	Connecticut De	epartment of	Public H	lealth	Drink	ing W	Vater So	ection	
	Water 0	uality Monit	oring an	d Com	plianc	e Scł	nedule		
PWS ID	PWS Name	<u>,</u>	<u> </u>					ner Type Pr	imary Sourc
СТ0090034	MICHAEL'S AT THE GRO	VE			NC		25	P	GW
Local Address (w	here applicable)		Service	Resident	ial Comm	ercial	Industrial	Combined	Agricultura
42 VAIL ROAD			Connections		1				
Towns Served: BI	ETHEL					,			
		Monito	oring Requ	iiremer	nts				
Water System F	acility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coliform	(3100)						1 ro	utine (RT) p	er quarter
Sampling Po	oint (Sampling Point ID)			Monitorin	g Period	Colle	ction Period	Compli	ince Status
Select from	Inventory of Active Sam	pling Points		7/1/19 - 9				Cor	nplete
				10/1/19 - 1					nplete
				1/1/20 - 3				Cor	nplete
				4/1/20 - 6					
				7/1/20 - 9	9/30/20				
Physical Param	="							utine (RT) p	-
	oint (Sampling Point ID)			Monitorin		Colle	ction Period		ince Status
Select from	Select from Inventory of Active Sampling Points			7/1/19 - 9					nplete
				10/1/19 - 1 1/1/20 - 3					nplete nplete
				4/1/20 - 6				COI	пріете
				7/1/20 - 9					
Water System F	acility: ENTRY POIN	T (WSF ID: 00700)		7/1/20	3/30/20				
Nitrate And Ni		. (110. 15. 00.00)					1	routine (R	T) ner vear
	oint (Sampling Point ID)			Monitorin	a Period	Colle	tion Period	-	ince Status
ENTRY POIN				1/1/19 - 1					nplete
				1/1/20 - 1					nplete
		Other C	ompliance						
Compliance Sche	edule Activity				ue Date		Achieved	Date	
	•			0.4	/24/2015				
RESPOND TO SAN	NITARY SURVEY			9/	24/2013				
RESPOND TO SAM		r System Facili	ty and Sar			vent	ory		
RESPOND TO SAN		er System Facili	ty and Sar			vento Total	ory Lead and	<u> </u>	
Water		er System Facili	Sampling Poi	npling			Lead and	1	Stage
Water System Water Facility ID	Wate			npling		Total	Lead and	r Asbestos	Stage WQP 2 DBP
Water System Water Facility ID	Wate	Sampling Point ID 4	Sampling Poil Description DISTRIBUTION	mpling	Point Ir Status A	Total Coliforn	Lead and		_
Water System Water Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM	Sampling Poil Description DISTRIBUTION WITHIN 5 SER	mpling nt N SYSTEM EVICE CON	Point Ir Status A	Total Coliforr Rule Y	Lead and	r Asbestos	_
Water System Water Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM MG001	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H	npling nt N SYSTEM EVICE CON	Status A A A	Total Coliforr Rule Y	Lead and	Asbestos Y	
Water System Water Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM MG001 MG002	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H	nt N SYSTEM EVICE CON KIT TRPL KIT HS F	Status A A A A	Total Coliforr Rule Y Y Y	Lead and	Y Y	_
Water System Water Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM MG001 MG002 MG003	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H MAIN BUILD H MAIN BUILD H	nt N SYSTEM EVICE CON KIT TRPL KIT HS F	Status A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and	Y Y Y	
Water System Water Facility ID	Wate r System Facility	Sampling Point ID 4 DOWNSTREAM MG001 MG002 MG003 MG004	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H MAIN BUILD H MAIN BUILD H MAIN BUILD H	nt N SYSTEM EVICE CON KIT TRPL KIT HS F KIT HS B BAR SNK 1	Status A A A A A A	Total Coliforr Rule Y Y Y Y Y	Lead and	Y Y Y Y	
System Water Facility ID	Wate r System Facility	Sampling Point ID 4 DOWNSTREAM MG001 MG002 MG003 MG004 MG005	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H	nt N SYSTEM EVICE CON KIT TRPL KIT HS F KIT HS B BAR SNK 1	Status A A A A A A A A A	Total Coliforr Rule Y Y Y Y Y Y	Lead and	Y Y Y Y Y	_
Water System Water Facility ID	Wate r System Facility	Sampling Point ID 4 DOWNSTREAM MG001 MG002 MG003 MG004 MG005 MG006	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H MAIN B LADIE MAIN B MENS	nt N SYSTEM EVICE CON KIT TRPL KIT HS B BAR SNK 1 ES SNK 1	Status A A A A A A A A A A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y Y Y	Lead and	Y Y Y Y	_
Water System Water Facility ID	Wate r System Facility	Sampling Point ID 4 DOWNSTREAM MG001 MG002 MG003 MG004 MG005	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN BUILD H	nt N SYSTEM AVICE CON KIT TRPL KIT HS F KIT HS B BAR SNK 1 ES SNK 1 S SNK 1 OUBLE	Status A A A A A A A A A	Total Coliforr Rule Y Y Y Y Y Y	Lead and	Y Y Y Y Y	_

MAIN B LADIES SNK 4

MAIN BUILD BAR SNK 2

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Α

Υ

Υ

MG010

MG011

	Connecticu	ıt Depa	rtment (of Public	Health	Drink	ing W	Jater Se	ection	
		•	lity Mon							
PWS ID	PWS Name	ci qua	ircy 1.1011	rtor mg t	illa doll	_			ner Tyne F	rimary Source
CT0090034	MICHAEL'S AT TH	IE GROVE				NC		25	P	GW
	where applicable)			Service	Residen		nercial	Industrial	Combined	
42 VAIL ROAD	тисто арриганто,			Connectio			1			
Towns Served:	BETHEL									
	,	Water Sy	stem Fac	ility and S	Sampling	Point I	nvento	ory		
Water				•	, ,		Total	Lead and	1	
System Wat	er System Facility		Sampling Poi	nt Sampling	Point		Coliforn	n Copper		Stage
Facility ID			ID	Descriptio	n	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
			MG012	MAIN B M	ENS SNK 2	Α	Υ			
			MG013	MAIN B M	ENS SNK 3	Α	Υ			
			MG014	MAIN B M	ENS SNK 4	Α	Υ			
			MG015	PAV KIT TE	RPL SNK	Α	Υ			
			MG016	PAV KIT DI	BL SNK	Α	Υ			
			MG017	PAV KIT H	S 1	Α	Υ			
			MG018	PAV KIT H	S 2	Α	Υ			
			MG019	PAV BAR S	SINK 1	Α	Υ			
			MG020	PAV BAR S	SINK 2	Α	Υ			
			MG021	PAV BUFF	ET SINK	Α	Υ			
			MG022	PAV LADIE	S SINK 1	Α	Υ			
			MG023	PAV LADIE	S SINK 2	Α	Υ			
			MG024	PAV MENS	S SINK 1	Α	Υ			
			MG025	PAV MENS	S SINK 2	Α	Υ			
			UPSTREAM	WITHIN 5	SERVICE CO	N A				
00700 ENT	RY POINT		3	ENTRY PO	INT	Α				
20168 WEL	L		2	WELL		Α				
			Co	ntact Info	ormation	1				
Name				Organization					Job Title	
Mr. Robert Ost	erman						O	wner		
Mailing Addres	s Line One		Mailing Addr	ess Line Two			(City	State	Zip Code
42 Vail Road						Ве	ethel		СТ	06801
Business Pho	ne Extension	Fax	Mo	bile Phone	Emergency	Phone Er	nail Addr	ess		
203-748-992		203-745-5	5122		203-775-	-6863 gr	oveventu	ire@aol.con	n	
Contact Role(s)	: Legal Contact, O	wner								
Name				Organization		Job Title				
Ms. Linda Shak	ro		1	Michaels At T	he Grove					
Mailing Address Line One Mailing Ad				ess Line Two				City	State	Zip Code

Mobile Phone

Bethel

Emergency Phone Email Address

СТ

06801

42 Vail Road

Business Phone

203-791-9700

Extension

Contact Role(s): Administrative Contact

Fax

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

	· · · · · · · · · · · · · · · · · · ·									
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0090034	MICHAEL'S AT THE GROV	Æ					NC	25	Р	GW
Local Address (v	Local Address (where applicable)			Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural
42 VAIL ROAD				Connections			1			
										· · · · · · · · · · · · · · · · · · ·

Towns Served: BETHEL

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 Dej	partment of	Public H	ealth I	Orink	ing '	Wate	r Se	ection		
	Water Qu	iality Monit	oring and	d Comp	oliano	ce So	chedu	ıle			
PWS ID	PWS Name			С	lassificat	ion Po	opulatio	n Owi	ner Type	Primary S	Source
CT0090124	MEETING HOUSE PUB				NC		25		Р	GW	1
Local Addres	ss (where applicable)		Service	Residentia	al Comn	nercial	Indust	rial	Combine	d Agric	ultural
	ILL ROAD (ROUTE 6)		Connections			1					
Towns Serve	ed: BETHEL										
		Monito	oring Requ	irement	ts						
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Colif	form (3100)							1 rou	ıtine (RT) per qu	arter
Sampli	ng Point (Sampling Point ID)			Monitoring		Coll	ection P	Period	Comp	oliance St	atus
Select f	from Inventory of Active Sampl	ing Points		7/1/19 - 9,						Complete	
				10/1/19 - 1					(Complete	
				1/1/20 - 3,					(Complete	
				4/1/20 - 6,							
				7/1/20 - 9,	/30/20						
-	arameters (PPS)								ıtine (RT		
	ng Point (Sampling Point ID)			Monitoring		Coll	ection P	Period		oliance St	
Select f	from Inventory of Active Sampl	ing Points		7/1/19 - 9,						Complete	
				10/1/19 - 1						Complete	
				1/1/20 - 3,					(Complete	
				4/1/20 - 6,							
	- 11.	(7/1/20 - 9,	/30/20						
-	em Facility: ENTRY POINT	(WSF ID: 00700)									
	d Nitrite (NOX)								routine	-	-
	ng Point (Sampling Point ID)			Monitoring		Coll	ection P	Period		oliance St	
ENTRY	POINT (3)			1/1/19 - 12					(Complete	
				1/1/20 - 12							
				1/1/21 - 12	2/31/21						
•	em Facility: WELL (WSF ID): 20176)						_			
E. Coli (30									ıtine (RT		
-	ng Point (Sampling Point ID)			Monitoring		Coll	ection P	Period		oliance St	
WELL (2)			7/1/19 - 9/	-					Complete	
				10/1/19 - 1						Complete	
				1/1/20 - 3/	-				(Complete	
				4/1/20 - 6/							
				7/1/20 - 9/	-						
144.4	water	System Facili	ity and Sar	npling P	oint II			, ,			
Water System V	Vater System Facility	Sampling Point	Sampling Poi	nt		Tota Colifo		d and pper			Stage
Facility ID	Tator by Storii I donity	ID	Description		Status	D. J			Asbesto		_
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	<u>Status</u> A	Y			.	• -	
		DOWNSTREAM			A						
		UPSTREAM	WITHIN 5 SER		Α						
00700 E	NTRY POINT	3	ENTRY POINT		Α						
	VELL	2	WELL		A						
	REATMENT PLANT										
	. =										

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0090124	MEETING HOUSE PUB			NC	25	Р	GW			
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural		
37 STONY HILL I	ROAD (ROUTE 6)	Connections			1					
Towns Served: I	Towns Served: BETHEL									
Contact Information										

			Co	ontact Inf	ormation							
Name				Organization			Job Title					
Mr. Gary Teetsel				The Meeting	House Pub	Owner	Owner					
Mailing Address Line One Mailing Add				ess Line Two		City	State	Zip Code				
37 Stony Hill Road						Bethel	СТ	06801				
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Address						
203-364-7395						gteetsel@yahoo.com						
Contact Role(s): O	wner											
Name				Organization			Job Title					
Mr. Sam Jones												
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code				
P.O. Box 754						Hawleyville	СТ	06440				
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address						
203-456-6532					203-733-9074	sjones@meetinghous	sjones@meetinghousepub.com					
Contact Role(s): Ac	dministrative C	ontact, Leg	gal Contact, O	wner								

Please note the following:

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

End of schedule

Connecticut Departmer	at of Dublic H	oalth	Drinkin	a Water	Soction	
•				_		
Water Quality Mo	onitoring and					
PWS ID PWS Name		(-	Owner Type Pr	
CT0090144 MECKAUER PARK	s ·	5 11 11	NC	25	P	GW
Local Address (where applicable)	Service Connections	Resident		cial Industria	I Combined	Agricultural
16 SHELTER ROCK ROAD Towns Served: BETHEL	Connections		1			
		•				
	onitoring Requ	iremer	its			
Water System Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)					
Total Coliform (3100)					routine (RT)	•
Sampling Point (Sampling Point ID)		Monitorin		Collection Peri		ance Status
Select from Inventory of Active Sampling Points		.0/1/19 - 2			Co	mplete
		5/1/20 - 5				
		6/1/20 - 6				
		7/1/20 - 7				
		8/1/20 - 8				
21 1 12 1 (222)		9/1/20 - 9	9/30/20		/>=\	
Physical Parameters (PPS)		Manitarin	a Daviad		routine (RT)	per montn ance Status
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points		Monitorin .0/1/19 - 1		Collection Peri		mplete
Select from inventory of Active Sampling Points		5/1/20 - 5			CO	ilibiere
		6/1/20 - 6				
		7/1/20 - 7				
		8/1/20 - 8				
		9/1/20 - 9				
Water System Facility: ENTRY POINT (WSF ID: 00		· ·				
Nitrate And Nitrite (NOX)	·				1 routine (R	T) per vear
Sampling Point (Sampling Point ID)	1	Monitorin	g Period (Collection Peri	=	ance Status
ENTRY POINT (3)		1/1/19 - 1			-	mplete
		1/1/20 - 1	2/31/20			<u> </u>
	:	1/1/21 - 1	2/31/21			
Oth	er Compliance	Schedi	ules			
Compliance Schedule Activity	•		ue Date	Achiev	ed Date	
L1 ASSESSMENT FORM SUBMITTAL		10	/31/2018			
L1 ASSESSMENT (MULTIPLE TC+)		10,	/31/2018			
SEASONAL START UP COMPLETION		5,	/1/2020			
Public	Notification R	equire	ments			
	Compliance	Notice		Notification	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required			Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/1/18 -	2	12/6/2018		12/16/2018	
REVISED TOTAL COLIFORM RULE (RTCR)	4/29/18 - 5/9/18	3	5/16/2019)	5/26/2019	
Water System F	acility and San	npling	Point Inve	entory		
Water System Water System Facility Sampling Facility ID 00600 DISTRIBUTION SYSTEM 4	Point Sampling Poir Description DISTRIBUTION		Со	Total Lead a liform Copp Rule Rule 1		Stage WQP 2 DBPR
55555 DISTRIBUTION STSTEM	ווטוויטטווויטוע	JIJILIVI	-	•		

RR MENS RR

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DOWNSTREAM WITHIN 5 SERVICE CON

MP001

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classific	cation F	opulation	Owner Type	Primary Source				
CT0090144	MECKAUER PARK			NC		25	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc		Industri	al Combine	ed Agricultural			
16 SHELTER ROO	Connections			1							

Towns Served: BETHEL

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	
		MP002	RR LADY ROOM	Α	Υ		Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20178	WELL	2	WELL	Α						

Contact Information										
Name Organization Job Title										
Ms. Eileen Earle Director										
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
1 School Street						Bethel		СТ	06801	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										
203-794-8531						earlee@bethel-ct.gov				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Connectic	*	rtment o lity Moni		and Com	plia	nce So	chedu	le		
PWS ID	PWS Name				C	Classifi	cation Po	opulation	Owr	ner Type Pr	imary Source
СТ0090274	STONY HILL PLAZ	ZA/MARKET				N	С	25		Р	GW
Local Address	(where applicable)			Service	Residentia	al Cor	mmercial	Industr	ial	Combined	Agricultural
73 STONY HILI	L ROAD			Connectio	ons					1	
Towns Served	: BETHEL										
			Monit	toring Re	quiremen	ts					
-	m Facility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)							
Total Colifor	•										er quarter
	g Point (Sampling P				Monitoring			lection Pe	eriod		ance Status
Select fro	om Inventory of Acti	ive Sampling	Points		7/1/19 - 9						mplete
					10/1/19 - 1						mplete
					1/1/20 - 3					Со	mplete
					4/1/20 - 6	-					
					7/1/20 - 9	/30/20	0				
-	rameters (PPS) g Point (Sampling P	oint ID)			Monitoring	g Perio	od Coli	lection Pe			per quarter ance Status
	om Inventory of Acti		Points		7/1/19 - 9						mplete
	,				10/1/19 - 1						mplete
					1/1/20 - 3						mplete
					4/1/20 - 6						•
					7/1/20 - 9						
Water Syster	m Facility: ENTRY	POINT (W	/SF ID: 00700)							
-	Nitrite (NOX)	•		•					1	routine (R	T) per year
	g Point (Sampling P	oint ID)			Monitoring	a Perio	od Col	lection Pe		=	ance Status
ENTRY PO		•			1/1/19 - 12						mplete
					1/1/20 - 12						•
					1/1/21 - 12						
		Water Sy	stem Faci	lity and S				tory			
Water							Tota				
•	ater System Facility		Sampling Poin				Colifo		per 		Stage
Facility ID			ID	Descriptio		Sta			e Her	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4		TION SYSTEM	Α					
			DOWNSTREAM			A					
			UPSTREAM		SERVICE CON	A					
	TRY POINT		3	ENTRY PO	IN I	A					
20186 WE			2	WELL		А	١				
59214 BLA	ADDER TANKS										
					ormation						
Name				Organization						Job Title	
	er Manolakes			Stony Hill Ma	ırket			Vice Pres	ident		
Mailing Addre	ess Line One		Mailing Addre	ss Line Two				City		State	Zip Code
9 North Road							Bethel			СТ	06801
Business Pho		Fax	Mot	oile Phone	Emergency P		Email Ad	dress			
203-744-65					203-748-14	164					
Contact Role(s	s): Administrative	Contact, Leg	al Contact, Ow	ner							

(Connectic	ut Depa	irtment (of Public	Health	Dr	inking	g Water	Section	l
	Wa	ter Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedu	le	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Sou
CT0090274	STONY HILL PLA	ZA/MARKET					NC	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial (Commerci	al Industri	al Combin	ed Agricultu
73 STONY HILL RO	DAD			Connection	ns				1	
Towns Served: BE	THEL			,	,					
Name				Organization					Job Titl	е
Mr. Nick Manola	kes			Stonhy Hill Ma	arket			Secretary		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
12 Lexington Driv	е						Brookf	ield	СТ	06804
Business Phone	Extension	Fax	Мс	obile Phone	Emergency	/ Phor	e Email A	Address	·	
203-748-1464					203-748	-1464				
Contact Role(s):	Owner		,	,						

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End of schedule

Connecticut Department of Public	Health	D	rinkin	g W	ater	Se	ction	
Water Quality Monitoring an	nd Con	npl	liance	Sch	edul	e		
PWS ID PWS Name		_					ner Type P	rimary Source
CT0090284 44 STONY HILL ROAD			NC		37		P	GW
Local Address (where applicable) Service	Resider	ntial	Commer	cial I	ndustria	al	Combined	Agricultural
BETHEL HOT DOG PALACE Connection	3		1					
Towns Served: BETHEL			I					
Monitoring Req	uireme	ents						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform (3100)					1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitor	ing F	Period	Collect	tion Per	iod	Compl	iance Status
Select from Inventory of Active Sampling Points	7/1/19	- 9/3	0/19				Co	omplete
	10/1/19	- 12/	31/19				Co	omplete
	1/1/20	- 2/2	9/20				Co	omplete
	4/1/20	- 6/3	0/20					
	7/1/20	- 9/3	0/20					
Total Coliform (3100)						3 re	epeat (RP) per period
Sampling Point (Sampling Point ID)	Monitor	ing F	Period	Collec	tion Per	iod	Compl	iance Status
Select from Inventory of Active Sampling Points	2/15/20	- 2/2	20/20				Co	omplete
Total Coliform (3100)				3 ten	nporary	y ro	utine (TR) per month
Sampling Point (Sampling Point ID)	Monitor	ing F	Period	Collect	tion Per	iod	Compl	iance Status
Select from Inventory of Active Sampling Points	3/1/20	- 3/3	1/20					
Physical Parameters (PPS)					1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitor	ing F	Period	Collect	tion Per	iod	Compl	iance Status
Select from Inventory of Active Sampling Points	7/1/19	- 9/3	0/19				Co	omplete
	10/1/19	- 12/	31/19				Co	omplete
	1/1/20						Co	omplete
	4/1/20							
	7/1/20	- 9/3	0/20					
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)						1	=	RT) per year
Sampling Point (Sampling Point ID)	Monitor			Collec	tion Per	iod	Compl	iance Status
ENTRY POINT (3)	1/1/19 -							omplete
	1/1/20 -						Co	omplete
	1/1/21 -	12/3	31/21					
Water System Facility: WELL (WSF ID: 20187)								
E. Coli (3014)							-) per period
Sampling Point (Sampling Point ID)	Monitor			Collec	tion Per	iod		iance Status
WELL (2)	2/14/20	- 2/2	20/20					omplete
E. Coli (3014)								per quarter
Sampling Point (Sampling Point ID)	Monitor			Collec	tion Per	iod		iance Status
WELL (2)	7/1/19							omplete
	10/1/19							omplete
	1/1/20						Co	omplete
	4/1/20							
	7/1/20							
Other Compliance	e Sched		Porto		Achie			

Due Date

Compliance Schedule Activity

Achieved Date

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
СТ0090284	44 STONY HILL ROAD				NC	37	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
BETHEL HOT	OOG PALACE	Connections	3		1			

Towns Served: BETHEL

CORRECTIVE ACTION/CORRECTIVE ACTION PLAN

Compliance Schedules Compliance Schedule Activity RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY 8/30/2019

11/28/2019

11/28/2019

Pul	blic Notification R	equiren	nents						
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
E. Coli M&R Violation	10/1/18 - 12/31/18	3	2/22/2020		3/3/2020				

	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		tage DBPR			
00600	DISTRIBUTION SYSTEM	Л	4	DISTRIBUTION SYSTEM	A	Υ						
			BHD001	DISHWASH SINK TRIPLE	Α	Υ	Υ					
			BHD002	VEGETABLE WASH SINK	Α	Υ	Υ					
			BHD003	HW SINK 1 WAITRESS	Α	Υ	Υ					
			BHD004	RR MENS RR	Α	Υ	Υ					
			BHD005	RR LADY ROOM	Α	Υ	Υ					
			BHD006	HW SINK 2 COOK	Α	Υ						
			BHD007	ICE CREAN SCOOP SINK	Α	Υ						
			DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
			UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT		3	ENTRY POINT	Α							
20187	WELL		2	WELL	Α							
59483	TREATMENT PLANT											

Contact Information										
Name				Organization	l		Job Title			
Mr. Salvatore Sproviero				Sproviero & Son			Owner			
Mailing Address Line One Mailing Addr			Mailing Addr	ess Line Two			City	State	Zip Code	
44Stonyhill Rd						Bethel		СТ	06801	
Business Phone Extension Fax M			Mo	bile Phone	Emergency Phone	Email Address				
203-948-7933				203-312-0871	salbonn(စ္တsbcglobal.net				

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.

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

End of schedule

	Connecticut Dep	nartmer	nt of	f Public H	[ealth	Drinki	nσ W	ater 9	Section	
	Water Qu						_			
PWS ID	PWS Name	arrey ivi	OIIIC	oring and		_				imary Source
CT0090334	BENNETT MEMORIAL PAR	V				NC		25		GW
		K		C	D = = ! -! = = = +!		_		Complete and	
	(where applicable)			Service Connections	Resident			ndustrial	Combined	Agricultural
14 SHELTER RC				Connections		1				
Towns Served:	BETHEL									
Water System	n Facility: DISTRIBUTION			oring Requ	iremer	nts				
Total Colifor		31312101 (D. 00000j				1 r	outine (RT)	ner quarter
	Point (Sampling Point ID)				Monitorin	a Period	Collect	ion Perio		ance Status
	m Inventory of Active Sampli	ng Points			7/1/19 - 9	_	0011000			mplete
36.666.113	m memory or notive oumpi				10/1/19 - 1	<u> </u>				mplete
				•	4/1/20 - (
					7/1/20 - 9					
Physical Para	ameters (PPS)				, ,, = 0	,,		1 r	outine (RT)	oer quarter
•	Point (Sampling Point ID)				Monitorin	g Period	Collect	ion Perio	• • •	ance Status
	m Inventory of Active Sampli	ng Points			7/1/19 - 9					mplete
	,				10/1/19 - :		10/1	L-10/31		mplete
					4/1/20 - 6	6/30/20		-		<u>.</u>
					7/1/20 - 9	9/30/20				
Water Systen	n Facility: ENTRY POINT	(WSF ID: 0	0700)							
Nitrate And	Nitrite (NOX)								1 routine (R	T) per year
Sampling	Point (Sampling Point ID)				Monitorin	g Period	Collect	ion Perio	-	ance Status
ENTRY PC	DINT (3)				1/1/19 - 1	.2/31/19	4/1	-10/31	Co	mplete
					1/1/20 - 1	.2/31/20	4/1	-10/31		
					1/1/21 - 1	.2/31/21	4/1	-10/31		
		Oth	er C	ompliance	Sched	ules				
Compliance Sc	hedule Activity				D	ue Date		Achieve	d Date	
SEASONAL STA	ART UP COMPLETION				4	/1/2020				
		Public	Not	ification R	equire	ments				
				ompliance	Notice		ic Notifica	ation	PN Cert	<u>ification</u>
Violation/Situ	ation			Period	Tier	Requir	ed Per	formed	Due to DPH	Received
Total Coliform	M&R Violation		10/1/	/04 - 12/31/04	2	6/10/20	005		6/20/2005	
REVISED TOTA	L COLIFORM RULE (RTCR)		4/22	2/18 - 5/9/18	3	5/16/20	019		5/26/2019	
	Water	System I	Facili	ity and Sar	npling	Point In	vento	ry		
Water							Total	Lead ar	nd	
	ter System Facility		Point	Sampling Poi	nt		Coliform	Coppe		Stage
Facility ID		ID		Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4		DISTRIBUTION		Α	Υ			
		BMP0		KIT HAND SNE		Α	Υ		Υ	
		BMP0		KIT SNK TRPL		Α	Υ		Υ	
		BMP0		RR GENERIC R		Α	Υ		Υ	
				WITHIN 5 SER						
		UPSTRE	AM	WITHIN 5 SER	VICE CON					
00700 ENT	TRY POINT	3		ENTRY POINT		Α				

Α

WELL #1

2

23070 WELL #1

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0090334 BENNETT MEMORIAL PARK					NC	25	L	GW			
Local Address (v	Service	Residentia		Commerci	al Industri	al Combine	ed Agricultural				
14 SHELTER RO	Connections			1							

Towns Served: BETHEL

Contact Information											
Name				Organization	1			Job Title			
Ms. Eileen Earle					Director						
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code			
1 School Street						Bethel		СТ	06801		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress				
203-794-8531						earlee@b	oethel-ct.gov				

Contact Role(s): Administrative Contact, 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.

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

End of schedule

	Connecticut Do	epartment of	Public H	[ealth]	Drinki	ing W	ater S	Section	
	Water Q	uality Monit	oring an	d Com	pliand	e Sch	edule		
PWS ID	PWS Name			C	Classificati	ion Pop	ulation O	wner Type F	rimary Source
СТ0090354	SUNOCO, PUTNAM PAR	RK ROAD			NC		25	Р	GW
Local Address	(where applicable)		Service	Residenti	al Comm	nercial I	ndustrial	Combined	l Agricultural
124 PUTNAM I	PARK ROAD		Connections		1				
Towns Served:	BETHEL				·	·			
		Monito	oring Requ	iremen	its				
Water Systen	n Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	d Compl	iance Status
Select fro	m Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			Co	omplete
			:	10/1/19 - 1	2/31/19			Co	omplete
				1/1/20 - 3	3/31/20			Co	omplete
				4/1/20 - 6	5/30/20				
				7/1/20 - 9	9/30/20				
Physical Para	ameters (PPS)						1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	d Compl	iance Status
Select fro	m Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			Co	omplete
				10/1/19 - 1	2/31/19			Co	omplete
				1/1/20 - 3	3/31/20			Co	omplete
				4/1/20 - 6	5/30/20				
				7/1/20 - 9	9/30/20				
Water Systen	n Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)							1 routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	d Compl	iance Status
ENTRY PC	DINT (3)			1/1/19 - 1	2/31/19			Co	omplete
				1/1/20 - 1	2/31/20			Co	omplete
				1/1/21 - 1	2/31/21				
	Wate	er System Facili	ity and Sar	npling F	Point Ir	nvento	ry		
Water						Total	Lead ar	nd	
System Wa	ter System Facility	Sampling Point		nt		Coliform	Сорре	r	Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		SPP001	TRIPLE SINK		Α	Υ		Υ	
		SPP002	KIT HAND SNI	(#1	Α	Υ		Υ	
		SPP003	RR GENERIC F	R	Α	Υ		Υ	
		SPP004	KIT HAND SNI	(#2	Α	Υ			
		SPP005	SINGLE SINK		Α	Υ			
		SPP006	SLOP SINK		Α	Υ			
		SPP007	WET SINK CO		Α	Υ			
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENT	TRY POINT	3	ENTRY POINT		Α				

WELL#2

Α

2

60746 WELL #2

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary So

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0090354	SUNOCO, PUTNAM PARK ROAD				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
124 PUTNAM PA	ARK ROAD	Connections			1			

Towns Served: BETHEL

			C	ontact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Norbert E Mito	hell			Nemco Limit	ted Partnership.		Vice-President		
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
P.O. Box 186						Danbury		СТ	06813
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	dress		
203-744-0600		203-743-7	7978		203-948-8561	nm3@ne	mitchell.com		
			•						-

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

End of schedule

	С		•	rtment o							ection	
		Wat	ter Qua	lity Monit	coring a	ind Com	pliar	nce S	che	dule		
PWS ID	P۱	NS Name					Classific	cation P	opula	ation Ow	ner Type I	Primary Source
СТ009036	4 76	STONY HILL R	OAD				NC		25	5	Р	GW
Local Add	ress (whe	ere applicable)			Service	Resident	ial Con	nmercia	Inc	dustrial	Combine	d Agricultura
Towns Ser	ved: BET	HEL			Connectio	ns		2				
				Monit	oring Re	quiremer	nts					
Water Sy	stem Fa	cility: DISTR	IBUTION SY	STEM (WSF)		-						
Total Co		•		•	,					1 ro	utine (RT)	per quarter
Sam	oling Poi	nt (Sampling P	oint ID)			Monitorin	ng Perio	d Co	llectio	on Period	Comp	liance Status
Selec	t from In	ventory of Acti	ve Sampling	Points		7/1/19 -	9/30/19)			С	omplete
						10/1/19 -	12/31/1	L9			C	omplete
						1/1/20 - 3	3/31/20)			С	omplete
						4/1/20 -	6/30/20)				
						7/1/20 - 9	9/30/20)				
-		ters (PPS)										per quarter
		nt (Sampling P				Monitorin			llectio	on Period		liance Status
Selec	t from In	ventory of Acti	ve Sampling	Points		7/1/19 - 9						omplete
						10/1/19 -						omplete
						1/1/20 - 3					С	omplete
						4/1/20 -						
						7/1/20 - 9	9/30/20)				
			POINT (W	/SF ID: 00700)								
		ite (NOX)									=	RT) per year
		nt (Sampling P	oint ID)			Monitorin			llectio	on Period		liance Status
ENIF	RY POINT	(3)				1/1/19 - 1					C	omplete
						1/1/20 - 1						
						1/1/21 - 1						
			Water Sy	ystem Facil	ity and S	ampling	Point	Inver	ntor	У		
Water	Markov C			Sampling Point	Campalina	Doint		Tot		Lead and	1	C4
System Facility ID		System Facility	•	Samping Point ID	Description		.	Colife Ru		Copper Rule Tier	Ashestos	Stage WQP 2 DBP
00600		UTION SYSTEM		4	DISTRIBUT		Stat A	us		Naic Hei	ASSESTED	WQI Z DDI I
00000	DISTRIB	OTION STSTEIN		DOWNSTREAM		_						
				UPSTREAM		SERVICE CON						
00700	ENTRY F	OUNT		3	ENTRY POI		A					
48156	WELL	OINT		2	WELL	INI	A					
40130	VVLLL					rmotion						
News						rmation					Inh Title	
Name Mr. Christ	onhor M	lanolakos			rganization ony Hill Ma	rkot			Vico	Presiden	Job Title	
Mailing A				Mailing Addres	-	iket			Cit		State	Zip Code
9 North R		IC OHE		ivialing Addites	2 LINE I WU			Bethel	CIL	у	CT	06801
Busines		Extension	Fax	Moh	ile Phone	Emergency			ddress	<u> </u>	CI	00001
203-74		LACCIOUII	гах	IVIOD	ne i none	203-748-1		Linail AC	JUI 633	,		
		dministrative	Contact			203-740-1						
COMITACL N	orcioj. P	strative	Contact									

	Commeeticat	Depa	ii tiiitiit i	of I ublic	IICaitii	ווועו	117111	5 Water	occuon	
	Wate	r Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le	
WS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Sourc
T0090364	76 STONY HILL ROA	\D				N	С	25	Р	GW
ocal Address (w	here applicable)			Service	Residen	ntial Co	mmerci	al Industri	ial Combine	ed Agricultura
				Connection	ns		2			
owns Served: B	ETHEL				,	,				
lame				Organization					Job Titl	e
/Ir. Nicholas Bo	rello							Owner		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
6 Stony Hill Roa	d						Bethel		СТ	06801
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email /	Address		
ontact Role(s)	Legal Contact Ow	ner								

Contact Role(s): Legal Contact, Owner

Please note the following:

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End of schedule

	Connecticut Departm	nent of Public H	lealth	D	rinkin	ıg V	Water	S	ection	
	Water Quality	Monitoring an	d Con	າກ	liance	Sc	hedul	e		
PWS ID	PWS Name	11011110111118 0111	0. 0011	_	assification				ner Tyne F	Primary Source
CT0099274	47 STONY HILL ROAD			0.0	NC		45	-	P	GW
	(where applicable)	Service	Residen	tial	_	cial	Industria	al	Combined	_
2004171441233	(which c applicable)	Connections	residen	ciai	1	Ciai	maastrio	-	Combined	, Agriculturur
Towns Served:	BETHEL									
		Monitoring Requ	iirama	nte	c					
Water Syster	n Facility: DISTRIBUTION SYSTEM		iii eiiie	116.	<u> </u>					
Total Colifor	m (3100)						1	L ro	outine (RT) per month
Sampling	Point (Sampling Point ID)		Monitori	ing I	Period	Colle	ection Per	iod	l Comp	liance Status
Select fro	m Inventory of Active Sampling Point	S	10/1/19 -	10,	/31/19				C	omplete
			11/1/19 -	11,	/30/19				C	omplete
			12/1/19 -	12,	/31/19				C	omplete
			1/1/20 -	1/3	31/20				C	omplete
			2/1/20 -	2/2	29/20				C	omplete
			3/1/20 -	3/3	31/20					
			4/1/20 -	4/3	30/20					
			5/1/20 -	5/3	31/20					
			6/1/20 -	6/3	30/20					
			7/1/20 -	7/3	31/20					
			8/1/20 -	8/3	31/20					
			9/1/20 -	9/3	30/20					
Physical Para	ameters (PPS)						1	L ro	outine (RT) per month
Sampling	Point (Sampling Point ID)		Monitori	ing I	Period	Colle	ection Per	ioa	l Comp	liance Status
Select fro	m Inventory of Active Sampling Point		10/1/19 -		-				C	omplete
			11/1/19 -						C	omplete
			12/1/19 -	12,	/31/19				C	omplete
			1/1/20 -	1/3	31/20				C	omplete
			2/1/20 -						C	omplete
			3/1/20 -							
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -	9/3	30/20			_		
•	n Facility: ENTRY POINT (WSF II	D: 00700)								
	Nitrite (NOX)								-	RT) per year
	Point (Sampling Point ID)		Monitori			Colle	ection Per	ioa		liance Status
ENTRY PC	DINT (3)		1/1/19 -		-					omplete
			1/1/20 -		-				C	omplete
			1/1/21 -	-	-					
		Other Compliance	Sched	lul	es					
Compliance Sc	hedule Activity			Due	Date		Achiev	ved	Date	
L1 ASSESSMEN	IT (MULTIPLE TC+)			8/8,	/2018					
	Pul	olic Notification R	equire	em	ents					
		Compliance	Notice			Noti	fication	T	PN Cei	<u>rtification</u>
Violation/Situ	etion	Period	Tior				D (,		

	Connectic	•			f Public coring a							1	
PWS ID	PWS Name	cor qua	iley 1.1	01111	or mg a	114 001						Dr	imary Source
CT0099274	47 STONY HILL R	OAD					Ci	NC	011 1 0	45	P P	- ' '	GW
	(where applicable)				Service	Resider	ntia		ercial	Industria	-	ned	Agricultural
Local Address	(Where applicable)				Connection		itia	1		maastric	COITIDII	icu	Agricultural
Towns Served:	BETHEL								- u	,			
REVISED TOTA	L COLIFORM RULE (RTCR) TT Vic	lation	9/1	7/16 - 7/7/17	7 2		12/2/20	016		12/12/20)16	
REVISED TOTA	L COLIFORM RULE (RTCR) TT Vic	lation		8/9/18 -	2		9/13/20	018		9/23/20	18	
		Water Sy	stem	Facil	ity and Sa	ampling	g P	oint In	ven	tory			
Facility ID	ter System Facility TRIBUTION SYSTEM		Sampling ID 4		Sampling P Description DISTRIBUTI)		Status A	Tota Colifo Rul	rm Copp	er	tos	Stage WQP 2 DBPR
			ARMO	001	KIT SNK DO	UBLE		Α	Υ		Υ		
			ARMO	002	KIT HAND S	SNK 1		Α	Υ		Υ		
			ARMO	003	KIT HAND S	SNK 2		Α	Υ		Υ		
			ARMO	004	KIT HAND S	SNK 3		Α	Υ		Υ		
			ARMO	005	KS SERVE S	TA H SNK		Α	Υ		Υ		
			ARMO	006	BAR SINK			Α	Υ		Υ		
			ARMO	007	RR MENS R	R		Α	Υ		Υ		
			ARMO	800	RR LADY RO	OOM L		Α	Υ		Υ		
			DOWNST	REAM	WITHIN 5 S	ERVICE CO	N	Α					
			UPSTR	EAM	WITHIN 5 S	ERVICE CO	N	Α					
00700 ENT	TRY POINT		3		ENTRY POI	NT		Α					
53501 WE	LL		2		WELL			Α					
53567 ATN	MOSPHERIC TANK												
53569 BLA	ADDER TANK												
59122 BO	OSTER STATION												
				Con	tact Info	rmatio	n						
Name				O	rganization						Job Tit	le	
Ms. Mafalda R	Roma			R	oma's Plaza L	LLC				Member			
Mailing Addres	ss Line One		Mailing A	Addres	s Line Two					City	State	!	Zip Code
47 Stony Hill R	oad							Bet	hel		СТ		06801
Business Pho 203-794-05		Fax 203-794-0)200	Mob	ile Phone	Emergenc 203-790			ail Add	dress			
Contact Role(s): Administrative	Contact, Leg	al Conta	ct									
Name				0	rganization						Job Tit	le	
Roma's Plaza I	LLC												
Mailing Addres	ss Line One		Mailing /	Addres	s Line Two					City	State		Zip Code
47 Stony Hill R	d		Route 6					Bet	hel		СТ		06801
Business Pho	one Extension	Fax		Mob	ile Phone	Emergenc	y Ph	none Em	ail Add	dress			
Contact Role(s	S): Owner												

	Connectic	ut Depa	irtme	ent of	Public	Health	l Dr	ınkıng	g water	Sect	ion	
	Wa	ter Qua	lity N	I onit	oring a	nd Con	npli	ance S	Schedu	le		
PWS ID	PWS Name						Class	ification	Population	Owner	Type P	rimary Source
СТ0099274	47 STONY HILL R	ROAD						NC	45	Р		GW
Local Address (\	where applicable)				Service	Resider	ntial (Commerci	ial Industr	ial Co	Owner Type Pr	Agricultural
					Connection	ıs		1				
Towns Served: I	BETHEL						'		'	'		
Name				Oı	rganization					Jo	b Title	
Mr. Armand Ro	ma, Sr			Ro	oma's Plaza L	LC						
Mailing Address	Line One		Mailing	Address	s Line Two				City	9	itate	Zip Code
47 Stony Hill Ro	ad							Bethel			СТ	06801
Business Phor	ne Extension	Fax		Mobi	le Phone	Emergency	/ Phon	e Email /	Address			
203-794-056	3	203-794-	0200									
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

		ut Department of				_				ction		
		ter Quality Monit	oring and	d Com								
PWS ID	PWS Name				Classific	ation	Popu	lation	Owr	ner Type P	rimary	Source
	HIS VINEYARD, II	NC.			NC	,	2	.5		Р	G۱	
Local Address (w	where applicable)		Service	Resident	tial Com	nmercia	al In	dustria	al	Combined	Agri	cultural
2 VAIL ROAD			Connections			3						
Towns Served: B	BETHEL											
		Monito	oring Requ	ireme	nts							
•	•	IBUTION SYSTEM (WSF II	D: 00600)									
Total Coliform	~ ~									tine (RT)		
	Point (Sampling Po			Monitorii			ollecti	ion Per	riod	Compli		
Select from	Inventory of Acti	ve Sampling Points		7/1/19 -							mplet	_
				10/1/19 -						Co	mplet	e
				1/1/20 -								
				4/1/20 - 7/1/20 -								
Physical Paran	meters (PPS)							1	rou	tine (RT)	per qu	uarter
-	Point (Sampling Po	oint ID)		Monitorii	ng Perio	d Co	ollecti	ion Per		Compli		
Select from	Inventory of Acti	ve Sampling Points		7/1/19 -	9/30/19					Co	mplet	e
				10/1/19 -	12/31/1	9				Co	mplet	e
				1/1/20 -	3/31/20)						
				4/1/20 -	6/30/20)						
				7/1/20 -	9/30/20							
Water System	Facility: ENTRY	Y POINT (WSF ID: 00700)										
Nitrate And N	itrite (NOX)								1 1	routine (F	T) pe	r vear
	Point (Sampling Po	oint ID)		Monitori	ng Perio	d Co	ollecti	ion Per		Compli		-
ENTRY POIN	NT (3)			1/1/19 - :	12/31/19	9				Co	mplet	e
				1/1/20 - :	12/31/20)						
				1/1/21 - :	12/31/21	1						
	Monthly	Water System Facil	ity (WSF) l	evel N	1onito	ring	Req	uirei	mei	nts		
Water System	Facility: ENTRY	POINT (WSFID: 00700)										
Analyte	Moni	toring Requirement (Summa	ary Type)	Opei	rating Lir	mit			!	Samples R	eq/Mo	onth
рН	Entry	Point pH Monitoring (PHRD)	Mini	mum: 7.	.0 PH				4	ļ.	
Start Date:	6/1/2014		Complia	nce Histo	ory:	Ope	eratir	ng Limi	t	Monito	ring	
			Monitor	ing Perio	d	-		nce Sta		Complia	nce St	tatus:
			10/1/20	19 - 10/31	1/2019							
			11/1/20	19 - 11/30	0/2019							
			12/1/20	19 - 12/31	1/2019							
			1/1/202	0 - 1/31/2	2020							
			2/1/202	0 - 2/29/2	2020							
		Water System Facili	ty and Sar	npling	Point	Inve	ntoı	у				
Water							tal	Lead				
•	er System Facility	Sampling Point		nt		-	form	Copp				Stage
Facility ID		ID	Description		Stati	us Ri	ule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α							
		DOWNSTREAM										
		UPSTREAM	WITHIN 5 SER	VICE CON	I A							
00700 ENTR	Y POINT	3	ENTRY POINT		Α							

	Water Quality Monito	oring and	d Con	npl	iance S	chedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0099284	HIS VINEYARD, INC.				NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural
2 VAIL ROAD		Connections			3			

Towns Served: BETHEL

	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	WQP	Stage 2 DBPR					
58656	WELL 1	2	WELL 1	Α										
58660	WX-250 TANK													
58662	ATMOSPHERIC TANKS													
58664	WATER PRO BLADDER TANK													
58666	TREATMENT PLANT													

			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Reverend Gary Mic	hael Baldelli								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
2 Vail Road						Bethel		СТ	06801
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Add	lress		
203-790-1600		203-743-4	1030			pastorgar	y@hisvineyar	d.org	

Contact Role(s): Administrative Contact, Legal Contact

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