

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0620044 | BROOKSVALE PARK-VETERANS' MEMORIAL BLDG | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 524 BROOKSVALE AVENUE | | | | 1 | | | |
| Towns Served: HAMDEN | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | | | |

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

| Nitrate And Nitrite (NOX) | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Water System Facility: WELL (WSF ID: 21076)

| E. Coli (3014) | | 1 routine (RT) per quarter | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| WELL (2) | 7/1/16 - 9/30/16 | | | | |
| | 10/1/16 - 12/31/16 | | | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 4/1/04 - 6/30/04 | 2 | 11/5/2004 | | 11/15/2004 | |
| Total Coliform M&R Violation | 1/1/04 - 3/31/04 | 2 | 11/5/2004 | | 11/15/2004 | |
| Total Coliform M&R Violation | 7/1/04 - 9/30/04 | 2 | 2/9/2005 | | 2/19/2005 | |
| Nitrate And Nitrite M&R Violation | 1/1/04 - 12/31/04 | 2 | 6/23/2005 | | 7/3/2005 | |
| Total Coliform M&R Violation | 10/1/04 - 12/31/04 | 2 | 6/23/2005 | | 7/3/2005 | |
| Total Coliform M&R Violation | 1/1/05 - 3/31/05 | 2 | 8/26/2005 | | 9/5/2005 | |
| Physical Parameters M&R Violation | 10/1/05 - 12/31/05 | 3 | 3/20/2007 | | 3/30/2007 | |

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0620044 | BROOKSVALE PARK-VETERANS' MEMORIAL BLDG | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 524 BROOKSVALE AVENUE | | | | 1 | | | |

Towns Served: **HAMDEN**

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Total Coliform M&R Violation | 1/1/07 - 3/31/07 | 2 | 6/22/2007 | | 7/2/2007 | |
| Physical Parameters M&R Violation | 4/1/06 - 6/30/06 | 3 | 8/18/2007 | | 8/28/2007 | |
| Physical Parameters M&R Violation | 1/1/07 - 3/31/07 | 3 | 5/22/2008 | | 6/1/2008 | |
| Nitrate And Nitrite M&R Violation | 1/1/09 - 12/31/09 | 2 | 4/1/2010 | | 4/11/2010 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 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 | | | | |
| 21076 | WELL | 2 | WELL | A | | | | |
| 57912 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | |
|-----------------------------|-----------|---------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Vincent Lavorgna | | Hamden Parks & Recreation | | | Park Ranger | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 524 Brooksvale Avenue | | | | | Hamden | CT | 06518 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-287-2669 | | 203-287-2670 | | | | | |

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

| | | | | | | | |
|-----------------------------|-----------|--------------------------|--------------|-----------------|---------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Scott D. Jackson | | Town of Hamden | | | Mayor | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| Hamden Government Center | | 2750 Dixwell Avenue | | | Hamden | CT | 06518 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-287-7000 | | 860-287-2501 | | | sjackson@hamden.com | | |

Contact Role(s): **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

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

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0620064 | YMCA - CAMP MOUNTAIN LAUREL | NC | 180 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 2700 DOWNES ROAD | | | | 1 | | | |
| Towns Served: HAMDEN | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| 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 | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |

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

| | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| Nitrate And Nitrite (NOX) | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 | Stage 2 Asbestos DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|-----------------------|
| 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 | | | |
| 21078 | WELL | 2 | WELL | A | | | |

Contact Information

| | | | | | | | | |
|---------------------------------------|-----------|--------------------------|--------------|-----------------|--------------------|--------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Joshua Royce | | | YMCA | | | Executive Director | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| | | 1605 Sherman Ave | | | Hamden | | CT | 06514 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-248-6361 | | 203-281-4858 | | 603-762-4394 | jroyce@cccymca.org | | | |
| Contact Role(s): Legal Contact | | | | | | | | |

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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 | | | |
| CT0620064 | YMCA - CAMP MOUNTAIN LAUREL | NC | 180 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 2700 DOWNES ROAD | | | | 1 | | | | |
| Towns Served: HAMDEN | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Timothy Gallogy | | | North Haven YMCA | | | Facilities Director | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 2700 Downes Rd | | | | | | Hamden | CT | 06518 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-281-4858 | 2214 | 203-281-4858 | | 203-314-3484 | | | | |
| 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.

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<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 | | |
| CT0620074 | BROOKSVALE PARK - FIELD HOUSE | NC | 25 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 524 BROOKSVALE AVENUE | | | | 1 | | | |
| Towns Served: HAMDEN | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| | | | |
|---|--------------------------|--------------------------|-----------------------------------|
| 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 | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| | | | |
|---|--------------------------|--------------------------|-----------------------------------|
| Physical Parameters (PPX) | | | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | 10/1-11/30 | |

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

| | | | |
|---|--------------------------|--------------------------|--------------------------------|
| Nitrate And Nitrite (NOX) | | | 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) | 1/1/16 - 12/31/16 | 4/1-11/30 | Complete |
| | 1/1/17 - 12/31/17 | 4/1-11/30 | |
| | 1/1/18 - 12/31/18 | 4/1-11/30 | |

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 | Stage 2 Asbestos | DBPR |
|--------------------------|-----------------------|-------------------|---------------------------------|--------|---------------------|---------------------------|------------------|------|
| 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 | | | | |
| 22892 | WELL #1 | 2 | WELL #1 | A | | | | |

Contact Information

| | | | | | | | | | | |
|-----------------------------|-----------|-------------------------------|---------------------------|--------------------------|---------------|-------------|--|--------|-------|----------|
| Name | | | Organization | | | Job Title | | | | |
| Mr. Vincent Lavorgna | | | Hamden Parks & Recreation | | | Park Ranger | | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | | City | State | Zip Code |
| 524 Brooksvale Avenue | | | | | | | | Hamden | CT | 06518 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | | |
| 203-287-2669 | | 203-287-2670 | | | | | | | | |
| Contact Role(s): | | Administrative Contact | | | | | | | | |

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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 | | | |
| CT0620074 | BROOKSVALE PARK - FIELD HOUSE | NC | 25 | L | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 524 BROOKSVALE AVENUE | | | | 1 | | | | |
| Towns Served: HAMDEN | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Curt B. Leng | | | Town of Hamden | | | Mayor | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| Hamden Government Center | | | 2750 Dixwell Avenue | | | Hamden | CT | 06518 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-287-7100 | | | | | cleng@hamden.com | | | |
| Contact Role(s): Legal 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

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

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0621014 | CHURCH OF THE ASCENSION | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1040-1050 DUNBAR HILL RD | | | | 1 | | | |
| Towns Served: HAMDEN | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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

| Nitrate And Nitrite (NOX) | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00500 | WELL 1 | 2 | WELL 1 | A | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |

Contact Information

| | | | | | | | | | |
|---|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Reverend Thomas J. O'rouke | | | Church of The Ascension | | | Pastor | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 1050 Dunbar Hill Road | | | | | | Hamden | | CT | 06514 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-288-7516 | | | | | | | | | |
| Contact Role(s): Administrative Contact, Owner | | | | | | | | | |

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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 | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0621014 | CHURCH OF THE ASCENSION | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1040-1050 DUNBAR HILL RD | | | | 1 | | | |

Towns Served: **HAMDEN**

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

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