

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0840054	HAPPY SHACK	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
883 NORTH STREET			1		

Towns Served: MILFORD

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21476)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	2	GENERATED BY BATCH	I	Y				
		4	DISTRIBUTION SYSTEM	A	Y				
	DOWNSTREAM	WITHIN 5 SERVICE CON		A					
	UPSTREAM	WITHIN 5 SERVICE CON		A					
00700	ENTRY POINT	3	ENTRY POINT	A					
21476	WELL	2	WELL	A					
57179	PRESSURE STORAGE								
57216	TREATMENT PLANT								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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883 NORTH STREET			1		

Towns Served: MILFORD

Contact Information

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

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

Name	Organization	Job Title			
Ms. Carol Gavrielidis	Happy Shack	Owner			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
883 North Street		Milford CT 06460			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address chris@harborlightsrestaurant-ct.com
203-979-4409					

Contact Role(s): **Owner**

Name	Organization	Job Title			
Mr. Chris Gavrielidis	Happy Shack	Owner			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
883 North Street		Milford CT 06460			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address rwmil1@aol.com
203-293-5501					

Contact Role(s): **Owner**

Please note the following:

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

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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