	Connecticut Departmen				0		
	Water Quality M	onitoring and					
PWS ID	PWS Name		С		Population C	Owner Type Pr	imary Source
CT0100014	FIRST CHURCH OF BETHLEHEM			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	al Commer	cial Industrial	Combined	Agricultural
21 MAIN STREE	T SOUTH	Connections				2	
Towns Served:	BETHLEHEM						
	M	onitoring Requ	irement	ts			
-	Facility: DISTRIBUTION SYSTEM (
Total Coliforn	•					routine (RT) p	-
	Point (Sampling Point ID)		Monitoring		Collection Perio	-	ance Status
Select fror	m Inventory of Active Sampling Points		7/1/19 - 8/				mplete
			1/1/20 - 3/			Соі	mplete
			4/1/20 - 6/				
			7/1/20 - 9/	/30/20			
Total Coliforn	• •				\$	3 repeat (RP)	
	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
Select fror	n Inventory of Active Sampling Points		9/17/19 - 9	/22/19		Соі	mplete
Total Coliforn	m (3100)				3 temporary	routine (TR)	per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compli	ance Status
Select fror	m Inventory of Active Sampling Points	1	.0/1/19 - 10	0/31/19			
Physical Para	meters (PPS)				1 ו	routine (RT) រុ	er quarter
Sampling	Point (Sampling Point ID)	I	Monitoring	Period Period	Collection Perio	od Compli	ance Status
Select fron	m Inventory of Active Sampling Points		7/1/19 - 9/	/30/19		Coi	mplete
		1	.0/1/19 - 12	2/31/19		Coi	mplete
			1/1/20 - 3/	/31/20		Coi	mplete
			4/1/20 - 6/	/30/20			
			7/1/20 - 9/	/30/20			
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And N	Nitrite (NOX)					1 routine (R	T) per year
Sampling	Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio		ance Status
ENTRY PO				2/31/19		Coi	mplete
			1/1/20 - 12				mplete
							•
Water System	Facility: WELL (WSF ID: 20191)						
E. Coli (3014					1 +r	riggered (TG)	ner period
•	। Point (Sampling Point ID)		Monitoring	Period	Collection Perio		ance Status
WELL (2)	Tome (Sumpring Former 12)		9/16/19 - 9		Concetion i em	<u> </u>	Thee Status
VVLLL (Z)	Dkl:						
	Public	Notification R					
Malari (a)		Compliance	Notice		<u>Notification</u>		<u>ification</u>
Violation/Situa		Period	Tier	Required			Received
	lor MCL Violation	1/1/10 - 3/31/10	2	5/26/201		6/5/2010	
	lor MCL Violation	7/1/10 - 9/30/10	2	3/24/201		4/3/2011	
	rbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/201		4/3/2011	
	rbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/201		3/26/2014	
E. Coli M&R Vic		9/23/19 -	3	12/9/202		12/19/2020	
Total Coliform I	M&R Violation	10/1/19 - 10/31/19	3	12/30/202	20	1/9/2021	

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0100014	FIRST CHURCH OF BETHLEHEM		NC		25	Р	GW	
Local Address (where applicable) Service Reside				tial	Commerci	al Industri	al Combin	ed Agricultural
21 MAIN STREE	r south	Connections					2	

Towns Served: BET	HLEHEM							,		
	,	Water Sy	stem Fac	cility and S	Sampling Po	int Ir	vento	ry		
Water System Water S Facility ID	ystem Facility	5	Sampling Pol	int Sampling Descriptio	-	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
00600 DISTRIB	UTION SYSTEM		4	4 DISTRIBUTION SYSTEM A			Υ			
		1	DOWNSTREA	M WITHIN 5	SERVICE CON	Α				
			UPSTREAM	1 WITHIN 5	SERVICE CON	Α				
00700 ENTRY F	POINT		3	ENTRY PO	INT	Α				
20191 WELL			2	WELL		Α				
			C	ontact Info	ormation					
Name				Organization					Job Title	
Ms. Susan Kvietku	S			First Church o	of Bethlehem		Sec	retary		
Mailing Address Lir	ne One		Mailing Add	ress Line Two			Ci	ty	State	Zip Code
21 Main Street			P. O. Box 28		_	Bet	thlehem		СТ	06751
Business Phone	Extension	Fax	M	obile Phone	Emergency Pho	ne Em	ail Addre	SS		
203-266-7288		203-266-6	5598		203-592-9108	g firs	tchurchb	ethlehem@	me.com	
Contact Role(s): A	dministrative (Contact, Lega	al Contact							
Name				Organization					Job Title	
Bethlehem Federa	ted Church									
Mailing Address Lir	ne One		Mailing Add	ress Line Two			Ci	ty	State	Zip Code
29 Main Street						Bet	thlehem		СТ	06751
Business Phone	Extension	Fax	M	obile Phone	Emergency Pho	ne Em	ail Addre	SS		
Contact Role(s): C	wner				1					

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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End of schedule

Connecticut Dep	artment of	Public H	lealth I	Drink	ing W	ater S	Section	1	
	ality Monit	oring an		•					
PWS ID PWS Name			С	lassificati	ion Popi	ulation O	wner Type	Primary	y Source
CT0100024 BETHLEHEM SQUARE				NC		28	Р	G'	
Local Address (where applicable)		Service	Residentia	al Comm	nercial I	ndustrial	Combin	ed Agri	icultural
22 EAST STREET		Connections		1	L				
Towns Served: BETHLEHEM									
	Monito	oring Requ	iremen	ts					
Water System Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)						1 r	outine (R	T) per q	uarter
Sampling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Perio	od Con	pliance :	Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9	/30/19				Complet	te
			10/1/19 - 1	2/31/19				Complet	te
			1/1/20 - 3	/31/20					
			4/1/20 - 6	/30/20					
			7/1/20 - 9	/30/20					
Physical Parameters (PPS)						1 r	outine (R	T) per q	uarter
Sampling Point (Sampling Point ID)			Monitoring	y Period	Collec	tion Perio	od Con	npliance :	Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9	/30/19				Complet	te
		:	10/1/19 - 1	2/31/19				Complet	te
			1/1/20 - 3	/31/20					
			4/1/20 - 6	/30/20					
			7/1/20 - 9	/30/20					
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 routine	(RT) pe	er year
Sampling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Perio	od Con	pliance :	Status
ENTRY POINT (3)			1/1/19 - 12	2/31/19				Complet	te
			1/1/20 - 12	2/31/20					
			1/1/21 - 12	2/31/21					
Water System Facility: WELL (WSF ID:	20192)								
E. Coli (3014)						1 r	outine (R	T) per q	uarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	od Con	pliance s	Status
WELL (2)			7/1/19 - 9	/30/19				Complet	te
		:	10/1/19 - 1	2/31/19				Complet	te
			1/1/20 - 3	/31/20					
			4/1/20 - 6	/30/20					
			7/1/20 - 9	/30/20	·				_
	Other C	ompliance	Schedu	les					
Compliance Schedule Activity			Du	ıe Date		Achieve	ed Date		
RESPOND TO SANITARY SURVEY			8/3	30/2019					
Water 9	System Facili	ity and Sar	npling P	oint Ir	nvento	ry			
	-				Total	Lead ar	nd		
Water		- " - "	nt		Coliform				Stage
Water System Water System Facility	Sampling Point	Sampling Poi	116		Conjunt				
	Sampling Point ID	Sampling Poil Description		Status	Rule		ier Asbest	os WQP	_
System Water System Facility				<u>Status</u> A	-			os WQP	_
System Water System Facility Facility ID	ID	Description DISTRIBUTION	N SYSTEM		Rule			os WQP	_
System Water System Facility Facility ID	1D 4	Description DISTRIBUTION	N SYSTEM	Α	Rule			os WQP	_

	Connectic	ut Depar	tment	of Public	Health	n Dri	nking	g Water	Section	
	Wa	ter Quali	ty Moi	nitoring a	and Con	nplia	ance S	Schedul	le	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT0100024	BETHLEHEM SQ	JARE				ı	NC	28	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	ial Industri	al Combin	ed Agricultural
22 EAST STREET				Connectio	ons		1			
Towns Served: B	ETHLEHEM									
		Water Sys	stem Fa	cility and S	Sampling	Poir	nt Inve	entory		
Water							T	otal Lead	and	
*	r System Facility	So		oint Sampling				iform Cop		Stage
Facility ID			ID	Descriptio	n	St	atus F	Rule Rule	Tier Asbest	os WQP 2 DBPR
	EHEM SQUARE MENT PLANT									
20192 WELL			2	WELL			Α			
			C	ontact Info	ormation	1				
Name				Organization					Job Titl	е
Ms. Eleanor Ma	ver			Mayer Real E	state			Owner		
Mailing Address	Line One	N	/lailing Add	lress Line Two				City	State	Zip Code
P.O. Box 244							Newto	wn	СТ	06470
Business Phon	e Extension	Fax	N	lobile Phone	Emergency	y Phone	e Email <i>i</i>	Address		
203-426-6330										
Contact Role(s):	Legal Contact, (Owner								
Name				Organization					Job Titl	e
Mr. Jerome A. N				Estate of Elea	nor C. Maye	er		Administr		
Mailing Address	Line One			lress Line Two				City	State	Zip Code
22 Main St.		Р	O. Box 81				Newto		СТ	06470
Business Phon		Fax		lobile Phone	Emergency	-	e Email <i>i</i>	Address		
203-426-9282		203-426-92	291 20	03-770-1049	203-770	-1049	jerome	e.a.mayer@s	snet.net	

Contact Role(s): Administrative 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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End of schedule

Connecticut Dep	nartment of	Public F	lealth	n Dri	inki	nσ W:	ater Se	ection	
						_		ction	
	iality Monit	oring an	a Con	_					
PWS ID PWS Name						-			imary Source
CT0100054 FLANDERS CROSSINGS					NC		3	Р	GW
Local Address (where applicable)		Service	Resider	ntial C	comme	ercial In	dustrial	Combined	Agricultural
3 FLANDERS ROAD		Connections			1				
Towns Served: BETHLEHEM									
	Monito	oring Requ	uireme	ents					
Water System Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)							1 ro	ıtine (RT) _ا	oer quarter
Sampling Point (Sampling Point ID)			Monitor	ring Pe	riod	Collecti	ion Period	Compli	ance Status
Select from Inventory of Active Sampl	ing Points		7/1/19	- 9/30/	′ 19 _	_		Co	mplete
			10/1/19	- 12/31	1/19			Со	mplete
			1/1/20	- 3/31/	′ 20			Со	mplete
			4/1/20	- 6/30/	′ 20				
			7/1/20	- 9/30/	′20				
Physical Parameters (PPS)							1 ro	ıtine (RT) _ا	oer quarter
Sampling Point (Sampling Point ID)			Monitor	ring Pe	riod	Collecti	ion Period	Compli	ance Status
Select from Inventory of Active Sampl	ing Points		7/1/19	- 9/30/	19			Со	mplete
		10/1/19	- 12/31	1/19			Со	mplete	
	1/1/20 - 3/31/20					Со	mplete		
			4/1/20	- 6/30/	/20				
			7/1/20	- 9/30/	′20				
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1	=	T) per year
Sampling Point (Sampling Point ID)			Monitor			Collecti	ion Period		ance Status
ENTRY POINT (3)			1/1/19 -	12/31	/19			Со	mplete
			1/1/20 -	12/31	/20				
			1/1/21 -	12/31	/21				
	Other Co	ompliance	Sche	dules	;				
Compliance Schedule Activity				Due D	ate		Achieved	Date	
CROSS CONNECTION SURVEY REPORT				3/1/20	016				
CROSS CONNECTION SURVEY REPORT				3/1/20	017				
CROSS CONNECTION SURVEY REPORT				3/1/20)18				
CROSS CONNECTION SURVEY REPORT				3/1/20	019				
CROSS CONNECTION SURVEY REPORT				3/1/20	020				
Water	System Facili	ity and Sar	mpling	g Poir	nt In	vento	γ		
Water	-	-				Total	Lead and	'	
System Water System Facility	Sampling Point		int		(Coliform	Copper		Stage
Facility ID	ID	Description		St	tatus	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEN	Λ	Α	Υ			
	BETHCOM001	NICKS MENS	SINK		Α	Υ	2		
	BETHCOM002	NICKS KIT SIN	K		Α	Υ	2		
	BETHCOM003	NICKS BAR SII	NK		Α	Υ	2		
	BETHCOM004	PHYSICIANS S	SINK		Α	Υ	2		
	BETHCOM005	KIDS 1 SINK			Α	Υ	2		
	DOWNSTREAM	WITHIN 5 SER	RVICE CO	N	Α				
	UPSTREAM	WITHIN 5 SER	RVICE CO	N	Α				

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0100054	FLANDERS CROSSINGS			NC	33	Р	GW
Local Address (where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
3 FLANDERS RO	DAD	Connections		1			

	Wa	iter System Facili	ity and Samplin	g Point Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
10955	WELL	2	WELL	Α					
51876	STORAGE TANKS								

			Co	ontact Inf	ormation					
Name				Organization	า		Job Title			
Mr. George Kotoul	is									
Mailing Address Lin	ailing Address Line One Mailing Add					City	State	Zip Code		
3 Flanders Rd						Bethlehem	ethlehem CT 0675			
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Address				
203-266-7317			20	3-577-9950		gkotoulis07@yahoo.com				
Contact Dala(a).	d		-l Ctt O		•					

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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End of schedule

Con	necticut De	•						ection	
	Water Q	uality Moi	nitoring a	nd Com					
	Name							wner Type	Primary Source
	LEHEM TOWN HAI	L AND LIBRARY			NO	С	25	L	GW
Local Address (where	* *		Service	Resident	tial Cor	mmercial	Industrial	Combine	d Agricultural
36 MAIN STREET, SOU			Connection	ns		1			
Towns Served: BETHLE	HEM								
Water System Facilit	tv. DISTRIBUTIO		nitoring Red	quireme	nts				
Total Coliform (310	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 12. 00000,				1 rc	utine (RT)	per quarter
•	Sampling Point ID)			Monitorii	na Perio	nd Coll	lection Perio		liance Status
	tory of Active Sam	nling Points		7/1/19 -					omplete
Sciece iroin inver	itory or receive surr	pinig i onito		10/1/19 -					omplete omplete
				1/1/20 -					
				4/1/20 -					
				7/1/20 -					
Physical Parameter	s (PPS)			. , =, =0	-,,	-	1 rc	outine (RT)	per quarter
•	Sampling Point ID)			Monitori	na Perio	od Col	lection Perio		liance Status
, , ,	itory of Active Sam			7/1/19 -					omplete
	,			10/1/19 -					omplete
				1/1/20 -					•
				4/1/20 -					
				7/1/20 -					
Water System Facilit	v: ENTRY POIN	T (WSF ID: 007	00)		· ·				
Nitrate And Nitrite	•	•	•				:	1 routine (RT) per year
	Sampling Point ID)			Monitori	ng Perio	od Col	lection Perio	-	liance Status
ENTRY POINT (3)				1/1/19 - :					omplete
				1/1/20 - :					<u> </u>
				1/1/21 - :					
	Wate	r System Fa	cility and S				torv		
Water System Water Syst		Sampling Po	oint Sampling F	Point		Toto Colifo	al Lead an orm Copper	•	Stage
Facility ID		ID .	Description		Stat		e Kule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTI	ON SYSTEM	4		ION SYSTEM					
			AM WITHIN 5 S						
		UPSTREAM		SERVICE CON					
00700 ENTRY POIN	NT	3	ENTRY POI	NT	Α				
20196 WELL		2	WELL		А	1			
		C	Contact Info	rmation					
Name			Organization					Job Title	
Mr. Leonard Assard			Town of Bethl	lehem			First Selectm	ian	
Mailing Address Line C	One	Mailing Add	dress Line Two				City	State	Zip Code
36 Main Street South						Bethlehe	m	СТ	06751
Business Phone B	Extension	Fax N	1obile Phone	Emergency	Phone	Email Ad	dress		
203-266-7510						lassard@	bethlehemct	.org	
Contact Role(s): Adm	inistrative Contact	, Legal Contact, (Owner						

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

		- 0		I -			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0100064	BETHLEHEM TOWN HALL AND LIBRARY			NC	25	L	GW
Local Address (w	here applicable)	Service Resid		itial Commerc	ial Industri	al Combine	ed Agricultural
36 MAIN STREET	, SOUTH	Connections		1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

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Contact Role(s): O												
Business i none	EXCUSION			l l								
		ιαλ	IVIUDI	ie Filolie	Lineigency	THOTE	Lilidi	Auul	233			
35 Harris Road Business Phone	Extension	Fax	Mohi	le Phone	Emergency	Phone	Avon		200		СТ	06001
Mailing Address Lin	ne One	Mailing	g Address	s Line Two			A		City		State	Zip Code
Christ Episcopal Ch				–								
Name			Oı	ganization						J	lob Title	
			Con	tact Info	rmation							
20200 WELL			2	WELL			Α					
00700 ENTRY P	OINT		3	ENTRY POI	NT		A					
			REAM	WITHIN 5 S			A					
				WITHIN 5 S			Α					
00600 DISTRIBU	UTION SYSTEM	4	4	DISTRIBUTI	ON SYSTEM		Α	Υ				
System Water Sy Facility ID	System Facility		ng Point D	Sampling P Description		St	Co atus	oliforn Rule			Asbestos	Stage WQP 2 DBP
Water								Total	Lead o			
	Wa	iter System	ı Facili	ty and S	ampling	Poir	nt Inv	ento	ry			
					1/1/21 - :	12/31/	/21					
					1/1/20 - :	12/31/	/20					
ENTRY POINT		,			1/1/19 - :							mplete
	nt (Sampling Point I	ID)			Monitori	na Per	riod	Collec	tion Per			ance Status
Nitrate And Nitri	-	mar (war ib.	00700)							1 r	outino (B	T) per year
Water System Fai	cility: ENTRY PO	INT (WSE ID:	007001		7/1/20-	9/30/	20					
					4/1/20 - 7/1/20 -							
					1/1/20 -							
					10/1/19 -						Со	mplete
Select from Inv	ventory of Active Sa	ampling Points			7/1/19 -							mplete
Sampling Poin	nt (Sampling Point I	ID)			Monitori	ng Per	riod	Collec	tion Per	iod	Compli	ance Status
Physical Parame	ters (PPS)								1	routi	ine (RT)	per quarter
					7/1/20 -							
											CO	приссе
Select from Inv	ventory of Active Sa	ampling Points			_						_	
								Collec	tion Per	iod		ance Status
Total Coliform (3	3100)								1	routi	ine (RT)	per quarter
Water System Fac	cility: DISTRIBUT											
		N	Monit	oring Red	uireme	nts						
Towns Served: BETI												
				Connection		liai C		Ciai	iiuustiia	11 C	ombined	Agricultura
		HURCH		Convice	Posidon			rcial			-	
								Pop				rimary Sourc
		Quality N	donit	oring a	nd Com	_						
		•						_			tion	
CT0100114 Local Address (whe 18 MAIN STREET SC Towns Served: BETI Water System Fac Total Coliform (3 Sampling Point Select from Inv	WS Name HRIST EPISCOPAL CH ere applicable) OUTH HLEHEM cility: DISTRIBUT 3100) nt (Sampling Point I eventory of Active Sa	Quality N HURCH N TION SYSTEM	Monite Monite	Service Connection	Resident Resident Resident 7/1/19 -	Classic Classic Nation Co. 12	fication NC commer 1 fiod 19 /19 20 20	Sch Pop	ndustria	Owner of the control	ombined ine (RT) Compli	Agricu per qua ance Sto mplete mplete

· ·	Connectic	ut Depa	II UIII	ent or	rubiic	Health	וועו	HKIIIE	s vvalei	Secu	1011	
	Wa	ter Qua	lity N	Ionit	oring ai	nd Con	nplia	ance S	Schedu	le		
PWS ID	PWS Name						Classi	fication	Population	Owner ⁻	ype P	rimary Source
CT0100114	CHRIST EPISCOP	AL CHURCH					I	NC	25	Р		GW
Local Address (w	here applicable)		Service	Resider	Residential Cor		al Industri	al Con	nbined	Agricultural		
18 MAIN STREET	SOUTH		Connection	ıs		1						
Towns Served: Bl	ETHLEHEM									'		'
Name				Or	ganization					Jol	Title	
Reverend Ian T. I	Douglas			Th	The Episcopal Diocese of Ct							
Mailing Address I	Line One		Mailing	Address	Line Two				City	S	tate	Zip Code
290 Pratt Street								Meride	riden		СТ	06450
Business Phone	Extension	Mobil	bbile Phone Emergency Phon		/ Phon	e Email A	Address					
203-639-3501		860-523-	1410									
6												

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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End of schedule

	Connection	cut Depa	rtment o	f Public	Health I	Orin	king W	ater S	ection	
	Wa	ater Oua	lity Moni	toring a	and Comi	oliai	nce Sch	edule		
PWS ID	PWS Name	7007 60101		6611119					wner Type F	Primary Source
CT010018		' RESTAURAN	Т			NO		25	P	GW
Local Addı	ress (where applicable	2)		Service	Residentia	al Cor	nmercial	Industrial	Combined	Agricultural
	STREET SOUTH			Connectio	ons		1			
Towns Ser	ved: BETHLEHEM								1	I .
			Moni	toring Re	quiremen	ts				
Water Sy	stem Facility: DIST	RIBUTION S	YSTEM (WSF	ID: 00600)						
Total Co	liform (3100)							1 rc	outine (RT)	per quarter
Samp	oling Point (Sampling	Point ID)			Monitoring	g Perio	d Collec	tion Perio	d Comp	liance Status
Selec	t from Inventory of Ad	ctive Sampling	g Points		10/1/19 - 1	2/31/1	19			
					1/1/20 - 3	/31/20)		C	omplete
					4/1/20 - 6					
					7/1/20 - 9	/30/20)			
-	Parameters (PPS)									per quarter
	oling Point (Sampling				Monitoring			tion Perio	d Comp	liance Status
Selec	t from Inventory of Ac	ctive Sampling	Points		10/1/19 - 1					
					1/1/20 - 3				C	omplete
					4/1/20 - 6					
					7/1/20 - 9	/30/20)			
	stem Facility: ENTI	RY POINT (V	VSF ID: 00700							
	And Nitrite (NOX)								=	RT) per year
-	oling Point (Sampling	Point ID)			Monitoring			tion Perio		liance Status
ENTR	RY POINT (3)				1/1/19 - 12					omplete
					1/1/20 - 12				C	omplete
		\\/-+C	.	l'	1/1/21 - 12					
		water S	ystem Faci	lity and s	sampling F	oint		<u> </u>		
Water	Water System Easilit	•••	Sampling Poin	t Camplina	Doint			Lead an		Charac
Facility ID	Water System Facilit	y	Sumpling Poin ID	Descriptio		.	D. J.	n Coppei Rule Tie		Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTE	M	4		TION SYSTEM	Stat A	us	Nuic 110	.i Asbestos	WQI Z DDI K
00000	DISTRIBUTION STSTE	IVI	DOWNSTREAM			A				
			UPSTREAM		SERVICE CON	A				
00700	ENTRY POINT		3	ENTRY PO		A				
20206	WELL		2	WELL		A				
54053	PAINTED PONY TREA	TMENT		VV LLL		,,				
	SYSTEM									
54056	BLADDER STORAGE T	ANK								
			Co	ntact Info	ormation					
Name			(Organization					Job Title	
Mr. Christ	os Gogas						O	wner		
Mailing Ad	ddress Line One		Mailing Addre	ss Line Two			(City	State	Zip Code
77 Hidden	Brook Dr						Southbury		СТ	06488
Business	s Phone Extension	Fax	Mok	oile Phone	Emergency P					
202 566	0-9591						cgogas@ac	l.com		

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

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

				0		1			4
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0100184	PAINTED PONY RESTA	URANT	•			NC	25	Р	GW
Local Address (w	vhere applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
70 MAIN STREE	T SOUTH			Connections		1			

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End of schedule

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	Connecticut Dep	artment of	f Public H	Iealth	Dri	nkin	g W	Vater	Se	ection		
	Water Qu	ality Monit	oring an	d Con				nedu	le			
PWS ID	PWS Name				Classi	ification	Pop	ulation	Ow	ner Type	Primary	Source
CT0100224	SUNNY RIDGE SUPERMAR	KET				NC		25		Р	G۷	V
Local Address (v	where applicable)		Service	Residen	tial C	ommer	cial	Industr	ial	Combine	d Agrid	cultural
82 MAIN STREE	Т		Connections			1						
Towns Served: I	BETHLEHEM											
		Monit	oring Requ	uireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Coliforn	n (3100)							:	1 rou	itine (RT	per qu	uarter
Sampling I	Point (Sampling Point ID)			Monitori	ng Pei	riod (Colle	ction Pe	riod	Comp	liance S	tatus
Select fron	n Inventory of Active Sampli	ng Points		7/1/19 -	9/30/	′19					omplet	e
				10/1/19 -	12/31	L/19				C	omplet	е
				1/1/20 -	3/31/	'20						
				4/1/20 -	6/30/	'20						
				7/1/20 -	9/30/	'20						
Physical Para	meters (PPS)							:	1 rou	ıtine (RT	per qu	uarter
Sampling I	Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Comp	liance S	tatus
Select fron	n Inventory of Active Sampli	ng Points		7/1/19 -	9/30/	19				C	omplet	е
				10/1/19 -						C	omplet	е
				1/1/20 -								
				4/1/20 -	6/30/	20						
				7/1/20 -	9/30/	20						
Water System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And N	-								1	routine		-
	Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Comp	liance S	tatus
ENTRY POI	NT (3)			1/1/19 -						C	omplet	е
				1/1/20 -								
				1/1/21 -	12/31,	/21						
	Water	System Facil	ity and Sai	mpling	Poir	nt Inve	ento	ory				
Water	C	6 " 6 "	c " o "				Total	Lead				
	er System Facility	Sampling Point ID	Sampling Poil Description	nt			liforr Rule		•	Asbesto	. WOD	Stage
Facility ID 00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	U CVCTENA		tatus A	Y	Kule	riei	ASDESTO	VVQP	2 DDPK
00000 DIST	KIDUTION STSTEIVI	DOWNSTREAM				A	ĭ					
		UPSTREAM	WITHIN 5 SER			A						
00700 ENTF	RY POINT	3	ENTRY POINT		V	A						
20209 WEL		2	WELL			A						
20203 WEE			tact Infori	mation		,,						
Namo				iiatioii						Job Title		
Mr. Steven Med	nhan		rganization unny Ridge Sup	ormarkot			0	wnor		Job Title		
Mailing Address		Mailing Addres		rei iiiai Kel	•			wner City		State	Zip C	nde
Main Street	S EITHE OTHE	ividining Address	3 LITTE I VVU			Bethle				CT	2ip C 067	
Business Phor	ne Extension Fa	y Mohi	le Phone Ei	mergency	Phon					CI	007	71
203-266-746		IVIODI	ie Filolie El	nergency	FIIOII			ress 7@aol.c	om			
	Administrative Contact, L	egal Contact Own	ner			Ratify	C(10)	waui.U	JIII			
COTTACT NOIC(S).	. Administrative Contact, L	c _b ai contact, Owi	101									

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0100224	SUNNY RIDGE SUPERMARKET			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
82 MAIN STREE	Т	Connections		1			

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

End of schedule

	Со	nnectic	ut Depa	rtmer	nt of	f Public	Health I	Drir	ıki	ng Wa	ater Se	ction	
		Wat	ter Qua	lity M	onit	oring a	nd Comj	olia	nc	e Sche	edule		
PWS ID	PWS	Name					C	lassif	icati	on Popul	lation Ow	ner Type	Primary Source
CT0100234	15 N	IAIN STREET	•					N	IC	2	5	Р	GW
Local Addr	ess (where	applicable)				Service	Residentia	al Co	mm	ercial In	dustrial	Combine	d Agricultural
15 MAIN S	TREET					Connectio	ns 3		1				
Towns Serv	ved: BETHI	EHEM											
				M	onit	oring Re	quiremen	ts					
Water Sys	stem Facil	ity: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)							
Total Coli	-	-									1 rou	itine (RT)	per quarter
		(Sampling Po					Monitoring			Collecti	on Period	Comp	liance Status
Select	from Inve	ntory of Acti	ve Sampling	Points			7/1/19 - 9		_				omplete
							10/1/19 - 1					C	omplete
							1/1/20 - 3	/31/2	0.				
							4/1/20 - 6						
							7/1/20 - 9	/30/2	0				
Physical I		= =									1 rou	itine (RT)	per quarter
Samp	ling Point	(Sampling Po	oint ID)				Monitoring	g Peri	od	Collecti	on Period	Comp	liance Status
Select	from Inve	ntory of Acti	ve Sampling	Points			7/1/19 - 9	/30/1	.9			C	omplete
							10/1/19 - 1	2/31/	19			C	omplete
							1/1/20 - 3	/31/2	0.				
							4/1/20 - 6	/30/2	0.				
							7/1/20 - 9	/30/2	.0				
Water Sys	stem Facil	ity: ENTRY	POINT (V	VSF ID: 0	0700)								
Nitrate A	nd Nitrite	(NOX)									1	routine (RT) per year
		(Sampling Po	oint ID)				Monitoring			Collecti	on Period	Comp	liance Status
ENTR	Y POINT (3)					1/1/19 - 12	2/31/2	19			C	omplete
							1/1/20 - 12	2/31/2	20				
							1/1/21 - 12	2/31/2	21				
		,	Water S	ystem I	acili	ity and S	Sampling P	oin	t In	ventor	-		
Water				c !:		c !:				Total	Lead and		
System Facility ID	water sys	tem Facility		Sampling ID	Point	Sampling I Description				Coliform Rule	Copper Bula Tion	Achasta	Stage S WQP 2 DBPR
	DICTRIBLIA	IONI CVCTENA				-			itus ^	Y	Nuie Hei	ASDESIO	VVQF 2 DBFK
00600	וטפואופוט	ION SYSTEM		4 DOM/NET			ION SYSTEM		Δ	Y			
							SERVICE CON		4				
00700	ENTRY DO			UPSTRE	AIVI		SERVICE CON		<u>م</u>				
	ENTRY PO	IIN I		3		ENTRY POI	IN I		Α				
20210	WELL			2		WELL		, A	4				
							ormation						
Name						rganization						Job Title	
Ms. Theod	ora Hatzik	ostas			Kr	mmt LLC.				Ow	ner		
Mailing Ad				Mailing A	ddres	s Line Two				Cit	ty	State	Zip Code
15 Main St	reet South								Bet	hlehem		СТ	06751
Business	Phone	Extension	Fax		Mobi	le Phone	Emergency P	hone	Em	ail Addres	SS		
203-266	5-5558		203-266-	6620			203-266-63	318	tha	tzikostas (@aol.com		
Contact Ro	ole(s): Adr	ministrative (Contact										

	Connectici	at Depa	i unent oi	Fublic	Heartin	ווועו	ıkıng	, water	360	uon	
	Wat	ter Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type	Primary Source
CT0100234	15 MAIN STREET					N	IC	25		Р	GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmerci	al Industri	al C	ombine	ed Agricultural
15 MAIN STREET				Connections			1				
Towns Served: B	ETHLEHEM				·	·		·	·		
Name			Oi	rganization						Job Title	5
Kmmt LLC											
Mailing Address	Line One		Mailing Address	s Line Two				City		State	Zip Code
15 Main St S							Bethlel	nem		CT	06751
Business Phone	e Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s)	Legal Contact C)wner									

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End of schedule

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	Connectic	ut Depa	rtment of	f Public	Health	Drin	iking '	Water	r Se	ction	
		•	lity Monit								
PWS ID	PWS Name			8-11-8		<u> </u>			_	ner Type Pi	rimary Source
CT0100284	CHURCH OF THE	NATIVITY				N		25		P	GW
Local Address (w	here applicable)			Service	Resident	al Co	mmercial	Industr	ial	Combined	Agricultural
48 EAST STREET				Connectio	ns		1				
Towns Served: B	ETHLEHEM										
			Monito	oring Re	quiremer	its					
Water System	Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform	(3100)							:	1 rou		per quarter
	oint (Sampling P				Monitorin			lection Pe	eriod	Compli	ance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9	-					mplete
					10/1/19 - 1						mplete
					1/1/20 - 3	3/31/20	0			Со	mplete
					4/1/20 - 6						
					7/1/20 - 9	9/30/20	0				
Physical Paran											per quarter
	oint (Sampling P		D-i-t-		Monitorin			lection Pe	eriod		ance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9						mplete
					10/1/19 - 3						mplete mplete
					4/1/20 - 6					CO	ilipiete
					7/1/20 - 9						
Water System	Facility: ENTR	Y POINT (M	/SF ID: 00700)		7/1/20-3	7,30,21	0				
Nitrate And N	•								1	routine (R	T) per year
	oint (Sampling P	oint ID)			Monitorin	a Perio	od Coli	lection Pe		=	ance Status
ENTRY POIN					1/1/19 - 1						mplete
					1/1/20 - 1						mplete
					1/1/21 - 1	2/31/2	21				
		Water Sy	stem Facil	ity and S	Sampling	Point	t Inven	tory			
Water							Tota	al Lead	and		
*	r System Facility	9	Sampling Point				Colifo		-		Stage
Facility ID			ID	Description		Sta			Tier	Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM		4		ION SYSTEM	Δ					
			DOWNSTREAM			Α					
00700 51170	V DOINIT		UPSTREAM		SERVICE CON	Α					
	Y POINT		3	ENTRY POI	NI	Α					
23055 WELL		05.71111	2	WELL #1		Α	١				
61007 ATM	OSPHERIC STORA	GE TANK	_						_		
					ormation						
Name			0	rganization						Job Title	
Church of The N			n a - ili.	- 1 to - =				Cit		C	7:- 0 1
Mailing Address 48 East St	Line One		Mailing Addres	s Line Two			Bethlehe	City		State CT	Zip Code 06751
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency I	Phone	Email Ad	dress		. '	
Contact Role(s):	Legal Contact, (Owner									

Connecticut Department of Public Health Drinking water Section													
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce So	chedul	le				
PWS ID P	S ID PWS Name							opulation	Owner Type	Primary Sour			
CT0100284 C	284 CHURCH OF THE NATIVITY						С	25	Р	GW			
Local Address (where applicable)				Service	vice Resident		mmercial	Industri	al Combine	ed Agricultur			
48 EAST STREET				Connection	ns		1						
Towns Served: BE	THLEHEM									,			
Name				Organization				Job Title					
Mr. Donald Banks				Church of The Nativity				Business Manager					
Mailing Address Line One Mailing Addr				ess Line Two			City		State	Zip Code			
48 East Street P.O. Box 500				1 Woodbury, CT 06798			Bethlehe	em	СТ	06751			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Ad	Email Address					
203-263-2008	17						secretary	secretary.princeofpeace@aohct.org					
Contact Role(s):	Administrative	Contact	·										

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End of schedule

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	Connecticut Dep	partment of	Public Health	Drink	ing Wa	ater Se	ction	
	-		oring and Com		_			
PWS ID	PWS Name				Owner Type Primary Source			
CT0105063	3 151 MAIN STREET, LLC.			NC	4	.9	Р	GW
Local Addr	ess (where applicable)		Service Residenti	al Comm	nercial In	dustrial	Combined	Agricultural
			Connections				1	
Towns Serv	ved: BETHLEHEM							
		Monito	oring Requiremen	its				
Water Sys	stem Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)					
	iform (3100)							per quarter
	ling Point (Sampling Point ID)		Monitorin		Collect	ion Period		ance Status
Select	t from Inventory of Active Sampl	ing 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	9/30/20				
-	Parameters (PPS)							per quarter
	ling Point (Sampling Point ID)		Monitorin	_	Collect	ion Period		ance Status
Select	t from Inventory of Active Sampl	ing Points	7/1/19 - 9					mplete
			10/1/19 - 1					mplete
			1/1/20 - 3				Со	mplete
			4/1/20 - 6					
		(1	7/1/20 - 9	9/30/20				
•	stem Facility: ENTRY POINT	(WSF ID: 00/00)						_,
	and Nitrite (NOX)						=	RT) per year
	ling Point (Sampling Point ID)		Monitorin		Collect	ion Period		ance Status
ENTR	Y POINT (3)		1/1/19 - 1				Со	mplete
			1/1/20 - 1	-				
			1/1/21 - 1					
		Other C	ompliance Schedu	ules				
Complianc	e Schedule Activity		D	ue Date		Achieved I	Date	
CROSS CO	NNECTION SURVEY REPORT		3,	/1/2016				
CROSS COI	NNECTION SURVEY REPORT		3,	/1/2017				
CROSS CO	NNECTION SURVEY REPORT		3,	/1/2018				
CROSS COI	NNECTION SURVEY REPORT		3,	/1/2019				
CROSS COI	NNECTION SURVEY REPORT		3,	/1/2020				
CROSS CO	NNECTION EXEMPTION		3,	/1/2023				
	Water	System Facili	ity and Sampling I	Point Ir	nventoi	ry		
Water					Total	Lead and		
	Water System Facility		Sampling Point		Coliform	Copper	0-1 :	Stage
Facility ID		ID	Description	Status	Rule	Kule Tier	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
			WITHIN 5 SERVICE CON	A				
00755	ENTRY ROLL:	UPSTREAM	WITHIN 5 SERVICE CON	Α .				
	ENTRY POINT	3	ENTRY POINT	A				
58524	WELL 1	2	WELL 1	Α				

58532

BLADDER TANK

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0105063	151 MAIN STREET, LLC.		NC		49	Р	GW			
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
		Connections					1			

Towns Served: BETHLEHEM

Contact Information											
Name				Organization			Job Title				
Ms. Victoria Lorusso											
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code		
151 Main Street N						Bethlehe	m	СТ	06751		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address					
203-266-6577						VLORUSSO@CHARTER.NET					

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

Please note the following:

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End of schedule