	Connectic	ut Dana	ntm o	nt of	Dublic	Hoolth	D ^w :	inlein	~ T A7	aton Co	otion	
	Connectic	•							_		ection	
	Wa	ter Qual	lity M	lonito	oring a	nd Com	plia	ance	Sch	edule		
PWS ID	PWS Name					(Classi	ificatior	Popu	ulation Ow	ner Type P	rimary Source
CT0080044	667-687 AMITY	ROAD					ı	NC	2	25	Р	GW
Local Address (v	vhere applicable)				Service	Resident	ial C	Commer	cial Ir	ndustrial	Combined	Agricultural
667-687 AMITY	ROAD				Connection	ıs		1				
Towns Served: E	BETHANY											
			V	lonito	ring Rec	quiremer	nts					
Water System	Facility: DISTR	IBUTION SY	STEM ((WSF ID	: 00600)							
Total Coliform	n (3100)									1 rou	utine (RT)	per quarter
Sampling F	Point (Sampling P	oint ID)				Monitorin	ıg Per	riod	Collect	tion Period	Compl	iance Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 - 9	9/30/	/19			Co	mplete
						10/1/19 - 1	12/31	l/19			Co	mplete
						1/1/20 - 3	3/31/	′ 20			Co	mplete
						4/1/20 - 6	6/30/	′ 20				
						7/1/20 - 9	9/30/	′ 20				
Physical Para	meters (PPS)									1 rou	utine (RT)	per quarter
Sampling F	Point (Sampling P	oint ID)				Monitorin	g Per	riod	Collect	tion Period	Compl	iance Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 - 9	9/30/	19			Co	mplete
						10/1/19 - 1	12/31	l/19			Co	mplete
						1/1/20 - 3	3/31/	′ 20			Co	mplete
						4/1/20 - 6	6/30/	′ 20				
						7/1/20 - 9	9/30/	/20				
Water System	Facility: ENTR	Y POINT (W	VSF ID: 0	0700)								
Nitrate And N	litrite (NOX)									1	routine (I	RT) per year
Sampling F	Point (Sampling P	oint ID)				Monitorin	ıg Per	riod	Collect	tion Period	Compl	iance Status
ENTRY POI	NT (3)					1/1/19 - 1	.2/31,	/19			Co	mplete
						1/1/20 - 1	.2/31,	/20			Co	mplete
						1/1/21 - 1	.2/31,	/21				
		Water Sy	ystem	Facilit	y and Sa	ampling I	Poir	nt Inv	ento	ry		
Water									Total	Lead and		
- /	er System Facility				Sampling P			Co	oliform			Stage
Facility ID			ID		Description	1	St	tatus	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM		Α	Υ			
00700 ENTR	RY POINT		3		ENTRY POIN	NT		Α				
20150 WELL	-		2	<u>'</u>	WELL			Α				
				Cont	act Info	rmation						
Name				Org	ganization						Job Title	
Mr. Matt Micro	s											
Mailing Address	Line One		Mailing	Address	Line Two				С	ity	State	Zip Code
242 Whippoorw	vill Lane							Strat	ford		СТ	06614
Business Phon	ne Extension	Fax		Mobile	e Phone	Emergency l	Phone	e Emai	l Addre	ess		
203-650-4963	3							matt	micros	@aol.com		
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct, Owne	er							

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

		_			_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0080044	667-687 AMITY ROAD				NC	25	Р	GW
Local Address (w	here applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
667-687 AMITY I	ROAD		Connections		1			

Towns Served: BETHANY

Please note the following:

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- 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 Depa	ortment of	f Dublic	Health D	rin	lking '	Mator S	action	
•							ection	
Water Qua	ility Monii	toring a	-					
PWS ID PWS Name			Cl			-		rimary Source
CT0080094 FIRST CHURCH OF CHRIST C	ONGREGATIONA		5	N(25	Р	GW
Local Address (where applicable)		Service Connection	Residentia	I Cor	mmercial	Industrial	Combined	l Agricultural
511 AMITY ROAD		Connection	13		1			
Towns Served: BETHANY			• .					
Water System Facility: DISTRIBUTION S			quirement	is .				
Total Coliform (3100)						1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Perio	od Col	lection Perio	d Compl	iance Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9/	30/19	9		Co	omplete
			10/1/19 - 12				Co	omplete
			1/1/20 - 3/				Co	omplete
			4/1/20 - 6/					
			7/1/20 - 9/	30/20	0			
Physical Parameters (PPS)					,			per quarter
Sampling Point (Sampling Point ID)			Monitoring			lection Perio		iance Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9/	-				omplete
			10/1/19 - 12					omplete
			1/1/20 - 3/				C	omplete
			4/1/20 - 6/	-				
Water System Facility: ENTRY POINT (WSE ID: 00700)		7/1/20 - 9/	30/20	U			
	W3F ID: 00700)						1	DT)
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitoring	Doric	nd Col	lection Perio	-	RT) per year iance Status
ENTRY POINT (3)			1/1/19 - 12/			iection Period		omplete
LIVINI I CINI (3)			1/1/20 - 12/					mpiete
			1/1/21 - 12/					
Water	system Easil	ity and S				tory		
	ystem Facil	ity and 3	amping P	OIIIC				
Water System Water System Facility	Sampling Point	Samplina P	Point		Tota Colifo			Stage
Facility ID	ID	Description		Stat	D			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM	A				
	DOWNSTREAM	WITHIN 5 S	ERVICE CON	А	١			
	UPSTREAM	WITHIN 5 S	ERVICE CON	А	١			
00700 ENTRY POINT	3	ENTRY POI	NT	А	\			
20155 WELL	2	WELL		Α	١			
57121 TREATMENT PLANT								
57147 PRESSURE TANK								
	Con	ntact Info	rmation					
Name		rganization					Job Title	
	U	. 501112011011					300 1100	
Mr. Rupert A. Covev								
Mr. Rupert A. Covey Mailing Address Line One	Mailing Addres	s Line Two				Citv	State	Zip Code
Mr. Rupert A. Covey Mailing Address Line One 112 Lebanon Road	Mailing Addres	ss Line Two			Bethanv	City	State	Zip Code 06524
Mailing Address Line One		ile Phone	Emergency Ph		Bethany Email Ad			Zip Code 06524
Mailing Address Line One 112 Lebanon Road			Emergency Ph		-			-

•	Commectic	ut Depa	ii tiiit	TIL U	i i ubiic	Hearth	וועו	אוואווו	s vvaler	Section	П	
	Wa	ter Qua	lity N	Ionit	toring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name						Classi	fication	Population	Owner Typ	e Pr	imary Source
СТ0080094	FIRST CHURCH C	F CHRIST CO	NGREG	ATIONA	AL		NC		25	Р		GW
Local Address (w	ocal Address (where applicable)				Service	Resider	Residential Con		al Industri	al Combi	ned	Agricultural
511 AMITY ROAD					Connection	ıs		1				
Towns Served: Bi	ETHANY				1	,			,			
Name				0	rganization					Job Ti	tle	
Reverend Carolin	ne K. Murphy			1	St Church of (Christ Cong	5					
Mailing Address I	Line One		Mailing	Addres	ss Line Two				City	State	ة	Zip Code
511 Amity Road								Bethan	ıy	СТ		06524
Business Phone	e Extension	Fax		Mob	ile Phone	Emergency	/ Phon	e Email A	Address			
203-393-3116		203-393-3	3116									
Carata at Dala/a).	A alma imi atma tima	C	,					-				

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

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Сс		*			Health I				ection	
	Wat	ter Qual	lity Moni	itoring a	and Comp	oliai	nce Sc	hedule		
PWS ID PW	/S Name				С	lassific	cation Po	pulation Ov	ner Type I	Primary Source
CT0080144 CH	RIST EPISCOP	AL CHURCH				NO	С	25	Р	GW
Local Address (wher	e applicable)			Service	Residentia	al Cor	mmercial	Industrial	Combine	d Agricultural
526 AMITY ROAD				Connectio	ons		1			
Towns Served: BETH	IANY									
			Moni	toring Re	quiremen	ts				
Water System Fac	ility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)						
Total Coliform (3	3100)							1 ro	utine (RT)	per quarter
Sampling Point	=	oint ID)			Monitoring	, Perio	od Coll	ection Period		liance Status
Select from Inv			Points		7/1/19 - 9					omplete
	·				10/1/19 - 1	•				omplete
					1/1/20 - 3					omplete
					4/1/20 - 6					•
					7/1/20 - 9					
Physical Paramet	ers (PPS)							1 ro	utine (RT)	per quarter
Sampling Point	t (Sampling P	oint ID)			Monitoring	, Perio	d Coll	ection Period	l Comp	liance Status
Select from Inv	entory of Acti	ive Sampling	Points		7/1/19 - 9	/30/19	9		С	omplete
					10/1/19 - 1	2/31/1	19		С	omplete
					1/1/20 - 3	/31/20)		С	omplete
					4/1/20 - 6	/30/20)			
					7/1/20 - 9	/30/20)			
Water System Fac	ility: ENTRY	POINT (W	/SF ID: 00700	0)						
Nitrate And Nitri	te (NOX)							1	routine (RT) per year
Sampling Point	t (Sampling P	oint ID)			Monitoring	, Perio	od Coll	ection Period	l Comp	liance Status
ENTRY POINT (3)				1/1/19 - 12	2/31/1	.9		С	omplete
					1/1/20 - 12	2/31/2	0		С	omplete
					1/1/21 - 12	2/31/2	1			
		Water Sy	stem Fac	ility and S	Sampling P	oint	Invent	tory		
Water			<u> </u>				Tota	l Lead and	1	
System Water Sy	stem Facility		Sampling Poir				Colifo	rm Copper		Stage
Facility ID			ID	Descriptio	n	Stat	tus Rule	e Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBU	ITION SYSTEM		4	DISTRIBUT	TON SYSTEM	Α	, Y			
			DOWNSTREAM	M WITHIN 5	SERVICE CON	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α	L			
00700 ENTRY PO	TNIC		3	ENTRY PO	INT	Α	.			_
20159 WELL			2	WELL		Α				
57220 PRESSUR	E STORAGE									
			Co	ntact Info	ormation					
Name				Organization					Job Title	
Ms. Diane Prall				Christ Episcor	pal Church			Office Manag		
Mailing Address Line	e One		Mailing Addre					City	State	Zip Code
Office Manager			526 Amity Ro				Bethany	· ·	СТ	06524
Business Phone	Extension	Fax		bile Phone	Emergency P			dress		
203-393-3399	'				37-			nristchurchbe	ethany.org	
Contact Role(s): Ac	lministrative	Contact			1				, 0	

(Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	e			
PWS ID	WS Name					Cla	ssification	Population	Owner T	ype Pı	rimary Source	
CT0080144	HRIST EPISCOP	AL CHURCH					NC	25	Р		GW	
Local Address (wh	ere applicable)			Service	Residen	ntial	Commerci	al Industri	al Com	bined	Agricultural	
526 AMITY ROAD			Connection	ns		1						
Towns Served: BE	THANY											
Name			Or	ganization					Job	Title		
Mr. Matt Baker			Ch	rist Episcop	al Church			Junior Wa	ırden			
Mailing Address L	ine One		Mailing Address	Line Two				City	St	ate	Zip Code	
526 Amity Rd							Bethan	ıy	C	Т	06524	
Business Phone	Mobil	le Phone	Emergency Phone Email Address									
203-393-3399					203-644-	-755	1 office@	christchurc	hbethany	org.		
Contact Role(s):	Legal Contact											

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

Please note the following:

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

End of schedule

	Connecticut Dep								
		ality Moni	toring and	d Com	1				
PWS ID	PWS Name				Classifica	tion Po		wner Type Pr	imary Source
CT0080154	119 AMITY ROAD				NC		28	Р	GW
Local Address	(where applicable)		Service	Resident	tial Comi	mercial	Industrial	Combined	Agricultural
GRAND AVE P			Connections			2			
Towns Served	: BETHANY								
		Moni	toring Requ	iireme	nts				
Water Syster	n Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Colifor	rm (3100)						1 r	outine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Period	Colle	ection Perio	d Compli	ance Status
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 -	9/30/19				_
			:	10/1/19 -	12/31/19			Co	mplete
				1/1/20 -	3/31/20			Co	mplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Physical Par	ameters (PPS)						1 re	outine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Period	Colle	ection Perio	d Compli	ance Status
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 -	9/30/19				
			-	10/1/19 -	12/31/19			Co	mplete
				1/1/20 -	3/31/20			Co	mplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700))						
Nitrate And	Nitrite (NOX)							1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Period	Colle	ection Perio	d Compli	ance Status
ENTRY PO	DINT (3)			1/1/19 - 3	12/31/19			Co	mplete
				1/1/20 - 3	12/31/20			Co	mplete
				1/1/21 - :	12/31/21				
		Public No	tification R	equire	ments				
			Compliance	Notice	Pul	olic Noti <u>f</u>	<u>fication</u>	PN Cert	<u>ification</u>
Violation/Situ			Period	Tier	Requ		Performed	Due to DPH	Received
	neters M&R Violation		1/04 - 9/30/04	3	12/20/			12/30/2005	
	M&R Violation		1/19 - 6/30/19	3	9/19/			9/29/2020	
	neters M&R Violation		1/19 - 6/30/19	3	9/19/	2020		9/29/2020	
-	neters M&R Violation		1/19 - 9/30/19	3	1/28/			2/7/2021	
Total Coliform	M&R Violation	7/	1/19 - 9/30/19	3	1/28/	2021		2/7/2021	
	Water	System Faci	lity and Sar	npling	Point I	nvent	ory		
Water						Total			
-	iter System Facility		t Sampling Poi	nt		Colifor			Stage
Facility ID	TRIBLITION	ID .	Description	. 0./2==-	Statu		e Kule Ti	er Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			Υ			
			/ WITHIN 5 SER						
		UPSTREAM	WITHIN 5 SER	VICE CON					
	TRY POINT	3	ENTRY POINT		Α				
20160 WE	LL	2	WELL		Α				

48183 TREAMENT PLANT

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0080154	119 AMITY ROAD				NC	28	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
GRAND AVE PIZ	ZA	Connections			2			

Towns Served: BETHANY

Contact Information												
Name				Organization		Job Title						
Mr. Erwin A. Sickinger				119 Rt 63 Ass	ociates LLC		Manager					
Mailing Address Line One Mailing Addr			ress Line Two		City		State	Zip Code				
45 Banner Dr						Milford		СТ	06460			
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress					
203-878-6524			20	3-710-2700		bannersys@aol.com						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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

End of schedule

Connecticut Departn				_			
	Monitoring an	a Con					
PWS ID PWS Name			Clas		-		Primary Source
CT0080204 TEDDY BS		5		NC	25	Р	GW
Local Address (where applicable)	Service Connections	Residen	itial	Commerci	al Industria	l Combine	d Agricultural
136 AMITY ROAD	Connections			1			
Towns Served: BETHANY							
	Monitoring Requ	uireme	nts	<u> </u>			
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)						
Total Coliform (3100)							per quarter
Sampling Point (Sampling Point ID)		Monitor			ollection Per		liance Status
Select from Inventory of Active Sampling Poin	ts	7/1/19 -					omplete
		10/1/19 -					omplete
		1/1/20 -				С	omplete
		4/1/20 -					
		7/1/20 -	- 9/3	0/20			
Physical Parameters (PPS)		0.0 14	·	Namia di Co			per quarter
Sampling Point (Sampling Point ID)	+ ₀	Monitori			ollection Per		liance Status
Select from Inventory of Active Sampling Poin	ıs	7/1/19 - 10/1/19 -					omplete omplete
		1/1/20 -					omplete
		4/1/20 -					ompiete
		7/1/20		-			
Water System Facility: ENTRY POINT (WSF I	D: 00700\	7/1/20-	- 9/3	0/20			
Nitrate (1040)	D. 00700 ₁				1	routing (DT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ina P	Period C	ollection Per		liance Status
ENTRY POINT (3)		7/1/19 -					omplete
Livini Fouri (6)		10/1/19 -					omplete
		1/1/20 -					omplete
		4/1/20 -					ompiete
		7/1/20 -					
Nitrite (1041)		., _, _ = 0	5,5	0, = 0		1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitori	ina P	Period C	ollection Per	-	liance Status
ENTRY POINT (3)		1/1/19 -					omplete
		1/1/20 -					 omplete
		1/1/21 -					
	Other Compliance						
Compliance Schedule Activity				Date	Achiev	ved Date	
RESPOND TO SANITARY SURVEY				/2016			
	blic Notification F						
	Compliance	Notice			otification	DN Co	rtification
Violation/Situation	Period	Tier		Required	<u>Performed</u>		
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	1	11/12/2004		11/22/2004	
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3		L1/12/2004		11/22/2004	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2		8/18/2005		8/28/2005	
Water Syste	m Facility and Sa	mpling			ntorv		
Water		P D			otal Lead	and	
	olina Doint Samplina Do	int			form Conn		Stago

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage

Facility ID Description Rule Rule Tier Asbestos WOP 2 DBPR

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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	(Connectic	ut Dena	rtment	of Public	Health	Drir	nking '	Water	Sec	tion		
	Ì		•		nitoring a			U			CIOII		
PWS ID	F	PWS Name					Classifi	cation P	opulation	Owne	r Type Pr	imary Source	
СТ008020)4	TEDDY BS					N	С	25	F)	GW	
Local Add	ress (wh	nere applicable)			Service	Resider	ntial Co	mmercial	Industria	al Co	ombined	Agricultural	
136 AMIT	Y ROAD				Connectio	ns		1					
Towns Sei	Towns Served: BETHANY												
					•								
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y													
	DOWNSTREAM WITHIN 5 SERVICE CON A												
				UPSTREAM	// WITHIN 5 S	SERVICE CO	N A	4					
00700	ENTRY	POINT		3	ENTRY POI	NT	A	4					
20164	WELL			2	WELL		A	4					
				C	ontact Info	rmation	1						
Name					Organization					J	ob Title		
Mr. Theo	dore Bil	is			Bilisco, LLC				Owner				
Mailing A	ddress L	ine One		Mailing Add	ress Line Two				City		State	Zip Code	
23 Wedge	ewood D	r.						Waterto	wn		СТ	06795	
Busines	s Phone	Extension	Fax	М	obile Phone	Emergency	y Phone	Email Ad	dress		-		
203-39	3-1525												
Contact R	ole(s):	Administrative	Contact, Leg	al Contact, C	Owner								

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End of schedule

	Co	onnectic	•							_			ection		
			ter Qua	lity Mon	1110	ring a	na Cor								
PWS ID		/S Name						Cla	assificatio	on Po	-		ner Type Primary		
CT0080214		DODHAVEN C	OUNTRY CLU	JB					NC		25		Р	G۷	
		re applicable)				Service	Resider	ntial		ercial	Indust	rial	Combined	Agri	cultural
275 MILLER					(Connection	15		1						
Towns Serv	ed: BETH	HANY						_							
Water Syst	tem Fac	ility: DISTR	IBUTION S			ring Rec	quireme	ent	S						
Total Coli		•		(110								1 roı	utine (RT)	ner aı	uarter
	•	t (Sampling P	oint ID)				Monitor	ina	Period	Colle	ction P				
		entory of Act		Points			7/1/19					<u> </u>		mplet	
33.331				,			10/1/19			_				mplet	
							1/1/20							mplet	
							4/1/20								
							7/1/20								
Physical Parameters (PPS)												1 ro	utine (RT)	per ai	uarter
-		t (Sampling P	oint ID)				Monitor	ina	Period	Colle	ction P				
	Select from Inventory of Active Sampling Points						7/1/19							mplet	
γ γ γ γ							10/1/19		-					mplet	
							1/1/20							mplet	
						4/1/20 - 6/30/20								•	
							7/1/20								
Water Syst	tem Fac	ility: ENTR	Y POINT (V	VSF ID: 0070	00)		, .		•						
Nitrate Ar		•	•		-							1	routine (F	RT) pe	r vear
		t (Sampling P	oint ID)				Monitor	ing	Period	Colle	ction P		-		-
	POINT (<u> </u>				1/1/19 -	12/	31/19				Co	mplet	e
	•	,					1/1/20 -							mplet	
							1/1/21 -							•	
				Other	Co	mpliand	ce Sche	dul	es						
Compliance	e Schedu	le Activity						Due	. Date		Achi	ieved	Date		
CROSS CON	INECTION	N SURVEY REP	ORT					3/1	/2020						
			Water S	ystem Fac	cilit	y and Sa	ampling	g Po	oint In	vent	ory				
Water				c " c						Total		d and	1		-
System Facility ID	Water Sy	stem Facility		Sampling Poi ID		Campling P Description				Colifor		pper	Asbestos	MOD	Stage
	DICTRIRI	ITIONI CVCTEN	•					4	Status	Rule	Kui	e rier	ASDESIOS	WQP	2 DBPK
00600	DISTRIBU	ITION SYSTEM	ı	4 DOWNSTREA		DISTRIBUTION E S			A	Υ					
									A						
00700 [OINT		UPSTREAM		WITHIN 5 S		IN	A						
	ENTRY PO	JINI		3		NTRY POIN	N I		Α						
	WELL	E CTODACE		2	V	WELL			Α						
56258 F	PRESSUR	E STORAGE													
				C	onta	act Info	rmation	1							
Name					Orga	anization							Job Title		
Mr. Paul Fa	lcone				Woo	odhaven C	ountry Clu	b	ı						
Mailing Add	dress Line	e One		Mailing Add	ress L	ine Two					City		State	Zip C	Code
343 Miller	Road					T				hany			СТ	065	24
Business	Phone	Extension	Fax	Me	obile	Phone	Emergenc	y Ph	one Ema	ail Add	ress				

		01.0 _ 1				,	00000	-
	Water Quality Monit	oring an	d Con	np	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0080214	WOODHAVEN COUNTRY CLUB				NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural
275 MILLER ROA	AD	Connections			1			
Towns Served: E								
203-393-3230)				woodh	avengolf275	@gmail.com	
Contact Role(s):	Administrative Contact, Legal Contact, Own	ner						

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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

End of schedule

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Conne	ecticut Department				`	_			tion	
	Water Quality Mon	itoring and	l Com	iplia	nce	Sche	edule	9		
PWS ID PWS Nam	e			Classif	ication	Popul	ation	Owner	Type Pr	imary Source
CT0081084 COUNTRY	CORNER DINER LLC				IC	3		Р)	GW
Local Address (where appl	icable)		Resident	tial Co	mmerc	ial In	dustria	I Co	mbined	Agricultural
756 AMITY ROAD		Connections			1					
Towns Served: BETHANY										
	Moni	toring Requi	ireme	nts						
Water System Facility:	DISTRIBUTION SYSTEM (WSF	: ID: 00600)								
Total Coliform (3100)							1	routir	ne (RT) p	er quarter
Sampling Point (Sam	pling Point ID)	/	Monitorii	ng Peri	od C	Collecti	on Peri	iod	Compli	ance Status
Select from Inventory	of Active Sampling Points		4/1/20 -	6/30/2	20					
			7/1/20 -	9/30/2	20					
Total Coliform (3100)							1	routi	ine (RT)	per month
Sampling Point (Sam	pling Point ID)	/	Monitori	ng Peri	od C	Collecti	on Peri	iod	Complic	ance Status
Select from Inventory	of Active Sampling Points	1	0/1/19 -	10/31/	/19				Cor	mplete
		1	1/1/19 -	11/30/	/19				Cor	mplete
		1	2/1/19 -	12/31/	/19				Cor	mplete
			1/1/20 -	1/31/2	20				Cor	mplete
			2/1/20 -	2/29/2	20				Cor	mplete
Physical Parameters (F	PPS)						1	routir	ne (RT) p	er quarter
Sampling Point (Sam	pling Point ID)	/	Monitorii	ng Peri	od C	Collecti	on Peri	iod	Compli	ance Status
DISTRIBUTION (4)			4/1/20 -	6/30/2	20					
			7/1/20 -	9/30/2	20					
Physical Parameters (F	PPS)						1	routi	ine (RT)	per month
Sampling Point (Sam	pling Point ID)	/	Monitorii	ng Peri	od C	Collecti	on Peri	iod	Compli	ance Status
DISTRIBUTION (4)		1	0/1/19 -	10/31/	/19				Cor	mplete
		1	1/1/19 -	11/30/	1 9				Cor	mplete
		1	2/1/19 -	12/31/	1 9				Cor	mplete
			1/1/20 -	1/31/2	20				Cor	mplete
			2/1/20 -	2/29/2	20				Cor	mplete
Water System Facility:	ENTRY POINT (WSF ID: 0070	0)								
Nitrate And Nitrite (NO	OX)							1 ro	utine (R	T) per year
Sampling Point (Sam	pling Point ID)	/	Monitorii	ng Peri	od C	Collecti	on Peri	od	Compli	ance Status
ENTRY POINT (3)			L/1/19 - :	12/31/	19				Cor	mplete
			L/1/20 - :	12/31/	20				Cor	mplete
		1	L/1/21 - :	12/31/	21					
	Other	Compliance	Sched	ules						
Compliance Schedule Acti	vity		L	Due Da	te		Achiev	ed Da	te	
RESPOND TO SANITARY SU	RVEY		3	/14/20	20					
	Water System Fac	ility and San	npling	Poin	t Inve	entor	У			
Water							Lead a	ınd		
System Water System I	acility Sampling Poin	nt Sampling Poin	t		Col	liform	Сорр	er		Stage
Facility ID	ID	Description		Sto	itus F	Rule	Rule 1	Tier A	sbestos	WQP 2 DBPR
00600 DISTRIBUTION S	SYSTEM 4	DISTRIBUTION			A					
	DOWNSTREA	M WITHIN 5 SERV	ICE CON	1 /	А					
	UPSTREAM	WITHIN 5 SERV	/ICE CON	1 /	Д					
00700 ENTRY POINT	3	ENTRY POINT		,	Д					

	Connecticut Department of Public Health Water Quality Monitoring and Con		,		
)	PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0081084	COUNTRY CORNER DINER LLC				NC	32	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
756 AMITY RO	AD	Connections			1			

Towns Served: BETHANY

Wat	Water System Facility and Sampling Point Inventory												
Water				Total	Lead and								
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage						
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR						
52012 WELL 1	2	WELL 1	Α										

52012 WELL 1				2 WI	ELL 1	A	١			
				Contac	ct Inf	ormation				
Name				Organ	nization	l			Job Title	
Mr. Syrja T. Topciu			ner Diner							
Mailing Address Lin	ne One		Mailing Address Line Two					City	State	Zip Code
756 Amity Rd							Bethany		СТ	06524
Business Phone	Fax	Mobile Phone Emergency Phone Email				Email Address				
203-393-1489		203-393-	1525			203-509-9964	qazit201	8@gmail.com		

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule

Connecticut Department of Public Health Drinking Water Section											
Water	Quality Mon	itoring and	d Comp	oliance	Sch	edule	9				
PWS ID PWS Name	-		С	lassificatio	n Popu	lation	Owner Type P	rimary Source			
CT0081094 STEVES DELI				NC	1	02	Р	GW			
Local Address (where applicable)		Service	Residentia	al Comme	rcial II	ndustria	Combined	Agricultural			
710 AMITY ROAD		Connections		1							
Towns Served: BETHANY							,	·			
		itoring Requ	irement	ts							
Water System Facility: DISTRIBL	TION SYSTEM (WS	F ID: 00600)									
Total Coliform (3100)							routine (RT)				
Sampling Point (Sampling Point		1	Monitoring		Collect	ion Peri		iance Status			
Select from Inventory of Active	Sampling Points		7/1/19 - 9,					omplete			
		1	.0/1/19 - 12					omplete			
			1/1/20 - 3,				Co	omplete			
			4/1/20 - 6,								
			7/1/20 - 9,	/30/20							
Physical Parameters (PPS)						1	routine (RT)	per quarter			
Sampling Point (Sampling Point	•	ı	Monitoring		Collect	ion Peri	od Compl	iance Status			
Select from Inventory of Active S	Sampling Points		7/1/19 - 9,					omplete			
		1	.0/1/19 - 12				Co	omplete			
			1/1/20 - 3,	/31/20			Co	omplete			
			4/1/20 - 6,	/30/20							
			7/1/20 - 9,	/30/20							
Water System Facility: ENTRY Po	DINT (WSF ID: 0070	0)									
Nitrate And Nitrite (NOX)							1 routine (I	RT) per year			
Sampling Point (Sampling Point	ID)	1	Monitoring	g Period	Collect	ion Peri	iod Compl	iance Status			
ENTRY POINT (3)			1/1/19 - 12	2/31/19			Co	omplete			
			1/1/20 - 12	2/31/20			Co	omplete			
			1/1/21 - 12	2/31/21							
	Other	Compliance	Schedu	les							
Compliance Schedule Activity			Du	ie Date		Achiev	ed Date				
RESPOND TO SANITARY SURVEY			8/1	13/2017							
	Public No	otification R	equiren	nents							
		Compliance	Notice	Public	Notific	ation	PN Cer	tification			
Violation/Situation		Period	Tier	Require		 rformed					
Total Coliform MCL Violation	7,	/1/14 - 9/30/14	2	10/25/20			11/4/2014				
E. Coli M&R Violation		8/27/14 -	3	11/21/20	15		12/1/2015				
W	ater System Fac	cility and San	npling P	oint Inv	ento	ry					
Water					Total	Lead a	ınd				
System Water System Facility	Sampling Poi	nt Sampling Poir	nt	C	oliform			Stage			
Facility ID	ID	Description		Status	Rule	Rule 1	Tier Asbestos	WQP 2 DBPR			
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α							
	DOWNSTREA	M WITHIN 5 SER	VICE CON	Α							
	UPSTREAM	WITHIN 5 SER	VICE CON	Α							

Α

WELL 1

52303 WELL 1

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source						
CT0081094	STEVES DELI			NC	102	Р	GW						
Local Address (where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural						
710 AMITY ROA	AD	Connections		1									

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHANY

Contact Information												
Name				Organization	1		Job Title					
Mr. Raymond Wily												
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code			
708 Amity Rd						Bethany		СТ	06524			
Business Phone	Business Phone Extension Fax			obile Phone	Emergency Phone	Email Ad	dress					
203-393-2326					203-393-2326							

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule

		Department of Quality Monit								ction	
		Quality Monit	oring and	u Con	<u> </u>						
PWS ID	PWS Name								Owne	er Type P	rimary Source
CT008110		R FIRE DEPT HQ		5	N(25			L	GW
	ress (where applicable)		Service Connections	Residen	tial Cor	mmercia	I Inc	dustria	I C	ombined	Agricultural
765 AMIT			Connections			1					
Towns Sei	rved: BETHANY										
Water Sy	stem Facility: DISTRIBUT		oring Requ D: 00600)	iireme	nts						
Total Co	liform (3100)							1	routi	ine (RT)	per quarter
	pling Point (Sampling Point II	D)		Monitori	ng Perio	od Co	llectio	on Peri			ance Status
	ct from Inventory of Active Sa			7/1/19 -	9/30/19	9				Co	mplete
			:	10/1/19 -	12/31/1	19				Co	mplete
				1/1/20 -	3/31/20	0					
				4/1/20 -	6/30/20	0					
				7/1/20 -	9/30/20	0					
Physical	Parameters (PPS)							1	routi	ine (RT)	per quarter
Sam	pling Point (Sampling Point II	D)		Monitori	ng Perio	od Co	llectio	on Peri	iod	Compli	ance Status
Selec	ct from Inventory of Active Sa	mpling Points		7/1/19 -	9/30/19	9				Co	mplete
				10/1/19 -	12/31/1	19				Co	mplete
				1/1/20 -	3/31/20	0					
				4/1/20 -	6/30/20	0					
				7/1/20 -	9/30/20	0					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 rc	outine (F	T) per year
Samj	pling Point (Sampling Point II	D)	Monitoring Period Collection Period						iod	Compli	ance Status
ENTF	RY POINT (3)			1/1/19 -	12/31/1	.9				Co	mplete
				1/1/20 -	12/31/2	.0					
				1/1/21 -	12/31/2	1					
- "		Other C	ompliance								
-	ce Schedule Activity				Due Dat			Achiev	ed Do	ate	
	TO SANITARY SURVEY				3/22/201						
RESPOND	TO SANITARY SURVEY				3/13/201						
	Wat	ter System Facili	ity and Sar	npling	Point	Inve	ntor	У			
Water								Lead a	ınd		
System	Water System Facility	Sampling Point		nt		Colif		Copp		0 -l- ·	Stage
Facility ID		ID	Description		Stat	LUS	ıle	Rule 1	ier A	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	004	DSR		A	-	Y				
		4	DISTRIBUTION		Α.						
		DOWNSTREAM									
		UPSTREAM	WITHIN 5 SER	VICE COR							
00700	ENTRY POINT	3	ENTRY POINT		A						
53256	WELL 1	2	WELL 1		А	1					
53260	PRESSURE TANK										
		Con	tact Inforr	mation							
Name		Oı	ganization						J	lob Title	
Ms. Derry	rlyn Gorski	Вє	ethany				First	Select	man		
Mailing A	ddress Line One	Mailing Address	s Line Two				Cit	ЗУ		State	Zip Code

Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name						Classif	Classification Population Owner Type P			Prim	nary Source
CT0081104 BETHANY VOLUNTEER FIRE DEPT HQ						N	NC		L		GW
Local Address (w	Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed A	Agricultural			
765 AMITY ROAD				Connections	IS		1				
Towns Served: B	ETHANY								·		
Town Hall) Peck Road				Bethan	У	СТ		06524		
Business Phone Extension Fax Mo			Mobil	e Phone E	mergency	y Phone	Email A	mail Address			
203-393-2100 203-393-0821					203-415	-0031	dgorski	dgorski@bethany-ct.com			

Connecticut Department of Public Health Drinking Water Section

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End of schedule

	Connecticut Depa	rtmen	t of Public H	lealth	n D	rinkin	g W	ater S	Section			
	*		onitoring an				_					
PWS ID	PWS Name	iley i'i		u don	_					Primary Source		
CT0081124	VETERANS MEMORIAL PARK	PAVILLIO	N			NC		25	L	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerc		ndustrial	Combine	d Agricultural		
265 BEACON RO			Connections			1				0 11 11		
Towns Served:												
		M	onitoring Requ	iireme	nts							
Water System	Facility: DISTRIBUTION SY			СС	.1163							
Total Coliforn		•	•					1 r	outine (RT) per quarter		
	Point (Sampling Point ID)			Monitor	ina F	Period	Collect	ion Perio	=	oliance Status		
	n Inventory of Active Sampling	Points		7/1/19						Complete		
30.000 1101	m mentory or neare sampling									Complete		
				10/1/19 - 12/31/19 Complete 4/1/20 - 6/30/20								
				7/1/20		-						
Physical Para	meters (PPS)			,,1,20	2 ر د	J, 20		1 -	outing /PT) per quarter		
_	Point (Sampling Point ID)			Monitor	ina l	Period	Collect	ion Perio	•) per quarter pliance Status		
	n Inventory of Active Sampling	Doints		7/1/19			Conect	ion Feno		Complete		
Select II of	in inventory of Active Sampling	FUIILS		10/1/19						Complete		
				4/1/20		-			•	complete		
				7/1/20		-						
Matar Custons	Facility FAITDY DOINT (M	/CE ID: 00	700\	7/1/20	- 9/3	0/20						
-	Facility: ENTRY POINT (W	/SF ID: UC	1700)							 \		
Nitrate And N	•						o			(RT) per year		
	Point (Sampling Point ID)			Monitor			Collect	ion Perio		oliance Status		
ENTRY PO	INT (3)			1/1/19 -		-			(Complete		
				1/1/20 -								
				1/1/21 -								
		Oth	er Compliance	Sched	dule	es						
Compliance Sch	nedule Activity				Due	Date		Achieve	d Date			
SEASONAL STAI	RT UP COMPLETION				5/1/	2020						
		Public	Notification R	equire	emo	ents						
			Compliance	Notice	2	<u>Public I</u>	<u>Notifica</u>	ation	PN Ce	<u>rtification</u>		
Violation/Situa	ition		Period	Tier		Required	Per	formed	Due to DP	H Received		
Physical Parame	eters M&R Violation		5/1/18 - 5/31/18	3		9/11/2019	9		9/21/2019	9		
REVISED TOTAL	. COLIFORM RULE (RTCR)		6/2/19 - 7/16/19	3		7/25/2020	0		8/4/2020			
	Water Sy	stem F	acility and Sai	npling	, Po	int Inv	ento	ry				
Water						7	Total	Lead ar	nd			
•	er System Facility		Point Sampling Poi	nt			liform	Coppe		Stage		
Facility ID		ID	Description			Status	Rule	Rule Ti	er Asbesto	s WQP 2 DBPF		
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	1	Α						
		DOWNSTF	REAM WITHIN 5 SEF	VICE CO	N	Α						
		UPSTRE	AM WITHIN 5 SEF	VICE CO	N	Α						
00700 ENTI	RY POINT	3	ENTRY POINT			Α						
57720 WEL	L1	2	WELL 1			Α						
			Contact Infori	nation	1							
Name			Organization						Job Title	<u> </u>		
Town of Betha	ny											
Mailing Address	-	Mailing A	ddress Line Two				Ci	ty	State	Zip Code		
<u> </u>		5 -	<u> </u>					•				

Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qual	lity Monito	oring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classification P		Population Ow		er Type	Primary Source	
CT0081124	VETERANS MEN	IORIAL PARK	PAVILLION			NC		25		L	GW	
Local Address (w	here applicable)			Service	Residen	itial Co	mmercial Industri		ial Combine		ed Agricultural	
265 BEACON ROAD				Connectio	ns		1					
Towns Served: B	ETHANY				·							
40 Peck Rd					Bethan			ny		CT	06524	
Business Phone	e Extension	Fax	Mobile Phone Emergence		Emergency	Phone Email Address						
Contact Role(s):	Owner											
Name			Org	ganization			Job Title				9	
Ms. Paula Cofrar	ncesco		Vet	terans Men	n. Park Pavi	llion		First Selec	tman			
Mailing Address	Line One		Mailing Address	Line Two			City			State	Zip Code	
40 Peck Road						Bethan	Bethany		СТ	06524		
Business Phone	e Extension	Fax	Mobile	e Phone	Emergency	/ Phone	Email A	Address				
203-393-2100	1100						pcofrai	pcofrancesco@Bethany-ct.com				
C++ D-1-/-\-	A -l : : : + :	C	-1.6									

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

Co			rtment o				0		ction	
	Wa	ter Qua	lity Moni	toring a	nd Com	plia	nce Sc	chedule		
PWS ID PW	/S Name				(Classifi	cation Po	opulation Owr	ner Type F	rimary Source
CT0081134 BE	THANY MART	•				N	С	100	Р	GW
Local Address (when	re applicable)			Service	Residenti	al Cor	mmercial	Industrial	Combined	Agricultural
6 SARGENT DRIVE				Connectio	ns		1			
Towns Served: BETH	HANY									
			Monit	oring Re	quiremen	ts				
Water System Fac	cility: DISTR	IBUTION S	YSTEM (WSF	ID: 00600)						
Total Coliform (3	3100)							1 rou	itine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Coll	ection Period	Compl	iance Status
Select from Inv	entory of Act	ive Sampling	Points		7/1/19 - 9	9/30/19	9		Co	omplete
					10/1/19 - 1	12/31/	19		Co	omplete
					1/1/20 - 3	3/31/20	0		Co	omplete
					4/1/20 - 6	5/30/20	0			
					7/1/20 - 9	9/30/20	0			
Physical Paramet								1 rou		per quarter
Sampling Poin					Monitorin			ection Period		iance Status
Select from Inv	entory of Act	ive Sampling	Points		7/1/19 - 9					omplete
					10/1/19 - 1					omplete
					1/1/20 - 3				Co	omplete
					4/1/20 - 6					
					7/1/20 - 9	9/30/20	0			
Water System Fac	•	Y POINT (V	VSF ID: 00700)						
Nitrate And Nitri									=	RT) per year
Sampling Poin		oint ID)			Monitorin			ection Period		iance Status
ENTRY POINT (3)				1/1/19 - 1					omplete
					1/1/20 - 1				Co	omplete
					1/1/21 - 1	<u> </u>	<u>'1</u>			
			Other C	Complian	ce Schedu	ıles				
Compliance Schedu	le Activity				D	ue Dat	te	Achieved	Date	
RESPOND TO SANIT	ARY SURVEY				4,	/8/201	.5			
		Water S	ystem Facil	lity and S	ampling I	Point	Invent	tory		
Water							Tota	ıl Lead and		
,	stem Facility		Sampling Point				Colifo			Stage
Facility ID			ID	Description	n	Sta	tus Rule	e Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4		ION SYSTEM	Α	1			
			DOWNSTREAM			Α	١.			
			UPSTREAM		SERVICE CON	А	١			
00700 ENTRY P	OINT		3	ENTRY POI	NT	А	١			
59515 WELL 1			2	WELL 1		А	١			
			Cor	ntact Info	rmation					
Name			C	Organization					Job Title	
Mr. Mukesh Patel										
Mailing Address Lin	e One		Mailing Addres	ss Line Two				City	State	Zip Code
2 Woodsman Hill Ro	þ						Wallingfo		СТ	06492
Business Phone	Extension	Fax	Mob	ile Phone	Emergency F					
203-284-7844					203-435-3	730	mike4205	59@usa.com		

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Com	ipliance S	Schedul	e	

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0081134	BETHANY MART				NC	100	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
6 SARGENT DRIN	/E	Connections			1			

Towns Served: BETHANY

Contact Role(s): Administrative Contact, 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