

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 | Agricultural |
| 883 NORTH STREET | | | | | 1 | | | |
| Towns Served: MILFORD | | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | | 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 | | |

| Physical Parameters (PPS) | | 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)**

| Nitrate And Nitrite (NOX) | | 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)**

| E. Coli (3014) | | 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 Rule | Lead and Copper Rule Tier | Asbestos | 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 | | Connections | | 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 | | |
| 203-216-4463 | | | | | gavrielidis@aol.com | | |

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 | | |
| 203-979-4409 | | | | | chris@harborlightsrestaurant-ct.com | | |

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 | | |
| 203-293-5501 | | | | | rwmil1@aol.com | | |

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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