

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1010094	POND HILL BAPTIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
85 POND HILL ROAD				1			
Towns Served: NORTH HAVEN							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21779	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Mr. Mike Carbaugh			Pond Hill Baptist Church			Pastor			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
85 Pond Hill Road						North Haven		CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-239-7708					pastorm@pondhill.net				
Contact Role(s): Administrative Contact, Legal Contact									

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.

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

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CT1010094	POND HILL BAPTIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
85 POND HILL ROAD				1			
Towns Served: NORTH HAVEN							

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1019024	THE ONLY GAME IN TOWN	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
275 VALLEY SERVICE ROAD				1			
Towns Served: NORTH HAVEN							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		
	12/1/19 - 12/31/19		
	1/1/20 - 1/31/20		
	2/1/20 - 2/29/20		
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION (4)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		
	12/1/19 - 12/31/19		
	1/1/20 - 1/31/20		
	2/1/20 - 2/29/20		
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

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

Nitrate (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Nitrite (1041)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1019024	THE ONLY GAME IN TOWN	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
275 VALLEY SERVICE ROAD				1			

Towns Served: NORTH HAVEN

Monitoring Requirements

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

Nitrite (1041)	1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>
	<i>Collection Period</i>
	<i>Compliance Status</i>
	1/1/21 - 12/31/21

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/18 - 4/30/18	3	9/10/2019		9/20/2019	
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3	9/10/2019		9/20/2019	
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	5/7/2020		5/17/2020	
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	5/7/2020		5/17/2020	
Total Coliform M&R Violation	1/1/19 - 1/31/19	3	5/7/2020		5/17/2020	
Total Coliform M&R Violation	2/1/19 - 2/28/19	3	5/7/2020		5/17/2020	
Total Coliform M&R Violation	3/1/19 - 3/31/19	3	5/7/2020		5/17/2020	
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	5/7/2020		5/17/2020	
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	5/7/2020		5/17/2020	
Physical Parameters M&R Violation	1/1/19 - 1/31/19	3	5/7/2020		5/17/2020	
Physical Parameters M&R Violation	2/1/19 - 2/28/19	3	5/7/2020		5/17/2020	
Physical Parameters M&R Violation	3/1/19 - 3/31/19	3	5/7/2020		5/17/2020	
Nitrate M&R Violation	1/1/19 - 3/31/19	3	5/8/2020		5/18/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
			DOWNSTREAM WITHIN 5 SERVICE CON	A			
			UPSTREAM WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
52316	WELL 1	2	WELL 1	A			
57675	TREATMENT PLANT						

Contact Information

Name		Organization			Job Title		
Mr. Erik Golinowski		The Only Game In Town			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
275 Valley Service Rd					North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-239-4653			203-988-0835		egolinowski@aol.com		
Contact Role(s): Administrative Contact							

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275 VALLEY SERVICE ROAD				1				
Towns Served: NORTH HAVEN								
Name			Organization			Job Title		
Mrs. Lorraine Velardi			Stillman Road Associates LLC			Manager Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
265 River Road						Hamden	CT	06518
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
					mackomom@att.net			
Contact Role(s): Owner								

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