	Connecticut Department					0			ection		
	Water Quality Mo	moring an	u con	-		1		1			
PWS ID	PWS Name			Clas	ssification	Pop		Ow		Prir	nary Source
СТ0081011	BETHANY MOBILE HOME PARK				С		138		Р		GW
	where applicable)	Service	Residen	tial	Commerc	ial	Industri	al	Combine	ed	Agricultural
4TH AVE		Connections	55								
Towns Served:				_		_		_		_	
	Mo	nitoring Requ	iireme	nts							
Water System	a Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)									
Chlorine Resi	idual (1012)						1	l roi	utine (RT	⁻) pe	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period (Colle	ction Pe	riod	Com	pliar	nce Status
Select fror	m Inventory of Active Sampling Points		7/1/19 -	9/3	0/19				(Com	plete
			10/1/19 -	12/	31/19				(Com	plete
			1/1/20 -	3/3	1/20				(Com	plete
			4/1/20 -	6/3	0/20						
			7/1/20 -	9/3	0/20						
Asbestos (10	94)						1 rc	outir	ne (RT) p	er r	ine years
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period (Colle	ction Pe	riod	Com	pliar	nce Status
Select fror	m Inventory of Active Sampling Points		1/1/13 -	12/3	81/21						
Total Coliform	m (3100)						1	l roι	utine (RT	⁻) pe	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period (Colle	ction Pe	riod	Com	pliar	nce Status
Select fror	m Inventory of Active Sampling Points		7/1/19 -	9/3	0/19				(Com	plete
			10/1/19 -						(Com	plete
			1/1/20 -							Com	plete
			4/1/20 -								
			7/1/20 -	9/3	0/20						
	Byproducts - TTHM & HAA5 (DBP)									-) per year
	Point (Sampling Point ID)		Monitori	_			ction Pe	riod			nce Status
UNIT #53	(U-53)		1/1/19 -				/1-7/31			Com	plete
			1/1/20 -		•		/1-7/31				
			1/1/21 -	12/3	81/21	7	/1-7/31		<i>i</i>	-	
Lead And Cop									• • •		ree years
	Point (Sampling Point ID)		Monitori				ction Pe		Com	oliar	nce Status
	m Inventory of Active Sampling Points		1/1/17 -	12/3	31/17	6	5/1-9/30		()		
Lead And Cop			Manita		outed a	C					x months
	Point (Sampling Point ID)		Monitori			olle	ction Pe	riod			nce Status
Select from	m Inventory of Active Sampling Points		7/1/19 -								plete
			1/1/20 -						(Lom	plete
Dhuring! Da	motors (DDS)		7/1/20 -	12/3	51/20			1		-)	
•	imeters (PPS) Point (Sampling Point ID)		Monitor	ina P	Deriod	Colle	ction Pe		-	•••	er quarter
	m Inventory of Active Sampling Points		Monitori 7/1/19 -		Jone	cuon re	nud		Compliance Status Complete		
Select from	in inventory of Active Sampling Points		- 10/1/19 - 10/1/19								plete plete
			1/1/20 -								plete
			4/1/20 -							COIII	piele
			7/1/20 -								
Mater System	Facility: ENTRY POINT (WSF ID: 007	00)	,,1,20-	כוכ	0/20						
-		00)						1	utine (P	T)	
Fluoride (102 Sampling	25) Point (Sampling Point ID)		Monitori	ing P	Period (Colle	ction Pe		-		er month ace Status
NOTE: This inform	ation has been provided to help owners and operato	rs of public water syste	ems mainta	in coi	mpliance wit	h drin	nking wate	er qua	lity monito	ring	requirements.

	Connecticut Departmen	t of Public	Health	Drinki	ng V	Water	' Se	ection	
	Water Quality Mo	onitoring a	nd Con	npliance	e So	chedul	le		
PWS ID	PWS Name	0						ner Type P	rimary Source
СТ0081011	BETHANY MOBILE HOME PARK			С		138		P	GW
Local Address (where applicable)	Service	Residen	tial Comme	ercial	Industri	al	Combined	Agricultural
4TH AVE		Connection	ns 55						
Towns Served:	BETHANY		1						
	Ma	onitoring Red	uireme	ents					
Water System	n Facility: ENTRY POINT (WSF ID: 00		1						
Fluoride (10	25)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Coll	lection Pe	riod	Compli	ance Status
ENTRY PO	INT (3)		10/1/19 -	- 10/31/19				Со	mplete
			11/1/19 -	- 11/30/19				Со	mplete
			12/1/19 -	- 12/31/19				Co	mplete
			1/1/20 -	- 1/31/20				Со	mplete
			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					
Nitrate (104	0)					1	l ro		per quarter
	Point (Sampling Point ID)			ing Period	Coll	ection Pe	riod	Compli	ance Status
ENTRY PO	INT (3)			- 9/30/19					mplete
				- 12/31/19					mplete
			1/1/20 -	- 3/31/20				Со	mplete
				- 6/30/20					
			7/1/20 -	- 9/30/20					
Net Gross Al									three years
	Point (Sampling Point ID)			ing Period	Coll	ection Pe	riod		ance Status
ENTRY PO	INT (3)			12/31/19				Со	mplete
				12/31/22					
			1/1/23 -	12/31/25					
Uranium (40									three years
	Point (Sampling Point ID)			ing Period	Coll	ection Pe	riod	-	ance Status
ENTRY PO	INT (3)			12/31/19				Со	mplete
				12/31/22	_				
			1/1/23 -	12/31/25					
	adium-226/228 (4010)								three years
	Point (Sampling Point ID)		ing Period	Collection Period			-	Compliance Status	
ENTRY PO	INT (3)			12/31/19				Со	mplete
				12/31/22					
			1/1/23 -	12/31/25				/·	
-	emicals (IOCS)								three years
	Point (Sampling Point ID)			ing Period	Coll	ection Pe	rıod		ance Status
ENTRY PO	INT (3)			12/31/21				Со	mplete
			1/1/22 -	12/31/24					

	Connecticut Department					<u> </u>			ion	
	Water Quality Mor	nitoring an	d Con				hedul	е		
PWS ID	PWS Name			Clas	sification	Ро	pulation	Owner	Type Pi	imary Source
СТ0081011	BETHANY MOBILE HOME PARK	1			C		138	Р		GW
	(where applicable)	Service	Residen	tial	Commer	cial	Industria	l Cor	nbined	Agricultural
4TH AVE		Connections	55							
Towns Served	BETHANY									
	Mon	hitoring Requ	uireme	nts						
Water Syster	m Facility: ENTRY POINT (WSF ID: 0070	00)								
Nitrate And	Nitrite (NOX)							1 rou	itine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Per	iod	Compli	ance Status
ENTRY PC	DINT (3)		1/1/19 -	12/3	1/19				Со	mplete
			1/1/20 -	12/3	1/20				Со	mplete
			1/1/21 -	12/3	1/21					
Pesticides, H	lerbicides and PCBs - Phase II & V (SOC	S)					1 rou	tine (R	T) per	three years
	Point (Sampling Point ID)		Monitori	-		Colle	ection Per	iod		ance Status
ENTRY PC	DINT (3)		1/1/17 -		•				Со	mplete
			1/1/20 -	12/3	1/22					
			1/1/23 -	12/3	1/25					
-	micals (VOCS)						1 rou	-		three years
	Point (Sampling Point ID)		Monitori	_		Colle	ection Per	iod		ance Status
ENTRY PC	DINT (3)		1/1/18 -						Со	mplete
			1/1/21 -	12/3	1/23					
Water Syster	m Facility: WELL #3 (WSF ID: 60947)									
E. Coli (3014	-						1			per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Per	iod	Compli	ance Status
WELL #3	(2)		7/1/19 -							
			10/1/19 -						Со	mplete
			1/1/20 -						Со	mplete
			4/1/20 -							
			7/1/20 -	9/30	0/20					
	m Facility: WELL #4 (WSF ID: 60949)									
E. Coli (301	-									per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Per	iod	Compli	ance Status
WELL #4	(2)		7/1/19 -							
			10/1/19 -							mplete
			1/1/20 -						Со	mplete
			4/1/20 -							
			7/1/20 -	9/30	0/20					
	m Facility: WELL #1 (WSF ID: 61095)									
E. Coli (3014	-									per quarter
	Point (Sampling Point ID)		Monitori	-		Colle	ection Per	iod	Compli	ance Status
WELL #1	(2)		7/1/19 -							
			10/1/19 -							
			1/1/20 -							
			4/1/20 -							
			7/1/20 -	9/30	J/20					
water Syster	m Facility: WELL #2 (WSF ID: 61097)									

Connecticut De	epartment of	f Public H	ealth [Drinkin	g Wa	ter S	Section	
Water Q	uality Monit	oring and	d Comp	oliance	Sche	dule)	
PWS ID PWS Name			Cl	lassification	Popula	ntion C	wner Type Pr	imary Source
CT0081011 BETHANY MOBILE HOM	1E PARK			С	138	3	Р	GW
Local Address (where applicable)		Service	Residentia	l Commer	cial Ind	lustrial	Combined	Agricultural
4TH AVE		Connections	55					
Towns Served: BETHANY								
		oring Requ	irement	ts				
Water System Facility: WELL #2 (W	/SF ID: 61097)						· /	
E. Coli (3014)							outine (RT) p	•
Sampling Point (Sampling Point ID)			Monitoring		Collectio	on Perio	od Complie	ance Status
WELL #2 (2)			7/1/19 - 9/					
		1	.0/1/19 - 12				Co	mplete
			1/1/20 - 3/					
			4/1/20 - 6/ 7/1/20 - 9/					
Monthly Wat	er System Facil	ity (\M/SE) I				iirom	onts	
Water System Facility: ENTRY POIN	-				Snequ	in en		
	Requirement (Summ		Operat	ting Limit			Samples Re	a/Month
-			-	um: 0.2 M	= /1		Dai	-
Start Date: 1/1/2005	Chlorine Residual Mo		nce History					
Start Bate. 1/1/2005		-	ing Period	Ŭ	perating omplian	-	Monitor	nce Status:
			19 - 10/31/2		ompilan	ce stat	us: compila	nee Status.
			19 - 11/30/2					
			19 - 12/31/2					
) - 1/31/202					
) - 2/29/202					
	Other C	ompliance						
Compliance Schedule Activity			Du	e Date		Achieve	ed Date	
DISTRIBUTION SYSTEM MATERIALS EVAL	UATION		8/3	1/2019				
SUBMIT CCR TO THE DEPARTMENT			7/1	1/2020				
SUBMIT CCR CERTIFICATION FORM			8/9	9/2020				
CROSS CONNECTION EXEMPTION			3/1	1/2022				
	Public Not	ification R	equirem	nents				
	C	ompliance	Notice	Public	<u>Notificat</u>	ion	PN Cert	i <u>fication</u>
Violation/Situation		Period	Tier	Requirea		ormed		Received
E. Coli M&R Violation		/19 - 9/30/19	3	1/28/202			2/7/2021	
E. Coli M&R Violation		/19 - 9/30/19	3	1/28/202			2/7/2021	
E. Coli M&R Violation		/19 - 9/30/19	3	1/28/202			2/7/2021	
E. Coli M&R Violation		/19 - 9/30/19	3	1/28/202		_	2/7/2021	
	er System Facil	ity and San	npling P					
Water System Water System Facility	Sampling Point	Sampling Doi	n <i>t</i>			Lead ai		Ctores
System Water System Facility Facility ID	Sampling Point ID	Description			liform Rule	Coppe Rule Ti	er Fer Asbestos	Stage WOP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	GENERIC DIST		<u>Status</u> A	Y	nuie II	C/ //30C3t03	
	4 DOWNSTREAM			A	I			
					Y	N		
	U-10 U-16	UNIT #10 UNIT #16		A	Y Y	N N		

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

			ter Qua	lity Moni	tui ilig a		•	T			- -	
PWS ID		/S Name		DV		(Own		rimary Sour
CT0081011				IKK	Comileo	Desidenti	C		138		P	GW
	ess (wne	re applicable)			Service Connection	Residenti	al Comm	hercial	ndustri	ai	Combined	Agricultur
4TH AVE Fowns Serv					connection	ns 55						
Iowns Serv	Ved: BETT					It (
			water S	ystem Faci	lity and S	ampling I	Point II	nvento	ory			
Water System Facility ID	Water S	ystem Facility	,	Sampling Poin ID	t Sampling F Description		Status	Total Coliform Rule		per	Asbestos	Stag WQP 2 DBI
				U-18	UNIT #18		А	Y	Ν	l		
				U-48	UNIT #48		А	Y	Ν	1		
				U-53	UNIT #53		А	Y	Ν	J		Y
				U-8	UNIT #8		А	Y	Ν	1		
				UPSTREAM		ERVICE CON	A					
00700	ENTRY P	OINT		3	ENTRY POI	NT	А					
603		R TANKS Y MOBILE HOI ENT PLANT	ME PARK									
60947	WELL #3			2	WELL #3		А					
60949	WELL #4			2	WELL #4		А					
61095	WELL #1			2	WELL #1		А					
	WELL #2			2	WELL #2		А					
61099	ATMOSP	HERIC STORA	GE TANK									
61101	BOOSTE	R PUMPS										
				Certified	d Operato	r Informa	ation					
Nater Sve	tem Fac	ility: BETH		E HOME PAR	•			603)				
		on: CLASS 1 TH						000)				Contificatio
Operator I				Operator Ty	ne	Certification	(s)					Certificatio Expiratior
HURLBUT,				CHIEF OPERAT	-	WATER TREA			FRATO	8 - CI	A22 II	12/31/202
HOREBOT,	TAOL									V - CL	A33 II	12/31/202
					ntact Info	rmation						
Name	_				Organization						Job Title	
Mr. Richar					Garden Home	s Manageme	nt Corp.		esident			
Vailing Ad		e One		Mailing Addre	ss Line Two				City		State	Zip Code
29 Knapp S			_					amford			СТ	06907
Business		Extension	Fax		oile Phone	Emergency F						
203-348		2475	203-967-	8372		203-219-1	971 ric	hard@ga	irdenho	mesr	nanageme	ent.com
	ore(s): Le	gal Contact, (Jwner	I.	Over 1 11						Lab Titl	
Name Mr. Glenn				(Organization Garden Home	s Manageme	nt Corp	Re	gional I	Mana	Job Title Iger	
Mailing Ad		e One		Mailing Addre	ss Line Two				City		State	Zip Code
29 Knapp S				PO Box 4401				amford			СТ	06907
Business	Phone	Extension	Fax		oile Phone	Emergency F						
				845	-453-1147		σle	ennfreer@	จิงล่ทดด	.com		

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

		0		L			
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
СТ0081011	BETHANY MOBILE HOME PARK			C	138	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
4TH AVE		Connections	55				
Towns Served	BETHANY			÷		1	
Please note t	he following:						
1. The residu	al disinfectant concentration must be measured at th	e same location	and time a	as each total coli	form sample.		
2. If a Collect	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i. lence sent by the DWS on or after the generation dat			· · · ·		0,	'

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

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

End of schedule