	Connecticut De	*	Public Health oring and Com				ection	
PWS ID	PWS Name	uanty Monit	ornig and con				nor Typo Di	imary Source
CT0260014		11 #1		NC		25	P P	GW
	ess (where applicable)	LL #1	Service Resident			ndustrial	Combined	Agricultural
	MAIN STREET		Connections		L	iluustiiai	Combined	Agricultural
	ed: CHESTER			-	-			
		Monite	oring Requireme	nts				
Water Syst	tem Facility: DISTRIBUTIO			163				
Total Coli	form (3100)					1 rou	utine (RT)	per quarter
	ing Point (Sampling Point ID)		Monitorii		Collect	tion Period	Compli	ance Status
Select	from Inventory of Active Samp	oling Points	7/1/19 -					mplete
			10/1/19 -				Со	mplete
			1/1/20 -					
			4/1/20 -	• •				
			7/1/20 -	9/30/20			(==)	-
-	Parameters (PPS)		A d = in the aut	Davida d	6-11			per quarter
	ing Point (Sampling Point ID)	lina Dainta	Monitorii	_	Collect	tion Period		ance Status
Select	from Inventory of Active Samp	oling Points	7/1/19 - 10/1/19 -					mplete
			1/1/20 -				Co	mplete
			4/1/20 -					
			7/1/20 -					
Water Syst	tem Facility: ENTRY POINT	(WSF ID: 00700)	771/20	3/30/20				
Nitrate (1	•	(110. 12. 00. 00)				1 roı	ıtine (RT) ı	per quarter
	ing Point (Sampling Point ID)		Monitorii	na Period	Collect	tion Period		ance Status
	POINT (3)		7/1/19 -	_				mplete
	- (-)		10/1/19 -					mplete
			1/1/20 -					'
			4/1/20 -					
			7/1/20 -	9/30/20				
Nitrite (1	041)					1	routine (R	T) per year
Sampl	ing Point (Sampling Point ID)		Monitorii	ng Period	Collect	tion Period	Compli	ance Status
ENTRY	POINT (3)		1/1/19 - 1	2/31/19			Со	mplete
			1/1/20 - 1	2/31/20				
			1/1/21 - 1	2/31/21				
		Other C	ompliance Sched					
	Schedule Activity			ue Date		Achieved	Date	
SEASONAL S	START UP COMPLETION			/12/2020				
	Wate	r System Facili	ity and Sampling	Point Ir	nvento	ry		
Water System I Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule			Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 E	ENTRY POINT	3	ENTRY POINT	Α				
20509 \	WELL #1	2	WELL	Α				
I .								

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.

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source					
CT0260014	CAMP HAZEN YMCA WELL #1				NC	25	Р	GW					
Local Address	(where applicable)	Service	Residen	ntial Commerc		al Industri	al Combine	d Agricultural					
204 WEST MA	ST MAIN STREET Connections 1												

Connecticut Department of Public Health Drinking Water Section

Towns Served: CHESTER

	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					
58130	WELL #2	2	WELL #2	Α										
ST01	HYDROPNEUMATIC TANK #1													
ST02	HYDROPNEUMATIC TANK #2													
TP01	TREATMENT PLANT #1													
TP02	TREATMENT PLANT #2			<u> </u>	· ·	·	<u>'</u>							

				Contact Inf	ormation					
Name				Organization	า			Job Title		
Ms. Denise P. Learr	ned			Camp Hazer	YMCA		Executive D	irector		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code	
204 West Main Stre	et					Chester		СТ	06412	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ail Address			
860-526-9529		860-526-9	9520			office@d	e@camphazenymca.org			
							· · · · ·			

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

Schedule Generation Date: 3/10/2020

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	Co	nnectic	ut Depa	rtme	nt of	f Public	Health	Drir	nking V	Wat	ter Se	ection	
		Wa	ter Qual	lity M	Ionit	coring a	and Com	ıplia	nce Sc	chec	lule		
PWS ID	PW	S Name						Classifi	ication Po	pulat	ion Ow	ner Type F	Primary Source
CT0260034	CAN	MP HAZEN YN	MCA WELL #3	3				N	С	25		Р	GW
Local Addre	ess (where	e applicable)				Service	Resident	ial Co	mmercial	Indu	ıstrial	Combined	d Agricultural
204 WEST	MAIN STR	EET				Connectio	ins		1				_
Towns Serv	ed: CHES	TER											
				N	/lonite	oring Re	quireme	nts					
Water Sys	tem Faci	lity: DISTR	IBUTION SY				•						
Total Coli	iform (3	100)									1 rou	utine (RT)	per quarter
Sampl	ling Point	(Sampling P	oint ID)				Monitorii	ng Peri	od Coll	ection	n Period	Compl	liance Status
Select	from Inve	entory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	omplete
							4/1/20 -	6/30/2	.0				_
							7/1/20 -	9/30/2	.0				
Physical F	Paramete	ers (PPS)						•			1 roı	utine (RT)	per quarter
-		(Sampling P	oint ID)				Monitorii	ng Peri	od Coll	ection	n Period		liance Status
_		entory of Act		Points			7/1/19 -						omplete
		· · ·	1 0				4/1/20 -						
							7/1/20 -						
Water Sys	tem Faci	lity: ENTR	Y POINT (W	VSE ID:	00700)		-7-7	-,,-	-				
Nitrate A		•		10. 10.	307007						1	routing (RT) per year
		(Sampling P	oint ID)				Monitorii	na Peri	od Coll	ection	n Period	=	liance Status
_	POINT (3		ome ibj				1/1/19 - 1	_		cction	rrenou		omplete
LIVITA	1101111 (3	·)					1/1/20 - 1					C	ompiete
							1/1/21 - 1						
				0:					21				
				Ot	ner C	ompiian	ce Sched	uies					
Compliance	e Schedul	e Activity						Due Da		A	chieved	Date	
SEASONAL	START UP	COMPLETIO	N				ϵ	5/1/202	20				
			Water Sy	ystem	Facili	ity and S	Sampling	Poin	t Inven	tory			
Water									Tota	al Le	ead and		
	Water Sy	stem Facility		-		Sampling			Colifo		Copper		Stage
Facility ID				IE)	Descriptio		Sta	itus Rul	e R	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4			ION SYSTEM		A Y				
				DOWNS	TREAM	WITHIN 5	SERVICE CON	I A	4				
				UPSTF	REAM	WITHIN 5	SERVICE CON	l <i>F</i>	4				
00700	ENTRY PC	DINT		3		ENTRY PO	INT	A	4				
20511	WELL			2		WELL		A	4				
TP01	TREATME	NT PLANT											
					Con	tact Info	ormation						
Name					0	rganization						Job Title	
Ms. Denise	P. Learn	ed				amp Hazen	YMCA			Execu	tive Dire		
Mailing Add	dress Line	e One		Mailing		s Line Two				City		State	Zip Code
204 West N									Chester			СТ	06412
Business	Phone	Extension	Fax	<u> </u>	Mobi	le Phone	Emergency	Phone	Email Add	dress		1	
860-526	-9529		860-526-9	9520					office@ca		azenymo	ca.org	
			l				1			-			

Contact Role(s): Administrative Contact, Legal Contact

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

					_ <u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0260034	CAMP HAZEN YMCA V	VELL #3			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
204 WEST MAIN	STREET		Connections		1			

Towns Served: CHESTER

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End of schedule

Schedule Generation Date: 3/10/2020

	Connectic	ut Department of	f Public	Health I	Orin	king W	later Se	ction	
	Wat	ter Quality Monit	oring a	ind Comi	oliai	nce Sch	nedule		
PWS ID	PWS Name	<u> </u>	0					ner Type P	rimary Source
CT0260084	GUEST HOUSE R	ETREAT & CONFERENCE CEN	NTER		NC		25	P	GW
Local Addre	ess (where applicable)		Service	Residentia	al Cor	nmercial	Industrial	Combined	Agricultural
318 WEST I	MAIN STREET		Connectio	ns		1			_
Towns Serv	ved: CHESTER					l I			
		Monito	oring Re	quiremen	ts				
Water Sys	tem Facility: DISTR	IBUTION SYSTEM (WSF I		4000000					
Total Coli	iform (3100)						1 rou	tine (RT)	per quarter
Samp	ling Point (Sampling P	oint ID)		Monitoring	Perio	d Collec	ction Period	Compl	ance Status
Select	from Inventory of Act	ive Sampling Points		7/1/19 - 9	/30/19)			mplete
				10/1/19 - 1	2/31/1	L9		Co	mplete
				1/1/20 - 3	/31/20)		Co	mplete
				4/1/20 - 6	•				
				7/1/20 - 9	/30/20)			
_	Parameters (PPS)						1 rou		per quarter
•	ling Point (Sampling P	<u> </u>		Monitoring			ction Period	Compl	ance Status
Select	from Inventory of Act	ive Sampling Points		7/1/19 - 9	•				mplete
				10/1/19 - 1					mplete
				1/1/20 - 3				Co	mplete
				4/1/20 - 6					
				7/1/20 - 9	/30/20)			
	•	Y POINT (WSF ID: 00700)							
	nd Nitrite (NOX)							=	RT) per year
	ling Point (Sampling P	oint ID)		Monitoring			ction Period		ance Status
ENTRY	POINT (3)			1/1/19 - 12					mplete
				1/1/20 - 12				Co	mplete
				1/1/21 - 12	2/31/2	1			
		Other C	omplian	ce Schedu	les				
Compliance	e Schedule Activity			Dι	ie Dati	е	Achieved	Date	
CROSS CON	NECTION SURVEY REP	ORT		3/	1/202	1			
		Water System Facili	itv and S	Sampling P	oint	Invento	orv		
Water		70000	,	b9 .		Total	Lead and		
	Water System Facility	Sampling Point	Sampling I	Point		Coliforn			Stage
Facility ID		ID	Description	n	Stat	5.4		Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUT	ION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5	SERVICE CON	Α				
		UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POI	NT	Α				
20516	WELL #1	2	WELL		Α				
52291	WELL #2	2	WELL #2		Α				
		Con	tact Info	ormation					
Name			rganization					Job Title	
	n J. Kerrigan		en Direction	s. Inc		F	kecutive Dire		
	dress Line One	Mailing Addres		o,o.			City	State	Zip Code
318 West N		Widning Address	2 2 1 440			Chester	,	CT	06412
Business		Fax Mobi	ile Phone	Emergency P			ess		00712

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	Connectic	ut Depa	rtment	of Public	: Health	ı Drii	nking	g Water	Sec	tion	
	Wa	ter Qual	ity Mor	nitoring a	and Cor	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type	Primary Source
CT0260084	GUEST HOUSE R	ETREAT & CC	NFERENCE	CENTER		N	IC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al C	ombine	d Agricultural
318 WEST MAIN	STREET			Connectio	ons		1				
Towns Served: C	-			·	·	·					·
860-322-5770	155	860-322-5	744		860-319	-1479	saralyn	@guesthou	secent	er.org	
Contact Role(s):	Administrative	Contact, Leg	al Contact								
Name				Organization					J	lob Title	!
Ten Directions, I	nc.										
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
318 W Main St							Cheste	r		CT	06412
Business Phone	e Extension	Fax	M	obile Phone	Emergenc	y Phone	Email A	Address			
860-322-5770											
Contact Role(s):	Owner										

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End of schedule

Schedule Generation Date: 3/10/2020

	Co	nnectic Wa		artment lity Moi										ectio	1		
PWS ID	PW	'S Name	oor Qua	110) 1101		011118 0	1101	0011	_	ssificatio				wner Typ	Pri	marv	Source
CT0260114		USHMILL BY T	THE WATERI	FALL					O.G.	NC		25	011	P		GV	
		e applicable)				Service	F	Residen	tial	Comme	rcial	Indus	strial	Combi	ned		cultural
129 WEST	· · · · · · · · · · · · · · · · · · ·					Connection				1							
Towns Serv																	
				Moi	nit <i>c</i>	oring Red	anii	rama	ntc								
Water Sys	stem Fac	ility: DISTR	IBUTION S				quii	Cilic	1163								
Total Col	_	•											1 rc	outine (F	T) p	er qı	uarter
		t (Sampling P						lonitori			Colle	ection	Perio	d Cor	_		Status
Select	t from Inv	entory of Acti	ive Sampling	g Points			_	/1/19 -			_					nplete	
								/1/19 -								nplete	
								./1/20 -							Con	nplete	e
								·/1/20 - ·/1/20 -									
Physical	Paramet	ers (PPS)											1 rc	outine (F	T) p	er qı	uarter
Samp	ling Point	t (Sampling P	oint ID)				M	lonitori	ng P	Period	Colle	ection	Perio	d Cor	nplia	nce S	Status
Select	t from Inv	entory of Acti	ive Sampling	g Points			7	/1/19 -	9/3	0/19					Con	nplete	e
							10	/1/19 -	12/	31/19						nplete	
							1	/1/20 -	3/3	1/20					Con	nplete	е
							4	/1/20 -	6/3	0/20							
							7	/1/20 -	9/3	0/20							
Water Sys	stem Fac	ility: ENTR	Y POINT (\	NSF ID: 007	00)												
Nitrate A		•												1 routin	e (R1) pe	r year
		t (Sampling P	oint ID)					lonitori			Colle	ection	Perio	d Cor			Status
ENTR	Y POINT (3)						/1/19 -								nplete	
								/1/20 -							Con	nplete	e
							1,	/1/21 -	12/3	31/21							
				Othe	r Co	omplian	ce S										
Complianc										Date		Ac	hieve	d Date			
CROSS CO	NNECTION	I SURVEY REP	ORT					3	3/1/	2020							
144.4			Water S	ystem Fa	cili	ity and S	am	pling	Po	int In				,			
Water System	Water Sv	stem Facility		Sampling Po	oint	Samplina F	Point				Total Colifor		ad an oppei	-			Stage
Facility ID	,	, , , , , , , , , , , , , , , , , , , ,		ID		Description				Status	Rule			er Asbes	tos l	NQP	_
	DISTRIBU	TION SYSTEM	1	4		DISTRIBUTI	ON S	SYSTEM		A	Υ						
				DOWNSTRE	AM					Α							
				UPSTREAM	M	WITHIN 5 S	ERV	ICE CON	J	Α							
00700	ENTRY PO	DINT		3		ENTRY POI	NT			Α							
56825	WELL 2			2		WELL 2				Α							
	AMOSPH	ERIC STORAG	E TANK														
				C	on	tact Info	rm	ation									
Name					Or	rganization								Job Ti	le		
Mr. Peter	Giannopo	ulos			Αŗ	o&S Propert	ies, L	.LC			C	Owner					
Mailing Ad	dress Line	e One		Mailing Add	dress	s Line Two					1	City		State	2	Zip C	ode
95 Den Ho	llow Road									Guil	ford			СТ	0	6437·	-2276
Business	Phone	Extension	Fax	N	1obi	le Phone	Eme	ergency	Pho	one Ema	ail Add	lress					

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	Connectic	ut Depa	irtment (of Public	Health 1	Drink	king	Water S	ection		
	Wa	ter Qua	lity Mon	itoring a	nd Com	plian	ce S	chedule			
PWS ID I	PWS Name				(Classifica	ation P	opulation O	wner Type	Primary Source	
CT0260114	BRUSHMILL BY T	HE WATERF	ALL			NC		25	Р	GW	
Local Address (wh	nere applicable)			Service	Residenti	al Com	mercial	Industrial	Combine	ed Agricultura	
129 WEST MAIN S	STREET			Connection	ns		1				
Towns Served: CH	HESTER										
860-526-9898						р	g53646	4@yahoo.co	m		
Contact Role(s):	Administrative	Contact, Ow									
Name				Organization					Job Titl	9	
Mr. Angelo S. Gia	nnopoulos			Ap&S Properti	ies, LLC			Owner			
Mailing Address L	ine One		Mailing Addre	lress Line Two				City	State	Zip Code	
95 Den Hollow Ro	oad					G	Guilford		СТ	06437-2276	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency P	Phone E	mail Ad	ldress			
860-526-9898			203	3-623-1624							
Contact Role(s):	Legal Contact, C	Owner									
Name				Organization					Job Title	е	
Mr. Spyros Giann	opoulos			Ap&S Properti	ies, LLC			Owner			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code	
95 Den Hollow Ro	oad					G	uilford	CT 06437-227			
Business Phone	Extension	Fax	Мо	bile Phone	Emergency F	Phone E	mail Ad	ldress			
860-526-9898											
Contact Role(s):	Owner										

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End of schedule

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