIBUTION SYSTEM (WSI	F ID: 00600)						
Total Colifor	m (3100)					1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitoring F	Period	Collecti	ion Period	Comp	liance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 - 9/3	0/19			С	omplete
		<u>-</u>	10/1/19 - 12/	31/19			С	omplete
			1/1/20 - 3/3	1/20			С	omplete
			4/1/20 - 6/3	0/20				
			7/1/20 - 9/3	0/20				
-	ameters (PPS)					1 ro		per quarter
	Point (Sampling Point ID)		Monitoring F		Collecti	ion Period		liance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 - 9/3	-				omplete
			10/1/19 - 12/					omplete
			1/1/20 - 3/3				С	omplete
			4/1/20 - 6/3					
			7/1/20 - 9/3	0/20				
Water System	Facility: ENTRY POINT (WSF ID: 0070	0)						
1,4-Dioxane	•					1 ro		per quarter
	Point (Sampling Point ID)		Monitoring F		Collecti	ion Period		liance Status
ENTRY PO	INT (3)		7/1/19 - 9/3					omplete
			10/1/19 - 12/	31/19			С	omplete
			1/1/20 - 3/3	1/20			С	omplete
			4/1/20 - 6/3					
			7/1/20 - 9/3	0/20				
	Nitrite (NOX)						=	RT) per year
	Point (Sampling Point ID)		Monitoring F		Collecti	ion Period		liance Status
ENTRY PO	INT (3)		1/1/19 - 12/3				С	omplete
			1/1/20 - 12/3					
			1/1/21 - 12/3	31/21				
~	micals (VOCS)							per quarter
	Point (Sampling Point ID)		Monitoring F		Collecti	ion Period		liance Status
ENTRY PO	INT (3)		7/1/19 - 9/3	-				omplete
			10/1/19 - 12/					omplete
			1/1/20 - 3/3				С	omplete
			4/1/20 - 6/3	-				
			7/1/20 - 9/3	-				
	Other	Compliance	Schedule	es				
	hedule Activity			Date		Achieved	Date	
RESPOND TO S	ANITARY SURVEY		1/12,	/2020				
	Water System Fac	ility and Sai	mpling Po	int Inv	entor	ſy		
Water					Total	Lead and	1	
System War	ter System Facility Sampling Poil	nt Sampling Poi	<u>nt</u>	C	oliform	Copper	. 194	Stage

	Connection	uit Dana	rtment o	of Public	Haalth	D	rinkina	y Water	· So	ction	
		•	lity Moni				`			Ction	
PWS ID	PWS Name					Cla	ssification	Population	Owr	ner Type	Primary Sourc
CT0614034	THE RIVERHOUS	SE AT GOODS	SPEED STATION	V			NC	304		Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial	Commerci	ial Industri	ial	Combine	d Agricultura
57 BRIDGE ROA)			Connectio	ns		1				
Towns Served: I	HADDAM				'						1
Facility ID			ID	Descriptio	n		Status F	Rule Rule	Tier	Asbesto	s WQP 2 DBP
00600 DISTI	RIBUTION SYSTEN	/	4	DISTRIBUT	ION		A				
			DOWNSTREAM	M WITHIN 5	SERVICE CO	N	Α				
			UPSTREAM	WITHIN 5	SERVICE CO	N	Α				
00700 ENTF	Y POINT		3	ENTRY PO	INT		Α				
53420 WELI	. 1		2	WELL 1			Α				
53424 TREA	TMENT PLANT										
53426 ATM	OSPHERIC TANKS										
			Co	ntact Info	ormation	1					
Name				Organization						Job Title	
Mr. Trevor Furr	er			Riverhouse P	roperties, LL	.C		President			
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
55 Bridge Road							Hadda	m		СТ	06438
Business Phor	e Extension	Fax	Mo	bile Phone	Emergency	y Pho	one Email	Address			
			203	-948-0740							

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

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

End of schedule

Connecti	cut Departmen	nt of Public H	lealth I	Drinki	ng Water S	Section	
	ater Quality Mo				_		
PWS ID PWS Name	acer quarty in	officoring an		Classification			imary Source
CT0614053 TYLERVILLE VII	LI AGE 1			NC	35	P P	GW
Local Address (where applicable		Service	Residentia			Combined	Agricultural
1610 SAYBROOK ROAD	-1	Connections	Residentia	1	erciai iliaastilai	Combined	Agricultural
Towns Served: HADDAM							
Towns served: This shall	M	onitoring Requ	uiremen	ts			
Water System Facility: DIST							
Asbestos (1094)		,			1 rou	tine (RT) per	nine years
Sampling Point (Sampling	Point ID)		Monitoring	g Period	Collection Perio		ance Status
Select from Inventory of A			1/1/11 - 12		1/1-12/31	•	
Total Coliform (3100)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling	Point ID)		Monitoring	g Period	Collection Perio		ance Status
Select from Inventory of A	ctive Sampling Points		7/1/19 - 9	/30/19			
			10/1/19 - 1	2/31/19			
			1/1/20 - 3	/31/20			
			4/1/20 - 6	/30/20			
			7/1/20 - 9	/30/20			
Physical Parameters (PPS)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling	Point ID)		Monitoring	g Period	Collection Perio	od Complia	ance Status
Select from Inventory of A	ctive Sampling Points		7/1/19 - 9	/30/19			
			10/1/19 - 1	2/31/19			
			1/1/20 - 3	/31/20			
			4/1/20 - 6	/30/20			
			7/1/20 - 9	/30/20			
Water System Facility: ENT	RY POINT (WSF ID: 00	0700)					
Nitrate And Nitrite (NOX)						1 routine (R	T) per year
Sampling Point (Sampling	Point ID)		Monitoring	g Period	Collection Perio	od Complia	ince Status
ENTRY POINT (3)			1/1/19 - 12	2/31/19			
			1/1/20 - 12	2/31/20			
			1/1/21 - 12	2/31/21			
	Oth	er Compliance	Schedu	ıles			
Compliance Schedule Activity			Dι	ie Date	Achieve	ed Date	
CROSS CONNECTION EXEMPTION	N		3/	1/2015			
RESPOND TO SANITARY SURVEY	(1/1	12/2020			
CORRECTIVE ACTION/CORRECT	IVE ACTION PLAN		4/1	11/2020			
	Public	Notification F	Requiren	nents			
		Compliance	Notice	<u>Publi</u>	<u>c Notification</u>	PN Certi	<u>fication</u>
Violation/Situation		Period	Tier	Require		Due to DPH	Received
Total Coliform M&R Violation		4/1/19 - 6/30/19	3	9/19/20		9/29/2020	
Physical Parameters M&R Viola	tion	4/1/19 - 6/30/19	3	9/19/20		9/29/2020	
Total Coliform M&R Violation		7/1/19 - 9/30/19	3	11/13/20		11/23/2020	
Physical Parameters M&R Viola	tion	7/1/19 - 9/30/19	3	11/13/20	020	11/23/2020	

Water System Facility and Sampling Point Inventory

Water

Total Lead and

System Facility System Facility Sympling Point Symp

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR

С	onnectic	ut Depa	rtment of	Public	Health	Dr	inki	ng V	Vater	: Se	ection	
	Wat	ter Qual	lity Monit	oring a	nd Con	npli	ianc	e Scl	hedu	le		
PWS ID PV	WS Name	-				Class	sificatio	on Po	pulation	Owi	ner Type P	rimary Source
CT0614053 TY	LERVILLE VILLA	AGE 1					NC		35		Р	GW
Local Address (whe	ere applicable)			Service	Residen	tial	Comme	ercial	Industr	ial	Combined	Agricultural
1610 SAYBROOK RO	DAD			Connection	ns		1					
Towns Served: HAD	DDAM				·					·		
		Water Sy	stem Facili	ty and S	ampling	Poi	nt In	vent	ory			
Water				-				Total	Lead	and		
System Water S	system Facility		Sampling Point	Sampling P	Point			Colifor	т Сор	per		Stage
Facility ID			ID	Description)	5	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		4	DISTRIBUTI	ON		Α					
			DOWNSTREAM	WITHIN 5 S	ERVICE CON	N	Α					
			UPSTREAM	WITHIN 5 S	ERVICE CON	V	Α					
00700 ENTRY P	POINT		3	ENTRY POI	VT		Α					
55165 WELL 2			2	WELL 2			Α					
55852 PRESSUI	RE STORAGE											
58629 TREATM	IENT PLANT											
			Certified	Operato	r Inform	natio	on					
Water System Fa	cility: DISTRI	BUTION SY										
Facility Classification				,								Certification
Operator Name			Operator Type	2	Certificatio	n(s)						Expiration
WADGE, ELIZABETH	H LISA		CHIEF OPERATO		SMALL WA		YSTEM	OPERA	ATOR			9/30/2020
				tact Info								2,22,222
Name				ganization	· · · · · · · · · · · · · · · · · · ·						Job Title	
Ms. Elizabeth Lisa	Wadge			pd LLC				N	Леmber		300	
Mailing Address Lir			Mailing Address	-					City		State	Zip Code
101 Town Woods F			8				Old	Lyme			СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phoi		•	ress			
860-304-0995					860-345-				att.net			
Contact Role(s): A	dministrative (Contact, Leg	al Contact					0 0				
Name		, ,		ganization							Job Title	
Hcpd LLC				<u> </u>								
Mailing Address Lir	ne One		Mailing Address	Line Two					City		State	Zip Code
1610 Saybrook Rd			_				Hac	ldam	<u> </u>		СТ	06371
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	Phor			ress			
Contact Polo(s): 0	hunor											

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

End of schedule

Connecticut Department of	Public Health	Drinki	ng Wa	ater Se	ection	
Water Quality Monit	oring and Com	pliance	e Sche	edule		
PWS ID PWS Name	(Classificatio	n Popu	lation Ow	ner Type Pri	imary Source
CT0614054 HADDAM COMMONS		NC	20	00	Р	GW
Local Address (where applicable)	Service Residenti	al Comme	ercial In	dustrial	Combined	Agricultural
82 BRIDGE RD	Connections	1				
Towns Served: HADDAM						
Monito	oring Requiremen	its				
Water System Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)					
Total Coliform (3100)				1 rou	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitorin		Collecti	ion Period	Complia	ınce Status
Select from Inventory of Active Sampling Points	7/1/19 - 9		_		Cor	nplete
	10/1/19 - 1					
	1/1/20 - 3					
	4/1/20 - 6					
	7/1/20 - 9	9/30/20				
Physical Parameters (PPS)					utine (RT) p	-
Sampling Point (Sampling Point ID)	Monitorin	_	Collecti	ion Period	-	ince Status
Select from Inventory of Active Sampling Points	7/1/19 - 9				Cor	nplete
	10/1/19 - 1					
	1/1/20 - 3					
	4/1/20 - 6					
	7/1/20 - 9	9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					routine (R	
Sampling Point (Sampling Point ID)	Monitorin		Collecti	ion Period	-	ince Status
ENTRY POINT (3)	1/1/19 - 1				Cor	nplete
	1/1/20 - 1					
0 1 0 1 1 (1000)	1/1/21 - 1	2/31/21			/5:	_1
Organic Chemicals (VOCS)	0.0	u Dauta d	C-11+		routine (R	
Sampling Point (Sampling Point ID)	Monitorin	_	Collecti	ion Period		ince Status
ENTRY POINT (3)	1/1/19 - 1: 1/1/20 - 1:				Cor	nplete
	1/1/20 - 1					
Water System Facility: WELL 1 (WSF ID: 56947)	1/1/21 - 1	2/31/21				
				1 40.	utino (DT) m	
E. Coli (3014) Sampling Point (Sampling Point ID)	Monitorin	a Period	Collecti	ion Period	utine (RT) p	ince Status
WELL 1 (2)	7/1/19 - 9		Conecti	on renou		nplete
WYLLE 1 (2)	10/1/19 - 1				COI	прісте
	1/1/20 - 3					
	4/1/20 - 6					
	7/1/20 - 9					
Water System Facili			ventor	у		
Water			Total	Lead and		
System Water System Facility Sampling Point		(Coliform	Copper		Stage
Facility ID ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION SYSTEM	Α				
	WITHIN 5 SERVICE CON	Α				
UPSTREAM	WITHIN 5 SERVICE CON	Α				

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0614054	HADDAM COMMONS				NC	200	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
82 BRIDGE RD		Connections			1			

Towns Served: HADDAM

	Wa	iter System Facili	ity and Samplin	g Point Ir	iventoi	у			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
56947	WELL 1	2	WELL 1	Α					
56951	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization	า	Job Title			
Mr. Michael Eprigh	t	Haddam Cor	mmons						
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
P.O. Box 248			98 Bridge Ro	ad		Haddam		СТ	06438
Business Phone	Extension	Мо	obile Phone	Emergency Phone	Email Ad	nail Address			
860-345-7545				attyep@	aol.com				

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	ut Dena	rtment	of Public	Health	Drir	ıking '	Wat	er Se	ection	
	00		•		nitoring a							
PWS ID	PW	S Name					_				ner Type F	rimary Source
CT0614064	НА	DDAM VOLUM	NTEER FIRE S	TATION #1			N	С	25		L	GW
Local Addre	ess (where	e applicable)			Service	Resident	ial Co	mmercial	Indu	ıstrial	Combined	l Agricultural
439 SAYBRO	OOK RD				Connectio	ons					1	
Towns Serv	ed: HADE	DAM										
				Mor	nitoring Re	quireme	nts					
Water Syst	tem Faci	lity: DISTR	IBUTION SY	STEM (WS	SF ID: 00600)							
Total Coli	form (3	100)								1 ro	utine (RT)	per quarter
Sampl	ing Point	(Sampling Po	oint ID)			Monitorin	ng Perio	od Col	lection	n Period	Comp	iance Status
Select	from Inve	entory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	9			C	omplete
						10/1/19 -	12/31/	19			C	omplete
						1/1/20 -	3/31/2	0			C	omplete
						4/1/20 -						
						7/1/20 -	9/30/2	0				
Physical P		• •										per quarter
		(Sampling Po		Dainta		Monitorin			iectioi	n Period		iance Status
Select	from inve	entory of Acti	ve Sampling	Points		7/1/19 -						omplete
						10/1/19 -						omplete
						1/1/20 -					C	omplete
						4/1/20 -						
Mater Syst	tom Eaci	lity: ENTRY	/ DOINT /\A	SE ID: 007	nn\	7/1/20 -	9/30/2	U				
Nitrate Ar		•	1101111 (11	31 ID. 007						1	routino (RT) per year
		(Sampling Po	nint ID)			Monitorin	na Perio	nd Coli	lection	n Period	=	iance Status
	POINT (3					1/1/19 - 1	_		iectioi	i i ciiou		omplete
LIVII	101111	·/				1/1/20 - 1						omplete
						1/1/21 - 1						ompiete
			Water Sy	stem Fa	cility and S				tory			
Water								Tota	al L	ead and	1	
-	Water Sy	stem Facility	S	Sampling Po	int Sampling			Colifo	rm (Copper		Stage
Facility ID				ID	Descriptio	n	Sta	tus Rul	le F	Rule Tie	r Asbestos	WQP 2 DBPR
00500 \	WELL #1			2	WELL #1		Α	4				
00600	DISTRIBU [*]	TION SYSTEM		4	DISTRIBUT	TION SYSTEM	A	Y Y				
			I	DOWNSTRE	AM WITHIN 5	SERVICE CON	A	A				
				UPSTREAM	M WITHIN 5	SERVICE CON	Α	4				
00700 E	ENTRY PC	INT		3	ENTRY PO	INT	Α	4				
58277 \	WELL #2			2	WELL #2		Α	4				
				С	ontact Info	ormation						
Name					Organization						Job Title	
Ms. Melissa	a J. Schlag	g			Town of Had	dam			First S	Selectma	an	
Mailing Add	dress Line	One		Mailing Add	ress Line Two				City		State	Zip Code
Town Office	e Buliding			30 Field Par	k Drive			Haddam			СТ	06438
Business I	Phone	Extension	Fax	M	obile Phone	Emergency	Phone	Email Ad	dress			
860-345-	-8531		860-345-3	730				mschlag(@hado	dam.org		
Contact Rol	le(s): Leg	gal Contact, C)wner									

•	Jonnecuc	ut Depa	II UIIIE	iii oi	Public	пеани	עו	I IIIKIIIE	g vvater	Sectio	П	
	Wa	ter Qua	lity N	Ionit	oring a	nd Con	np)	liance S	Schedul	le		
PWS ID	PWS Name						Cla	ssification	Population	Owner Typ	e Pr	rimary Source
CT0614064	HADDAM VOLU	NTEER FIRE	STATION	l #1		NC		25	L		GW	
Local Address (wl	nere applicable)				Service	Residen	itial	Commerci	al Industri	al Combi	ned	Agricultural
439 SAYBROOK R	D				Connection	ns				1		
Towns Served: H	ADDAM											
Name				Or	ganization					Job Ti	tle	
Ms. Debra Talbo	ţ			То	wn of Hadd	am			Custodiar	1		
Mailing Address L	ine One		Mailing	Address	Line Two				City	Stat	е	Zip Code
30 Field Park Driv	е							Hadda	m	СТ		06438
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email A	Address	•		
860-345-8531	208	860-345-	3730					custod	ian@hadda	m.org		
Contact Role(s):	Administrative	Contact						•				-

Contact Role(s): Administrative Contact

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End of schedule

	Connecticut Dep	partmer	nt of	f Public H	lealth	Dı	rinkin	g W	ater	Se	ction	
	Water Qu	ality M	onit	oring an	d Con	ıpl	iance	Sch	edule	9		
PWS ID	PWS Name					_		_			ner Type Pri	imary Source
CT061408	4 THE HADDAM NECK FAIR	ASSOCIATIO	N, INC	••			NC	2	25		Р	GW
Local Add	ress (where applicable)			Service	Residen	tial	Commerc	ial Ir	ndustria	I	Combined	Agricultural
26 QUARF	RY HILL ROAD			Connections			2					
Towns Ser	ved: HADDAM											1
		М	onite	oring Requ	iireme	nts						
Water Sv	stem Facility: DISTRIBUTION											
•	liform (3100)	•		,					2	roı	ıtine (RT) n	er quarter
	pling Point (Sampling Point ID)				Monitori	na P	Period (Collect	ion Peri			ince Status
	ct from Inventory of Active Sampli	ing Points			4/1/20 -	_			101111011	-	Compile	
Scied	to morning of netive sample	1116 1 0111113			7/1/20 -							
Physical	Parameters (PPS)				,, 1, 20	3,3,	0,20		2	roi	ıtine (RT) n	er quarter
-	pling Point (Sampling Point ID)				Monitori	na P	Period (Collect	ion Peri			ince Status
	RIBUTION SYSTEM (4)				4/1/20 -			2011000	.5.77 677	Ju	Joinpile	Julia
51511	THE STORY STORE (T)				7/1/20 -							
Mater Sv	stem Facility: ENTRY POINT	WFII #2 CC	NA/ R/	ARNIWEII (M			•					
	,	WLLL #2 CC	JVV DF	AINIA AAEEE (A	731 ID. 0	070	U			1	valities (D'	T\ maxaar
	And Nitrite (NOX) pling Point (Sampling Point ID)				Monitori	na D	Pariod (Collect	ion Peri		-	T) per year Ince Status
	RY POINT WELL #2 COW BARN WE	:11 /2\			1/1/19 - :			Jonecu	ion Pen	ou		nplete
EINIF	AT POINT WELL #2 COW BARN WE	LL (3)									Coi	пріесе
					1/1/20 - : 1/1/21 - :							
Matar Cu	stem Facility: ENTRY POINT	NA/FLL #1 OI	FICE				01/21					
•	,	WELL #1 OI	FICE	WELL (WSF I	נט/טט :ע	L)					/5:	_,
	And Nitrite (NOX)				0.4 i	D	aniad 4	C-114	dan Dani		=	T) per year
	oling Point (Sampling Point ID)	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Monitori			Jonect	ion Peri	oa		ince Status
ENIF	RY POINT WELL #1 OFFICE WELL (3)			1/1/19 - :						Cor	nplete
					1/1/20 - :							
					1/1/21 - :		•					
		Oth	er C	ompliance	Sched	lule	es					
Complian	ce Schedule Activity				L	Due	Date		Achiev	ed	Date	
SEASONAI	L START UP COMPLETION				4	4/1/2	2020					
		Public	Not	ification R	equire	eme	ents					
				ompliance	Notice		Public N	lotific	ation		PN Certi	fication
Violation/	/Situation			Period	Tier		Required	_	 rformed	E	oue to DPH	Received
REVISED T	OTAL COLIFORM RULE (RTCR) TT	Violation	4/2/	/17 - 4/30/18	2		7/30/2017				8/9/2017	
	Water	System I	Facili	ity and Sar	npling	Ро	int Inve	ento	rv			
Water					1 0			otal	Lead a	nd		
System	Water System Facility	Sampling	Point	Sampling Poi	nt			liform				Stage
Facility ID		ID		Description				Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		Α					
		DOWNST	REAM	WITHIN 5 SER	VICE CON	١	Α					
		UPSTRE	AM	WITHIN 5 SER	VICE CON	١	Α					
00700	ENTRY POINT WELL #2 COW BARN WELL	3		ENTRY POINT	WELL #2		Α					
00701	ENTRY POINT WELL #1 OFFICE WELL	3		ENTRY POINT	WELL #1		Α					
59436	WELL #2 COW BARN WELL	2		WELL #2 COW	/ BARN W	/EL	Α					
				• •								

	Wa	ter Qual	ity Monit	oring a	nd Con	nplia	nce S	chedul	le	
PWS ID PV	NS Name					Classif	cation	Population	Owner Type	Primary Source
CT0614084 TI	HE HADDAM N	ECK FAIR ASS	SOCIATION, INC.	•		N	С	25	Р	GW
Local Address (whe	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combin	ed Agricultural
26 QUARRY HILL R	OAD			Connection	ıs		2			
Towns Served: HAI	DDAM				"	'		'	,	
		Water Sy	stem Facili	ity and Sa	ampling	Poin	t Inve	ntory		
Water							То	tal Lead	and	
*	System Facility	9	Sampling Point				Colif	orm Cop	per	Stage
Facility ID			ID	Description		Sta	tus Ri	ıle Rule	Tier Asbest	os WQP 2 DBPR
61262 WELL #2	L OFFICE WELL		2	WELL #1 OF	FICE WELL	. <i>F</i>	4			
			Con	tact Info	rmation	1				
Name			Or	rganization					Job Titl	e
Haddam Neck Fair	Association									
Mailing Address Lin	ne One		Mailing Address	s Line Two				City	State	Zip Code
			P O Box 48				Middle	Haddam	СТ	06456
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	ddress		
Contact Role(s): C)wner									
Name			Or	ganization					Job Titl	e
Mr. David Tozier				ie Haddam N	leck Fair As	ssn,Inc.		President		
Mailing Address Lir	ne One		Mailing Address	s Line Two				City	State	Zip Code
23 Olmstead Road							East Ha	ddam	СТ	06423
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	ddress		
860-267-5922										
Contact Role(s): L	egal Contact		1				1			
Name			Or	rganization					Job Titl	е

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mr. Wayne M. Rutty

26 Quarry Hill Road

Business Phone

860-267-5922

Mailing Address Line One

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

P. O. Box 220

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Haddan Neck Fair Assoc. Inc

Emergency Phone

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

End of schedule

Zip Code

06424

State

CT

City

waynemrutty@msn.net

Middle Haddam

Email Address

	Connecticut Depa	artmer	nt of	F Public F	lealth	Dr	inkir	ıσ W	ater S	Section	
	Water Qua							_			
PWS ID	PWS Name			011110		_					rimary Source
CT0614114	66 KILLINGWORTH ROAD HI	GGANUM					NC		25	Р	GW
Local Address (\	vhere applicable)			Service	Resident	tial C	Commei	rcial Ir	ndustrial	Combined	Agricultural
66 KILLINGWOR				Connections						1	
Towns Served: I	HADDAM										
		М	onit	oring Requ	iiremei	nts					
Water System	Facility: DISTRIBUTION S	YSTEM (WSF I	D: 00600)							
Total Coliforn	n (3100)								1 r	outine (RT)	per quarter
	Point (Sampling Point ID)				Monitorii	ng Pe	riod	Collect	ion Perio		iance Status
Select fron	n Inventory of Active Sampling	g 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				
Physical Para	meters (PPS)								1 r	outine (RT)	per quarter
Sampling I	Point (Sampling Point ID)				Monitorii	ng Pe	eriod	Collect	tion Perio	d Compl	iance Status
Select fron	า Inventory of Active Sampling	g Points			7/1/19 -	9/30,	/19			Co	omplete
				:	10/1/19 -					Co	omplete
					1/1/20 -	3/31,	/20				
					4/1/20 -	6/30,	/20				
					7/1/20 -	9/30,	/20				
Water System	Facility: ENTRY POINT (V	NSF ID: 0	0700)								
Nitrate And N										_	RT) per year
	Point (Sampling Point ID)				Monitorii			Collect	ion Perio	•	iance Status
ENTRY POI	NT (3)				1/1/19 - 1		-			Co	omplete
					1/1/20 - 1		-				
					1/1/21 - 1						
		Public	Not	ification R	equire	mei	nts				
			C	ompliance	Notice		<u>Public</u>	Notific	<u>ation</u>	PN Cer	<u>tification</u>
Violation/Situa				Period	Tier		Require		rformed	Due to DPH	
Total Coliform N				/18 - 9/30/18	3		L/13/20			11/23/2019	
	eters M&R Violation			/18 - 9/30/18	3		L/20/20			11/30/2019)
Total Coliform N				/19 - 3/31/19	3		/16/202			6/26/2020	
Physical Parame	eters M&R Violation			/19 - 3/31/19	3		/16/202			6/26/2020	
	Water S	ystem l	Facil	ity and Sar	npling	Poi	nt Inv	rento	ry		
Water System Water Facility ID	er System Facility	Sampling ID	Point	Sampling Poil Description	nt	S		Total oliform Rule		r	Stage WQP 2 DBPR
	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		A	Υ			
			REAM	WITHIN 5 SER			Α				
		UPSTRE	AM	WITHIN 5 SER	VICE CON	J	Α				
00700 ENTF	RY POINT	3		ENTRY POINT			Α				

Α

WELL 1

2

60985 WELL 1

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0614114	66 KILLINGWORTH ROAD HIGGANUM				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural
66 KILLINGWOF	RTH ROAD	Connections					1	

Towns Served: HADDAM

			C	ontact Inf	ormation				
Name				Organization		Job Title			
Mr. Jeffrey Polke				Polke Grace	Associates				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
66 Killingworth Rd						Higganur	n	CT	06441
Business Phone	Extension	Me	obile Phone	Emergency Phone	Email Address				
		·			860-221-5015	jpolke@g	gcioutdoor.com		

Contact Role(s): Administrative Contact, 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