(	Connectic	ut Depa	rtme	nt of Publi	c Health	Drin	king V	Nater S	Section	L
		-		onitoring			-			
PWS ID P	WS Name			0			1			Primary Sourc
	LACKLEDGE CC	UNTRY CLUE	3			N		25	P	GW
Local Address (wh	ere applicable)			Service	Residenti	al Cor	nmercial	Industrial	Combin	ed Agricultura
180 WEST STREET				Connect	ions		1			
Towns Served: HE	BRON						I			
			N	Ionitoring R	equiremen	ts				
Water System Fa	acility: DISTR	<b>IBUTION SY</b>	STEM	(WSF ID: 00600	)					
Total Coliform	(3100)							1 r	outine (R <sup>.</sup>	Г) per quarter
Sampling Po	int (Sampling P	oint ID)			Monitorin	g Perio	d Coll	ection Perio	od Com	pliance Status
Select from I	nventory of Act	ive Sampling	Points		7/1/19 - 9	/30/19	)			Complete
					10/1/19 - 1					Complete
					1/1/20 - 3	/31/20	)			
					4/1/20 - 6	/30/20	)			
					7/1/20 - 9	/30/20	)			
Physical Param	eters (PPS)							1 r	outine (R	Г) per quarter
Sampling Po	int (Sampling P	oint ID)			Monitorin	g Perio	d Coll	ection Perio	od Com	pliance Status
Select from I	nventory of Act	ive Sampling	Points		7/1/19 - 9	/30/19	)			Complete
					10/1/19 - 1	2/31/1	19			Complete
					1/1/20 - 3	/31/20	)			
					4/1/20 - 6	/30/20	)			
					7/1/20 - 9	/30/20	)			
Water System Fa	acility: ENTR	Y POINT (W	/SF ID: 0	0700)						
Nitrate And Nit	rite (NOX)								1 routine	(RT) per year
Sampling Po	int (Sampling P	oint ID)			Monitorin	g Perio	d Coll	ection Perio	od Com	pliance Status
ENTRY POINT	Г (3)				1/1/19 - 12	2/31/1	9			Complete
					1/1/20 - 12	2/31/2	0			
					1/1/21 - 12	2/31/2	1			
		Water Sy	/stem	<b>Facility</b> and	Sampling F	Point	Invent	tory		
Water							Tota	Lead a	nd	
System Water	System Facility	·	Sampling	<mark>g Point Samplin</mark> g			Colifo			Stage
Facility ID			ID			Stat	tus Rule	e Rule Ti	er Asbest	os WQP 2 DBP
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBL	JTION SYSTEM	A	Y			
			DOWNS	FREAM WITHIN	5 SERVICE CON	A				
			UPSTR	EAM WITHIN !	5 SERVICE CON	A				
00700 ENTRY	POINT		3	ENTRY P	DINT	А				
21131 WELL			2	WELL		A				
				Contact In	formation					
Name				Organizatio	n				Job Titl	e
Mr. William E. An	derson				Country Club In	C.		Manager		
Mailing Address L			Mailing	Address Line Two			I	City	State	Zip Code
180 West Street							Hebron		СТ	06248
Business Phone	Extension	Fax		Mobile Phone	Emergency P			dress	1	
860-228-1044								kledgecc.co	m	
		I			1					

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0670024	BLACKLEDGE COUNTRY CLUB			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combine	ed Agricultural
180 WEST STR	EET	Connections		1			
Towns Served	: HEBRON	·					
Please note tl	ne following:						
1. The residua	Il disinfectant concentration must be measu	red at the same location	and time a	as each total colif	form sample.		
2. If a Collecti	on Period is specified, all water quality sam	ples must be collected du	ring the sp	pecified period.			
1 0	on results, additional monitoring may be re ence sent by the DWS on or after the gener			1 1			,

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

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

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID GAY CITY STATE PARK/PICNIC AREA WELL CT0670054 NC 22 S GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections ROUTE 85 NORTH 1 Towns Served: HEBRON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 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) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 4/1-9/30 Complete 1/1/20 - 12/31/20 4/1-9/30 1/1/21 - 12/31/21 4/1-9/30 **Other Compliance Schedules** Achieved Date **Compliance Schedule Activity Due Date** SEASONAL START UP COMPLETION 4/1/2020 **Public Notification Requirements** Notice Public Notification Compliance **PN Certification** Violation/Situation Period Tier Required Performed Due to DPH Received Physical Parameters M&R Violation 7/1/14 - 9/30/14 3 11/25/2015 12/5/2015 Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point System Water System Facility Coliform Copper Staae Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 4 00600 DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM Υ Α DOWNSTREAM WITHIN 5 SERVICE CON А **UPSTREAM** WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 **ENTRY POINT** А 21132 WELL 2 WELL А **Contact Information** Organization Job Title Name Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer Mailing Address Line One Mailing Address Line Two City State Zip Code 163 Great Hill Road Portland СТ 06480 Emergency Phone Email Address **Business Phone** Mobile Phone Extension Fax 860-205-7552 860-424-3333 david.cooley@ct.gov 860-342-2215 860-344-2560

	C 5	0						
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0670054	GAY CITY STATE PARK/PICNIC AREA WELL				NC	33	S	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 85 NOR	ГН	Connections	1					
Towns Served:	HEBRON							
Contact Role(s)	Administrative Contact, Legal Contact, Own	ner						
Please note the	following:							
1. The residual	disinfectant concentration must be measured at the	same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples must	be collected du	ing the sp	oecifie	ed period.			
3. Depending o	n results, additional monitoring may be required (i.e	e. repeat or conf	irmation s	sampl	les). This sc	hedule is subj	ect to change,	and any related
corresponde	nce sent by the DWS on or after the generation date	e of this schedul	e will have	e prec	cedence ove	r what is cont	tained in this so	hedule.
	If you have any questions, please c	ontact the Dri	nking Wo	ater :	Section at	(860) 509-73	333.	

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

	Connecticut De	<b>^</b>	of Public H nitoring an			<u> </u>		
			intoi ing an	1				
PWS ID	PWS Name			C	NC	Population C	P	GW
CT0670074	GILEAD CONGREGATION s (where applicable)		Service	Residentia			Combined	-
672 GILEAD R			Connections	Residentia	1		Combined	Agricultural
Towns Served					L T			
TOWING SERVER		<b>B 4 e c</b>		•••••••	•			
Matan Custa			itoring Requ	liremen	LS			
-	m Facility: DISTRIBUTIC	IN SYSTEM (WS	F ID: 00600)			1		
Total Colifo	• •			Monitoring	Doriod			per quarter
-	g Point (Sampling Point ID)	uliu a Dainta		Monitoring		Collection Perio	-	liance Status
Select II	om Inventory of Active Sam	pling Points		7/1/19 - 9/ 10/1/19 - 12				omplete omplete
				1/1/20 - 3				ompiete
				4/1/20 - 3/				
				4/1/20 - 6/ 7/1/20 - 9/				
Physical Pa	rameters (PPS)			77 17 20 - 97	30/20	1 -	outing (DT)	per quarter
-	g Point (Sampling Point ID)			Monitoring	Period	L I Collection Perio	• •	liance Status
	UTION SYSTEM (4)			7/1/19 - 9/		concetton i cin		omplete
DISTRIB				10/1/19 - 12				omplete
				1/1/20 - 3/				ompiere
				4/1/20 - 6/				
				7/1/20 - 9/				
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 0070	00)	.,_,_,_,				
	d Nitrite (NOX) g Point (Sampling Point ID)			Monitoring	Period	Collection Perio	-	RT) per year <i>liance Status</i>
	POINT (3)			1/1/19 - 12		concetton i cin	-	omplete
				1/1/20 - 12				ompiete
				1/1/21 - 12				
		Public N	otification R					
		FUDICIN		-	1		DN/ Co	
Violation/Sit	uation		Compliance Period	Notice Tier	Required	<u>Notification</u> I Performed		r <u>tification</u> I Received
-	n MCL Violation		//1/11 - 9/30/11	2	9/15/201		9/25/2011	i keceiveu
	n MCL Violation		//1/12 - 9/30/12	2	11/11/201		11/21/2012	)
							11/21/2012	-
	vvale	er system rad	cility and Sai			_	,	
Water System W	ater System Facility	Samplina Po	int Sampling Poi	nt		Total Lead a Diform Coppe		Stage
Facility ID	ater system racinty	ID	Description					WQP 2 DBPI
	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	A	γ		
00000 21		-	AM WITHIN 5 SEF		A			
		UPSTREAM			A			
00700 EN	ITRY POINT	3	ENTRY POINT		A			
	ELL	2	WELL		A			
			ontact Infori	nation				
Name								
Name Giload Societ	ny Of		Organization				Job Title	
Gilead Societ			ross Lino Two			City	Ctata	Zip Codo
Mailing Addro 672 Gilead St			ress Line Two		Hebro	City	State CT	Zip Code 06248
	ICCL				пери		U	00248

	-		- )		- 0 -	-		<b>1</b>				-		
PWS ID	PWS Name							Clas	ssification	Рс	opulation	Owne	er Type	Primary Source
СТ0670074	GILEAD CONGRE	GATIONAL	CHURCH						NC		25		Р	GW
Local Address (w	here applicable)				Service	R	esiden	tial	Commer	cial	Industria	al C	Combine	ed Agricultural
672 GILEAD ROA	D				Connectio	ons			1					
Towns Served: H	EBRON									1				
DUSITIESS FITUIR	EXTENSION	гах			ernone	LIUG	rgency	FIIC		Aut	uress			
860-228-3077		860-228-3	3077											
Contact Role(s):	Owner													
Name				Or	ganization								Job Title	2
Mr. Terry F Luko	w			Gil	ead Congre	egatio	nal Ch	urch			Trustee			
Mailing Address	Line One		Mailing	Address	Line Two						City		State	Zip Code
672 Gilead Street	t								Hebro	on			СТ	06248
Business Phone	e Extension	Fax		Mobile	e Phone	Eme	rgency	Phc	ne Email	Ado	dress			
860-593-2274				860-22	28-3435				lukow	/@c	omcast.ne	et		
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct		1			I					
Please note the	following:													
1. The residual di	sinfectant concen	tration must b	e measure	ed at the	same locati	ion and	d time a	is ead	ch total col	iforr	n 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

and Com	<u> </u>		ILLUUL		
		on D			rimary Source
	NC		25	P	GW
Residentia		ercial			-
ons	1		maastnar	combined	Agriculturu
		•			
auiromon	tc				
quiremen		_			
-	-	Coll	lection Perio	-	iance Status
	-				mplete
					omplete
				Сс	mplete
//1/20-9	130/20		1 -	outing (DT)	ner quarter
Monitoring	Period	Col			iance Status
					mplete
					mplete
					mplete
7/1/20 - 9	/30/20				
				-	RT) per year
		Coll	lection Perio	-	iance Status
					omplete
				Co	omplete
1/1/21 - 12	2/31/21				
				• •	• •
		Coll	lection Perio	-	iance Status
					mplete
					omplete omplete
					inplete
	-				
Notice	Publ	ic Not	ification	PN Cer	tification
Tier	Requir	red	Performed		Received
				1/4/2015	
				12/5/2015	
Sampling P	Point Ir	iven	tory		
	Ctatur				Stage WQP 2 DBP
		Y			
	A	•			
	Monitoring $7/1/19 - 9$ $10/1/19 - 1$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/19 - 9$ $10/1/19 - 1$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/19 - 9$ $10/1/19 - 1$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/19 - 9$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 12$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/20 - 9$ $10/1/19 - 1$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/20 - 9$ $10/1/19 - 1$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/20 - 9$ $10/1/19 - 1$ $1/1/20 - 3$ $4/1/20 - 6$ $7/1/20 - 9$ $10/1/19 - 1$	Requirements         Monitoring Period $7/1/19 - 9/30/19$ $10/1/19 - 12/31/19$ $1/1/20 - 3/31/20$ Monitoring Period $7/1/19 - 9/30/19$ $10/1/19 - 12/31/19$ $10/1/19 - 12/31/19$ $1/1/20 - 3/31/20$ Monitoring Period $1/1/20 - 3/31/20$ $4/1/20 - 6/30/20$ $7/1/20 - 9/30/20$ Monitoring Period $1/1/19 - 12/31/19$ $1/1/20 - 12/31/20$ $1/1/21 - 12/31/21$ Monitoring Period $7/1/19 - 9/30/19$ $10/1/19 - 12/31/20$ $1/1/20 - 3/31/20$ $4/1/20 - 6/30/20$ $7/1/20 - 9/30/20$ Monitoring Period $7/1/19 - 9/30/19$ $10/1/19 - 12/31/19$ $1/1/20 - 3/31/20$ $4/1/20 - 6/30/20$ $7/1/20 - 9/30/20$ Notice         Publi $7/1/20 - 9/30/20$ Status         Status         Status         NOTIN IN <td>Squirements         Monitoring Period       Coll         <math>7/1/19 - 9/30/19</math>       10/1/19 - 12/31/19       1/1/20 - 3/31/20         Monitoring Period       Coll         Monitoring Period       Coll         <math>7/1/20 - 9/30/20</math>       7/1/20 - 9/30/20         Monitoring Period       Coll         <math>7/1/19 - 9/30/19</math>       10/1/19 - 12/31/19         <math>1/1/20 - 3/31/20</math>       4/1/20 - 6/30/20         Monitoring Period       Coll         <math>1/1/20 - 3/31/20</math>       4/1/20 - 12/31/19         1/1/20 - 12/31/20         Monitoring Period       Coll         <math>7/1/19 - 9/30/19</math>       10/1/19 - 12/31/20         Monitoring Period       Coll         <math>7/1/20 - 9/30/19</math>       10/1/19 - 12/31/19         1/1/20 - 3/31/20         4/1/20 - 6/30/20         <math>7/1/20 - 9/30/20</math>       7/1/20 - 9/30/20         Notice       Public Not         <math>7/1/20 - 9/30/20</math>       1/1/20 - 3/31/20         Notice       Public Not         <math>7/1/20 - 9/30/20</math>       1/1/20 - 9/30/20       1/1/20 - 9/30/20</td> <td>In         Monitoring Period       Collection Period         7/1/19 - 9/30/19       10/1/19 - 12/31/19       11/1/20 - 3/31/20         4/1/20 - 6/30/20       7/1/20 - 9/30/20       1         Monitoring Period       Collection Period         7/1/19 - 9/30/19       10/1/19 - 12/31/19       1         10/1/19 - 12/31/19       1/1/20 - 3/31/20       4/1/20 - 6/30/20         Trice       It         Monitoring Period       Collection Period         1/1/19 - 12/31/19       1/1/20 - 12/31/20       1         1/1/20 - 12/31/19       1/1/20 - 12/31/20       1         1/1/19 - 12/31/19       1/1/20 - 3/31/20       1         1/1/19 - 9/30/19       10/1/19 - 12/31/19       1         10/1/19 - 12/31/19       1/1/20 - 3/31/20       1         4/1/20 - 6/30/20      </td> <td>I routine (RT)         Monitoring Period       Collection Period       Complia         7/1/19 - 9/30/19       Co         10/1/19 - 12/31/19       Co         1/1/20 - 3/31/20       Co         4/1/20 - 6/30/20       1 routine (RT)         Monitoring Period       Collection Period       Complia         7/1/20 - 9/30/20       1 routine (RT)         Monitoring Period       Collection Period       Complia         7/1/20 - 9/30/19       Co       Co         10/1/19 - 12/31/19       Co       Co         1/1/20 - 6/30/20       7/1/20 - 9/30/20       Co         7/1/20 - 9/30/20       Toutine (RT)       Monitoring Period       Collection Period       Complia         1/1/21 - 12/31/19       Co       Co       Co       Co       Co         1/1/20 - 3/31/20       Co       Co       Co       Co       Co         1/1/21 - 12/31/19       Co       Co       Co       Co       Co       Co       Co         1/1/20 - 3/31/20       Co       Co</td>	Squirements         Monitoring Period       Coll $7/1/19 - 9/30/19$ 10/1/19 - 12/31/19       1/1/20 - 3/31/20         Monitoring Period       Coll         Monitoring Period       Coll $7/1/20 - 9/30/20$ 7/1/20 - 9/30/20         Monitoring Period       Coll $7/1/19 - 9/30/19$ 10/1/19 - 12/31/19 $1/1/20 - 3/31/20$ 4/1/20 - 6/30/20         Monitoring Period       Coll $1/1/20 - 3/31/20$ 4/1/20 - 12/31/19         1/1/20 - 12/31/20         Monitoring Period       Coll $7/1/19 - 9/30/19$ 10/1/19 - 12/31/20         Monitoring Period       Coll $7/1/20 - 9/30/19$ 10/1/19 - 12/31/19         1/1/20 - 3/31/20         4/1/20 - 6/30/20 $7/1/20 - 9/30/20$ 7/1/20 - 9/30/20         Notice       Public Not $7/1/20 - 9/30/20$ 1/1/20 - 3/31/20         Notice       Public Not $7/1/20 - 9/30/20$ 1/1/20 - 9/30/20       1/1/20 - 9/30/20	In         Monitoring Period       Collection Period         7/1/19 - 9/30/19       10/1/19 - 12/31/19       11/1/20 - 3/31/20         4/1/20 - 6/30/20       7/1/20 - 9/30/20       1         Monitoring Period       Collection Period         7/1/19 - 9/30/19       10/1/19 - 12/31/19       1         10/1/19 - 12/31/19       1/1/20 - 3/31/20       4/1/20 - 6/30/20         Trice       It         Monitoring Period       Collection Period         1/1/19 - 12/31/19       1/1/20 - 12/31/20       1         1/1/20 - 12/31/19       1/1/20 - 12/31/20       1         1/1/19 - 12/31/19       1/1/20 - 3/31/20       1         1/1/19 - 9/30/19       10/1/19 - 12/31/19       1         10/1/19 - 12/31/19       1/1/20 - 3/31/20       1         4/1/20 - 6/30/20	I routine (RT)         Monitoring Period       Collection Period       Complia         7/1/19 - 9/30/19       Co         10/1/19 - 12/31/19       Co         1/1/20 - 3/31/20       Co         4/1/20 - 6/30/20       1 routine (RT)         Monitoring Period       Collection Period       Complia         7/1/20 - 9/30/20       1 routine (RT)         Monitoring Period       Collection Period       Complia         7/1/20 - 9/30/19       Co       Co         10/1/19 - 12/31/19       Co       Co         1/1/20 - 6/30/20       7/1/20 - 9/30/20       Co         7/1/20 - 9/30/20       Toutine (RT)       Monitoring Period       Collection Period       Complia         1/1/21 - 12/31/19       Co       Co       Co       Co       Co         1/1/20 - 3/31/20       Co       Co       Co       Co       Co         1/1/21 - 12/31/19       Co       Co       Co       Co       Co       Co       Co         1/1/20 - 3/31/20       Co       Co

	(	Connectic	ut Depa	irtment of	f Public	Health	n Dr	inking	g W	ater	Se	ction		
		Wa	ter Qua	lity Monit	oring an	nd Con	npli	iance	Sch	edul	e			
PWS ID	Р	WS Name		_			Clas	sification	Рори	lation	Owr	er Type	rimary	/ Source
СТ067009	4 H	EBRON CHURC	H OF HOPE					NC	2	25		Р	G١	N
Local Add	ress (wh	ere applicable)			Service	Residen	ntial	Commerc	ial Ir	ndustria	al	Combined	d Agri	cultural
1 MAIN ST	FREET				Connection	S		1						
Towns Ser	ved: HE	BRON												
			Water Sy	ystem Facil	ity and Sa	ampling	; Poi	int Inve	ento	ry				
Water								Τ	otal	Lead	and			
System		System Facility		Sampling Point					iform					Stage
Facility ID	)			ID	Description		3	Status <sup>F</sup>	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
				UPSTREAM	WITHIN 5 SE	ERVICE COI	N	А						
00700	ENTRY	POINT		3	ENTRY POIN	IT		А						
21136	WELL			2	WELL			А						
				Con	tact Info	rmation	ו							
Name				0	rganization							Job Title		
Pastor Ke	vin Zufa	II							Pas	stor				
Mailing Ac	ddress Li	ne One		Mailing Addres	s Line Two				С	ity		State	Zip C	Code
1 Main Str	reet							Hebro	n			СТ	062	248
Business	s Phone	Extension	Fax	Mobi	ile Phone	Emergency	/ Pho	ne Email	Addre	SS				
860-22	8-3011							pastor	.kevin	n@hebr	oncł	nurchofho	pe.org	
Contact R	ole(s):	Administrative	Contact, Leg	gal Contact, Owr	ner									
Please no	te the fo	ollowing:												
1. The res	sidual dis	infectant concen	tration must b	e measured at the	e same locatio	n and time a	as eac	h total coli	<sup>f</sup> orm sa	ample.				
2. If a Col	lection P	eriod is specified,	, all water qua	lity samples must	be collected d	luring the sp	ecifie	d 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

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID CAMP HEMLOCKS - EASTER SEALS (CORE WELL) Р CT0670144 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **85 JONES STREET** 1 Towns Served: HEBRON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete Complete 1/1/20 - 1/31/20 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status DISTRIBUTION SYSTEM (4)** 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Compliance Status Monitoring Period Collection Period** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 **Other Compliance Schedules Achieved Date Compliance Schedule Activity** Due Date CROSS CONNECTION SURVEY REPORT 3/1/2020 **Public Notification Requirements** Compliance Notice **Public Notification PN** Certification Violation/Situation Period Tier Required Performed Due to DPH Received

PWS ID	PWS Name				Classification		Population	Owner Type	Primary Source
СТ0670144	CAMP HEMLOCKS - EASTER SEALS (CO	ORE WE	VELL)			NC	25	Р	GW
Local Address	(where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
85 JONES STRE	ET		Connections			1			
Towns Served:	HEBRON						1		
Physical Paran	neters M&R Violation	2/1/	18 - 2/28/18	3		6/4/2019		6/14/201	9
Total Coliform	M&R Violation	2/1/	18 - 2/28/18	3		6/4/2019		6/14/201	9
Total Coliform	M&R Violation	9/1/	18 - 9/30/18	3		11/13/2019		11/23/202	19
Total Coliform	M&R Violation	8/1/	18 - 8/31/18	3		11/13/2019	)	11/23/202	19
Physical Paran	neters M&R Violation	8/1/	18 - 8/31/18	3		11/20/2019	)	11/30/202	19
Physical Paran	neters M&R Violation	9/1/	18 - 9/30/18	3		11/20/2019		11/30/202	19
		·		·					

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	 Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	А			
		UPSTREAM	WITHIN 5 SERVICE CON	А			
00700	ENTRY POINT	3	ENTRY POINT	А			
55511	ATMOSPHERIC TANK (CONVERTED 2012)						
55545	BOOSTER PUMPS (2)						
61360	WELL #1A	2	WELL #1A	А			
61362	WELL #2	2	WELL #2	А			

### **Contact Information**

ess Line Two	City	State	Zip Code
	Hebron	СТ	06248
bile Phone Emergency Phone	Email Address		
		Hebron	Hebron CT

#### Contact Role(s): Owner

			Job Title			
Easter Seals (	Camp Hemlocks					
ress Line Two			City	State	Zip Code	
		Hartford	rtford CT 061			
lobile Phone	Emergency Phone	Email Ado	dress			
	860-212-2255	chris.tenr	nis@oakhillct.or	g		
	ress Line Two	obile Phone Emergency Phone	ress Line Two Hartford obile Phone Emergency Phone Email Ado	ress Line Two City Hartford obile Phone Emergency Phone Email Address	ress Line Two City State Hartford CT obile Phone Emergency Phone Email Address	

#### 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.

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

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

End of schedule

	Connecticut Depar					0			ction	
	Water Qualit	ty Moi	nitoring an	d Con						
PWS ID	PWS Name				Cla	ssification I	Population	Owne	er Type Pr	imary Source
СТ0670154	MARY & ALLIES RESTAURANT					NC	25		Р	GW
Local Address (	where applicable)		Service	Residen	ntial	Commercia	l Industria	al C	Combined	Agricultura
291 CHURCH S	TREET		Connections			1				
Towns Served:	HEBRON									
		Μοι	nitoring Requ	uireme	nts	;				
Water System	n Facility: <b>DISTRIBUTION SYS</b>	TEM (W	SF ID: 00600)							
Total Colifor		•					1	rout	ine (RT) i	per quarter
	Point (Sampling Point ID)			Monitor	ing F	Period Co	llection Per			ance Status
Select from	m Inventory of Active Sampling Po	oints		7/1/19 -	- 9/3	0/19			Co	mplete
				10/1/19 -	- 12/	31/19			Co	mplete
				1/1/20 -	- 3/3	1/20				
				4/1/20 -	- 6/3	0/20				
				7/1/20 -	- 9/3	0/20				
<b>Physical Para</b>	ameters (PPS)						1	rout	ine (RT) j	per quarter
Sampling	Point (Sampling Point ID)			Monitor	ing F	Period Co	llection Per	iod	Compli	ance Status
Select from	m Inventory of Active Sampling Po	oints		7/1/19 -	- 9/3	0/19			Со	mplete
				10/1/19 -	- 12/	31/19			Со	mplete
				1/1/20 -	- 3/3	1/20				
				4/1/20 -	- 6/3	0/20				
				7/1/20 -	- 9/3	0/20				
Water System	n Facility: ENTRY POINT (WS	F ID: 007	00)							
Nitrate And	Nitrite (NOX)							<b>1</b> r	outine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitor	ing F	Period Co	llection Per	iod	Compli	ance Status
ENTRY PO	INT (3)			1/1/19 -					Со	mplete
				1/1/20 -	12/3	31/20				
				1/1/21 -	12/3	31/21				
	F	Public N	Notification R	Require	eme	ents				
			Compliance	Notice	2	Public No	tification		PN Cert	ification
Violation/Situe	ation		Period	Tier		Required	Performed	1 Du	ie to DPH	Received
Total Coliform	M&R Violation	1	0/1/11 - 12/31/11	2		4/8/2012		4/	/18/2012	
Physical Param	eters M&R Violation	1	0/1/11 - 12/31/11	3		3/9/2013		3/	/19/2013	
	Water Sys	tem Fa	cility and Sai	mpling	; Po	int Inver	ntory			
Water	•		•			Tot	-	and		
System Wat	ter System Facility Sa	mpling Po	oint Sampling Poi	nt		Colif	orm Copp	er		Stage
Facility ID		ID	Description			Status Ru	ile Rule i	Tier	Asbestos	WQP 2 DBP
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	1	A ۱	(			
	DC	OWNSTRE	AM WITHIN 5 SEF	RVICE COI	N	А				
		UPSTREAM	M WITHIN 5 SEF	RVICE COI	N	А				
00700 ENT	RY POINT	3	ENTRY POINT			А				
21141 WEI	L	2	WELL			Α				
		C	ontact Infor	nation	1					
Name			Organization						Job Title	
Mr. Michael D	. Granato		Mary&Aili's Rest	aurant			Manager			
Mailing Addres		lailing Add	Iress Line Two				City		State	Zip Code
291 Church St						Amston			CT	06231
	no Extension Eav		Iohilo Phone Fu	margano	, Dha					

		··· · · · ·				<b>P</b>				-			1
PWS ID	PWS Name					Classif	ication	Populat	ion (	Owne	r Type	Prir	mary Source
СТ0670154	MARY & ALLIES	RESTAURAN	IT			N	IC	25		F	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Indu	stria	I Co	ombine	ed	Agricultural
291 CHURCH STR	REET			Connection	s		1						
Towns Served: H	EBRON			I									
Dusiness Filon	e Extension	гах	N	nobile Flione	Emergency	y Flione	LIIIali	Audress					
860-228-3164		860-228-	0495		860-729	-2146							
Contact Role(s):	Administrative	Contact											
Name				Organization						J	ob Title	е	
Zisis Realty LLC													
Mailing Address	Line One		Mailing Add	dress Line Two				City			State	Z	Zip Code
291 Church St			C/O Alvera	5			Amsto	n			СТ	06	5231-1403
Business Phone	e Extension	Fax	Ν	Nobile Phone	Emergency	y Phone	Email A	Address					
Contact Role(s):	Owner												
Name	·			Organization						J	ob Title	е	
Mr. Alveras Zisis				Zisis Realty LLC				Memb	ber				
Mailing Address	Line One		Mailing Add	dress Line Two				City			State	Z	Zip Code
713 Middletown	Rd						Colche	ster			СТ		06315
Business Phone	e Extension	Fax	Ν	Nobile Phone	Emergency	y Phone	Email A	Address					
Contact Role(s):	Legal Contact												
Please note the	following:												
1. The residual d	isinfectant concen	tration must k	e measured a	at the same location	n and time a	as each t	otal colif	orm sam	ole.				
	Desite of the second different				and a state of the		and a start						

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.

<u>http://www.ct.gov/dph/publicdrinkingwater</u>

		er Qual	lity Monit	oring a				1	1	on True - I	
	/S Name RADISE FARM				CI	iassifi N		-	1ation Owr 15	P	Primary Sourc GW
		S PLAZA		Service	Residentia					-	
Local Address (whe				Connectio					dustrial	Combined	d Agricultura
277 CHURCH STREE Towns Served: HEB				connectio	113		1				
Towns Served. HEB	RUN		Monit	oring Re	quirement	tc					
Water System Fac	ility: DISTR	BUTION SY			quirement		_	_		_	
Total Coliform (3				,		_			1 rou	tine (RT)	per quarter
Sampling Poin	•	oint ID)			Monitoring	Perio	od (	Collect	ion Period		liance Status
Select from Inv		-	Points		7/1/19 - 9/						omplete
					10/1/19 - 12						omplete
					1/1/20 - 3/						ompiete
					4/1/20 - 6/						
					7/1/20 - 9/						
Physical Paramet	forc (DDC)				771720 - 57	50/2	.0		1 rou	ting (PT)	per quarter
Sampling Poin		nint ID)			Monitoring	Dori	od (	Collect	ion Period	• •	liance Status
Select from Inv			Points		7/1/19 - 9/			Jonecu	ion renou		omplete
Select Irolli lin	Action of Action	ve Sampling	Fonts		10/1/19 - 12	-					omplete
					1/1/20 - 3/					C	unpiere
					4/1/20 - 6/						
					7/1/20 - 9/						
Water System Fac	ility: ENITO		/SE ID: 00700)		7/1/20-9/	50/Z	.0				
	-		/3F ID. 00700j						1		
Nitrate And Nitri	• •	sint (D)			Monitoring	Dori	ad (	Collect		-	RT) per year
Sampling Poin ENTRY POINT (					Monitoring			.onecu	ion Period		liance Status
ENTRY POINT (	3)				1/1/19 - 12					U	omplete
					1/1/20 - 12						
		Mator S	ustom Eacili	ity and S	1/1/21 - 12			nto	c) /		
		water sy	/stem Facili	ity and S	amping P						
Water System Water Sy Facility ID	stem Facility	2	Sampling Point ID	Sampling I Description		Sta	Со	otal liform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
00600 DISTRIBL	JTION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	4	Y			
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	A	4				
			UPSTREAM	WITHIN 5 S	SERVICE CON	A	4				
00700 ENTRY P	OINT		3	ENTRY POI	NT	A	4				
21142 WELL			2	WELL		A	٩				
57161 TREATM	ENT PLANT										
			Con	tact Info	ormation						
Name			01	rganization						Job Title	
Mr. Bruce Goldstei	n		Pa	radise Farm	ns Plaza			Sup	ervisor		
Mailing Address Lin	e One		Mailing Address	s Line Two				Ci	ty	State	Zip Code
151 Broadway			P O Box 175				Colche			СТ	06415
Business Phone	Extension	Fax		le Phone	Emergency Pl	hone			SS		
860-537-7044		860-537-1	142		860-537-70				@aol.com		
	dministrativa (	Contact Log	al Contact		1						
Contact Role(s): A	inimistrative	contact, Leg									

Schedule Generation Date: 3/10/2020

	-	· · · · ·	- )		0 -		1			-		1
PWS ID	PWS Name						Cla	ssification	Population	Owne	er Type	Primary Source
СТ0670184	PARADISE FARM	S PLAZA						NC	25		Р	GW
Local Address (w	here applicable)			0	Service	Reside	ntial	Commerc	ial Industr	ial C	ombine	ed Agricultural
277 CHURCH STR	EET			(	Connection	s		1				
Towns Served: H	EBRON											I
Name				Org	anization						lob Title	5
Pa Commercial L	LC											
Mailing Address	Line One		Mailing Add	ress I	Line Two				City		State	Zip Code
P. O. Box 175								Colche	ester		СТ	06415-0175
Business Phone	e Extension	Fax	M	obile	Phone	Emergenc	y Pho	one Email	Address			
Contact Role(s):	Owner											
Please note the	following:											

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

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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

PWS ID PV	VS Name					Classif	ication	Popu	lation C	Dwner	Type P	rimary Sourc
CT0670224 ST	. PETERS EPISCOPAL CHUR	СН				N	С	2	25	Р		GW
ocal Address (whe	re applicable)			Service	Resident	tial Co	mmercia	al Ir	ndustrial	Со	mbined	Agricultura
O CHURCH STREET	-		C	Connectio	ns		1					
owns Served: HEB	RON											
		Mon	itor	ring Re	quireme	nts						
Nater System Fa	cility: DISTRIBUTION S	ystem (ws	F ID:	00600)								
Total Coliform (	3100)								1 r	routin	e (RT)	per quarter
Sampling Poir	nt (Sampling Point ID)				Monitori	ng Peri	od Co	ollect	ion Perio	od	Compli	ance Status
Select from In	ventory of Active Sampling	Points			7/1/19 -	9/30/1	.9				Со	mplete
					10/1/19 -	12/31/	'19				Со	mplete
					1/1/20 -	3/31/2	0					
					4/1/20 -							
					7/1/20 -	9/30/2	0					
Physical Parame												per quarter
	nt (Sampling Point ID)				Monitori	-		ollect	ion Perio	od		ance Status
Select from In	ventory of Active Sampling	Points			7/1/19 -							mplete
					10/1/19 -						Со	mplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	9/30/2	0					
Nater System Fa	cility: ENTRY POINT (V	VSF ID: 0070	)0)									
Nitrate And Nitr	• •									1 rou	-	T) per year
	nt (Sampling Point ID)				Monitori	-		ollect	ion Perio	od	Compli	ance Status
ENTRY POINT	(3)				1/1/19 - 1	12/31/2	19				Co	mplete
					1/1/20 - 1							
					1/1/21 -	12/31/2	21					
	Water Sy	ystem Fa	cility	y and S	ampling	Poin	t Inve	nto	ry			
Water							То	tal	Lead a	nd		
·	ystem Facility	Sampling Po					-	form				Stage
Facility ID		ID		Description		Sta	itus R	ule	Rule T	ier As	sbestos	WQP 2 DBP
00600 DISTRIB	JTION SYSTEM	4			ION SYSTEM		4	Y				
		DOWNSTREA	M V	VITHIN 5 S	SERVICE CON	1 4	4					
		UPSTREAM	I V	VITHIN 5 S	SERVICE CON	I 4	4					
00700 ENTRY P	OINT	3	E	NTRY POI	NT	ŀ	4					
10904 WELL		2	V	VELL		A	٩					
56162 BLADDE	R TANKS											
		C	onta	act Info	ormation							
lame			Orga	anization						Jo	b Title	
Mr. Austin Marks J	r.		St. P	Peter's Epi	iscopal Churo	ch		Cha	airman			
Mailing Address Lir	e One	Mailing Add						C	ity	9	State	Zip Code
0 Church Street							Hebrov		-		СТ	06248
Business Phone	Extension Fax	M	obile	Phone	Emergency	Phone			SS	I	I	
860-228-3244					860-428-				jr0@gm	ail.cor	n	
	dministrative Contact, Leg	al Contact			1		1		- 0			

Schedule Generation Date: 3/10/2020

	-	· · · · ·	- )	0		1-			-	
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0670224	ST. PETERS EPIS	COPAL CHUR	CH				NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
30 CHURCH STRE	ET			Connections	5		1			
Towns Served: H	EBRON					·			·	
Name				Organization					Job Titl	e
St Peters Episco	oal Church									
Mailing Address	Line One		Mailing Addr	ress Line Two				City	State	Zip Code
30 Church Street	, PO Box 513		C/O Building	s And Grounds C	Commissic	n	Hebro	n	СТ	06428
Business Phone	e Extension	Fax	Mo	obile Phone E	Emergency	y Pho	ne Email	Address		
860-228-3244										
Contact Role(s):	Legal Contact			· ·						
Please note the	following:									
1. The residual d	isinfectant concen	tration must b	e measured at	the same location	and time	as eac	h total colif	orm sample.		

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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

edule
ulation Owner Type Primary Source
25 P GW
ndustrial Combined Agricultural
1 routine (RT) per quarter
tion Period Compliance Status
Complete
Complete
1 routine (RT) per quarter
tion Period Compliance Status
Complete
Complete
1 routine (RT) per year
tion Period Compliance Status
Complete
<u>.</u>
Achieved Date
ory
Lead and
Copper Stage
Rule Tier Asbestos WQP 2 DBPI
Job Title
wner

							P				
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
СТ0670234	TALLWOOD COU	JNTRY CLUB						NC	25	Р	GW
Local Address (w	here applicable)				Service	Reside	ntial	Commerc	ial Industr	ial Combin	ed Agricultural
91 NORTH STREE	T				Connectior	าร		1			
Towns Served: H	IEBRON					1					I
Business Phon	e Extension	FdX		וומסואו	e Phone	Emergend	лу Рпог	ie Emair	Address		
860-646-1151		860-646-	7357			860-87	1-0326				
Contact Role(s):	Administrative	Contact, Leg	gal Contact	t, Own	er						
Name				Or	ganization					Job Titl	e
McDermott Pro	perties LLC										
Mailing Address	Line One		Mailing A	ddress	Line Two				City	State	Zip Code
91 North St								Hebro	n	СТ	06248
Business Phon	e Extension	Fax		Mobil	e Phone	Emergen	cy Phor	ne Email	Address		
Contact Role(s):	Owner										
Please note the	following:										
1. The residual d	isinfectant concen	tration must b	e measured	d at the	same locatio	on and time	as each	n total coli	form sample.		
2. If a Collection	Period is specified	, all water qua	lity samples	s must l	be collected o	during the s	pecified	l period.			
3. Depending on	results, additional	monitoring m	nay be requi	ired (i.e	. repeat or co	onfirmation	sample	s). This so	chedule is sub	ject 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

PWS ID	P۱	WS Name		-		oring a							ner Type P	rimary Sour
СТ0670244	4 то	OWN OFFICE BU	ILDINGS					N		. 2.			P	GW
ocal Addr	ess (whe	ere applicable)				Service	Residentia	I Coi	mmercia	l In	dustria	al	Combined	Agricultur
.5 GILEAD	STREET					Connection	S		1					
owns Ser	ved: HEE	RON												
				M	onit	oring Req	uirement	ts						
Vater Sys	stem Fa	cility: DISTRI	BUTION SY					_	_	_	_	_		
, Fotal Col				•							1	rou	tine (RT)	per quarte
	•	nt (Sampling Po	int ID)				Monitoring	Perio	od Co	llecti	on Pei			iance Status
	-	ventory of Activ		Points			7/1/19 - 9/							omplete
							10/1/19 - 12	2/31/	19				 Co	mplete
							1/1/20 - 3,	/31/2	0				Co	mplete
							4/1/20 - 6,	/30/2	0					
							7/1/20 - 9,	/30/2	0					
Physical	Parame	ters (PPS)									1	rou	tine (RT)	per quarte
Samp	oling Poir	nt (Sampling Po	int ID)				Monitoring	Perio	od Co	llecti	on Pei	riod	Compl	iance Status
Selec	t from In	ventory of Activ	e Sampling	Points			7/1/19 - 9,	/30/1	9				Co	omplete
							10/1/19 - 12						Co	omplete
							1/1/20 - 3,						Co	omplete
							4/1/20 - 6,							
							7/1/20 - 9,	/30/2	0					
		cility: ENTRY	POINT (W	SF ID: 00	)700)									
		ite (NOX)										1	-	RT) per yea
		nt (Sampling Po	int ID)				Monitoring			llecti	on Pei	riod		iance Status
ENTR	Y POINT	(3)					1/1/19 - 12							omplete
							1/1/20 - 12						Co	omplete
							1/1/21 - 12							
		I	Nater Sy	vstem F	acil	ity and Sa	ampling P	oint	t Inver	ntor	'Y			
Water						<i>c i c</i>			То		Lead			
System Facility ID		ystem Facility	5	ampling ID	Point	Sampling Po Description	oint		Colif	orm Ile	Copp		Achostos	Stag WQP 2 DBI
		UTION SYSTEM		4		DISTRIBUTIO		Sta A	lus	lie l	nuie	ner	ASDESIUS	WQF 2 DDI
00000	סואוכוט		r	-		WITHIN 5 SI		д Д	-	T				
			L	UPSTRE		WITHIN 5 SI		Р А						
00700	ENTRY F			3		ENTRY POIN		, А						
	WELL			2		WELL		م A						
21140	VVLLL			2	Cor	tact Info	matica	-						
							mation						Job Title	
Name Mr. Willia	m A Bol					rganization own of Hebro	n						Job Title	
Aailing Ad				Mailing A		s Line Two				Cit	tv		State	Zip Code
L5 Gilead S					aur 53	S LINC I WU			Hebron	CI	~ y		CT	06248
Business		Extension	Fax		Mohi	le Phone	Emergency P	hone		ddres	s			502-10
860-228		133	860-228-4	859			860-918-09		dlanza@			com		
		dministrative C												

		- 2			,		P :					1
PWS ID	PWS Name						Cla	ssification	Population	Owner Type	Primary	Source
СТ0670244	TOWN OFFICE BUIL	DINGS						NC	25	Р	G۷	v
Local Address (w	here applicable)			Service		Resider	ntial	Commerc	ial Industr	ial Combir	ed Agric	cultural
15 GILEAD STREE	Т			Connec	tions			1				
Towns Served: H	EBRON											
Name				Organizatio	on					Job Tit	le	
Hebron												
Mailing Address	Line One		Mailing Addr	ress Line Tw	/0				City	State	Zip Co	ode
Business Phone	e Extension	Fax	Mo	obile Phone	e Er	mergency	y Pho	one Email	Address			
Contact Role(s):	Legal Contact, Ow	ner										
Please note the	following:											
1. The residual di	sinfectant concentrat	ion must l	be measured at	the same loo	cation	and time a	as ea	ch total colif	form sample.			
2. If a Collection	Period is specified, all	water qua	ality samples m	ust be collect	ted dui	ring the sp	pecifi	ed 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

	Connecticut De Water O	partment of uality Monit			0		ection	
PWS ID	PWS Name	uancy Monte	or ing and o	-			vner Type	Primary Source
CT0670284				NC		25	P	GW
	ess (where applicable)		Service Resi		nercial	Industrial	Combined	-
544 CHURC			Connections		1	maastria	combined	Agriculturu
	ed: HEBRON				-			
		Monit	oring Require	nonts				
Water Sys	tem Facility: DISTRIBUTIO		<b>·</b> ·	ileitts				
Total Coli	form (3100)					1 ro	outine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)		Mon	toring Period	Colle	ction Period	d Compl	iance Status
Select	from Inventory of Active Sam	oling Points	7/1/	19 - 9/30/19			Co	omplete
			10/1/	19 - 12/31/19			C	omplete
			1/1/	20 - 3/31/20				
			4/1/	20 - 6/30/20				
			7/1/	20 - 9/30/20				
Physical P	Parameters (PPS)					1 ro	utine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)		Mon	toring Period	Colle	ction Period	d Compl	iance Status
Select	from Inventory of Active Sam	oling Points	7/1/	19 - 9/30/19			Co	omplete
			10/1/	19 - 12/31/19			Co	omplete
			1/1/	20 - 3/31/20				
			4/1/	20 - 6/30/20				
			7/1/	20 - 9/30/20				
Water Sys	tem Facility: ENTRY POIN	「 (WSF ID: 00700)						
	nd Nitrite (NOX)					2	-	RT) per year
	ing Point (Sampling Point ID)			toring Period	Colle	ction Period		iance Status
ENTRY	POINT (3)			9 - 12/31/19			Co	omplete
				20 - 12/31/20				
			1/1/2	21 - 12/31/21				
Water Sys	tem Facility: WELL (WSF I	D: 21151)						
E. Coli (3	014)					1 ro	outine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)		Mon	toring Period	Colle	ction Period	d Compl	iance Status
WELL	(2)			19 - 9/30/19			Co	omplete
				19 - 12/31/19			Co	omplete
				20 - 3/31/20				
				20 - 6/30/20				
			7/1/	20 - 9/30/20				
		Other C	ompliance Sch	edules				
Compliance	e Schedule Activity			Due Date		Achieved	d Date	
CROSS CON	INECTION SURVEY REPORT			3/1/2017				
CROSS CON	INECTION SURVEY REPORT			3/1/2018				
CROSS CON	INECTION SURVEY REPORT			3/1/2019				
CROSS CON	INECTION SURVEY REPORT			3/1/2020				
	Wate	r System Facil	ity and Sampli	ng Point I	nvent	ory		
				0	Total	•	d	
Water								Channe
	Water System Facility	Sampling Point	Sampling Point		Colifori	m Copper		Stage
	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula			WQP 2 DBP

	Сс	onnectic	ut Depa	rtment	t of	Public	: Health	n Dri	nkin	g V	Vater	· Se	ction		
		Wat	ter Qua	lity Mo	nit	oring a	and Cor	nplia	ance	Sc	hedu	le			
PWS ID	PW	/S Name						Classi	fication	Ро	pulation	Owr	ner Type	Primary So	ource
СТ0670284	ти	IN LAKES CAF	÷Ε					1	NC		25		Р	GW	
Local Addre	ess (whe	re applicable)				Service	Resider	ntial C	ommer	cial	Industr	ial	Combine	d Agricu	ltural
544 CHURC	CH STREE	Т				Connectio	ons		1						
Towns Serv	ed: HEB	RON													
			Water Sy	ystem Fa	acili	ity and S	Sampling	; Poir	nt Inv	ent	ory				
Water System Facility ID	Water S	ystem Facility		Sampling Po ID	oint	Sampling Descriptio		St	Со	Total lifor Rule	т Сор	per	Asbesto	Si s WQP 2	tage DBPR
				DOWNSTRE	AM	WITHIN 5	SERVICE CO		A						
				UPSTREA	M	WITHIN 5	SERVICE CO	N	А						
00700	ENTRY P	OINT		3		ENTRY PO	INT		А						
21151	WELL			2		WELL			А						
60789	TREATM	ENT PLANT													
				C	Con	tact Info	ormation	า							
Name					Or	rganization							Job Title	!	
Chasabkim	Enterpr	ises													
Mailing Ad	dress Lin	e One		Mailing Ad	dress	s Line Two					City		State	Zip Coc	le
66 Franklin	Avenue								New I	Brita	in		СТ	06051	L
Business	Phone	Extension	Fax	Ν	Лоbi	le Phone	Emergence	y Phone	e Email	Add	ress				
860-522	-2879														
Contact Ro	le(s): Le	gal Contact, C	Jwner												
Name						rganization							Job Title		
Mr. Tom G	. Grano			1	Τv	vin Lakes Ca	afe			E	Business	Owne	er		
Mailing Ad	dress Lin	e One		Mailing Ad	dress	s Line Two					City		State	Zip Coc	
544 Church	Street	11		P. O. Box 2					Amsto	-			СТ	06231	L
Business	Phone	Extension	Fax	Ν	Лоbi	le Phone	Emergence	y Phone	e Email	Add	ress				
860-228			<u> </u>				860-228	-7171							
		dministrative	Contact												
Please not	e the foll	lowing:													
		fectant concent								iform	sample.				
2. If a Colle		iod is specified,													

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

	Connectic	ut Departm	ent of	f Public	Health	Dri	nking	σW	ater	Se	ction	
		ter Quality I						-			CHOIT	
		ter Quality I	MOIIII	or mg a								
PWS ID	PWS Name						NC		25	Uwn		rimary Source
CT0670334				Corrigo	Desider	I					P Combined	GW
185 CHUR	ess (where applicable)			Service Connectio	Resider		ommerc 1		ndustria		Combined	Agricultura
	ved: HEBRON			connectie			T					
TOWIIS SEL				a ulua Da								
Water Sys	stem Facility: DISTR				quireme	ents		_	-	_		_
Total Col	iform (3100)		-						1	rout	tine (RT)	per quarter
	ling Point (Sampling P	Point ID)			Monitor	ing Per	riod C	ollect	ion Peri			ance Status
Select	t from Inventory of Act	ive Sampling Points			7/1/19	- 9/30/	19				Co	mplete
					10/1/19	- 12/31	/19			-	Co	mplete
					1/1/20							mplete
					4/1/20	- 6/30/2	20					
					7/1/20	- 9/30/2	20					
Physical	Parameters (PPS)								1	rout	tine (RT)	per quarter
-	ling Point (Sampling P	Point ID)			Monitor	ing Per	riod C	ollect	ion Peri			ance Status
Select	t from Inventory of Act	ive Sampling Points			7/1/19	- 9/30/	19				Co	mplete
					10/1/19	- 12/31	/19				Co	mplete
					1/1/20	- 3/31/2	20				Co	mplete
					4/1/20	- 6/30/2	20					
					7/1/20	- 9/30/2	20					
Water Sys	stem Facility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate A	nd Nitrite (NOX)									1 r	routine (F	T) per year
Samp	ling Point (Sampling P	Point ID)			Monitor	ing Per	riod C	Collect	ion Peri	iod	Compli	ance Status
ENTR	Y POINT (3)				1/1/19 -	12/31/	/19				Co	mplete
					1/1/20 -	12/31/	/20				Co	mplete
					1/1/21 -	12/31/	/21					
		0	ther C	omplian	ice Schei	dules						
Complianc	e Schedule Activity			•		Due Do			Achiev	ved [	Date	
-	SURVEY PROGRESS REF	PORT				2/5/20						
	NNECTION EXEMPTION					3/1/20						
		Water System	n Facil	ity and S	Sampling			ento	ry			
Water							T	otal	Lead a	nd		
System	Water System Facility		-	Sampling				iform				Stage
Facility ID			D	Descriptio			atus F	Rule	Rule 1	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM		4		ION SYSTEM		А	Y				
					SERVICE CO		Α					
		UPST	REAM		SERVICE CO	N	А					
	ENTRY POINT		3	ENTRY PO	INT		А					
21156	WELL		2	WELL		_	A					
			Con	tact Info	ormation	ı						
Name			0	rganization							Job Title	
Mr. Micha	el S Smith		Cl	hurch of Th	e Holy Famil	у		Pas	tor			
Mailing Ad	dress Line One	Mailin	g Addres	s Line Two				C	ity		State	Zip Code
P. O. Box 1	.46						Hebro	n			СТ	06248
Business	Phone Extension	Fax	Mobi	ile Phone	Emergenc	y Phone	e Email	Addre	SS		! 	
	formation has been provide	and to help owners and or										

			0						
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ0670334	CHURCH OF THE	HOLY FAMILY			NC	25	Р	GW	
Local Address (w	here applicable)		Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
185 CHURCH ST	REET		Connection	S		1			
Towns Served: H	IEBRON					1			
860-228-0096	0	860-228-1629							
Contact Role(s):	Administrative	Contact, Legal Contact							
Please note the	following:								
1. The residual c	lisinfectant concen	tration must be measured at	the same location	n and time	as ea	ch total coli	form sample.		
2. If a Collection	Period is specified,	, all water quality samples mu	ust be collected d	uring the sp	pecifi	ed period.			
		monitoring may be required S on or after the generation d						0,	

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

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

	Connecticut De	epartment of uality Monit					0			ection	
PWS ID	PWS Name		or mg an	u Coll		sification			1		Primary Sourc
CT0670364	BLACKLEDGE EAST LLC				Clas	NC	I PO	25	Ow	P	GW
	(where applicable)		Service	Residen	tial	Commei	cial	Industri		Combine	-
171 WEST STR			Connections	Residen	liai	1	Clai	muustn	aı	COMDINE	Agricultur
Towns Served						<b>1</b>					
		Monit	aring Dogu	iromo	-						
Water Syster	m Facility: DISTRIBUTIO		oring Requ	ineme	nts	_	_		_		
Total Colifo					_			1	L rou	utine (RT)	per quarte
Sampling	g Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Pe	riod	Сотр	liance Status
Select fro	om Inventory of Active Sam	oling Points		7/1/19 -	9/30	0/19				C	omplete
				10/1/19 -	-					C	omplete
				4/1/20 -		-					
				7/1/20 -	9/30	0/20					
-	rameters (PPS)									• •	per quarte
	g Point (Sampling Point ID)			Monitori	_		Colle	ction Pe	riod	Сотр	liance Status
Select fro	om Inventory of Active Sam	oling Points		7/1/19 -		-					omplete
				10/1/19 -						C	omplete
				4/1/20 -							
				7/1/20 -	9/30	0/20					
Water Syster	m Facility: ENTRY POIN	r (WSF ID: 00700)									
	Nitrite (NOX)								1	-	RT) per yea
Sampling	g Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Pe	riod	Сотр	liance Status
ENTRY P	OINT (3)			1/1/19 -				/1-12/31		C	omplete
				1/1/20 -		-		/1-12/31			
				1/1/21 -	12/3	1/21	4	/1-12/31	L		
		Other C	ompliance	Sched	ule	es					
Compliance S	chedule Activity					Date		Achie	eved	Date	
CROSS CONNE	ECTION SURVEY REPORT			3	3/1/2	2019					
CROSS CONNE	ECTION SURVEY REPORT			3	3/1/2	2020					
SEASONAL ST	ART UP COMPLETION			4	1/1/2	2020					
	Wate	r System Facili	ity and Sar	mpling	Poi	int Inv	vent	ory			
Water							Total	Lead	and		
	ater System Facility	Sampling Point		nt		C	olifor				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	WQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION			А	Y				
		DOWNSTREAM				А					
		UPSTREAM	WITHIN 5 SER	RVICE CON	J	A					
	TRY POINT	3	ENTRY POINT			А					
22813 WE	ELL #1	2	WELL #1			A					
		Con	tact Inform	mation							
Name			rganization							Job Title	
Mr. William E			ackledge Coun	try Club I	nc.		Ν	/lanager			
Mailing Addre		Mailing Address	s Line Two					City		State	Zip Code
180 West Stre						Hebr				СТ	06248
	one Extension	Fax Mobi	le Phone Er	mergency		I					

						P					
PWS ID	PWS Name					Classification		Population	Own	er Type	Primary Source
СТ0670364	BLACKLEDGE EA	ST LLC					NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	Residential Co		ial Industr	ial (	Combine	ed Agricultural
171 WEST STREE	Т			Connection	IS		1				
Towns Served: H	EBRON			·				1			
Contact Role(s):	Administrative	Contact, Leg	al Contact								
Name	÷		Organization						Job Title		
Blackledge East	LLC										
Mailing Address	Line One		Mailing Addre	ess Line Two				City			Zip Code
180 West Street							Hebro	Hebron CT 062			06248-1257
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phor	ne Email Address				
Contact Role(s):	Owner						I				
Please note the	following:										
1. The residual d	isinfectant concent	tration must b	e measured at t	the same locatio	n and time	as each	n total colif	orm sample.			
2. If a Collection	Period is specified,	all water qua	lity samples mu	st be collected o	luring the sp	pecifie	d period.				
	results, additional ce sent by the DWS	0	· · · · ·						·	0.	

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

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

	Connecticut De	partment of	f Public H	ealth	Dri	inking	g Wa	ater	Sectior	1	
		uality Monit					-				
PWS ID	PWS Name						1		2 Owner Type	Primary	Sourc
СТ0672044	TOWN OF HEBRON EAST	STREET PARK				NC	3		L	GW	
Local Address (	where applicable)		Service	Residen	tial C	Commerc	1	dustria	Combin	ed Agric	ultur
150 EAST STRE			Connections			3					
Towns Served:	HEBRON										
		Monite	oring Requ	ireme	nts						
Nater System	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colifori	m (3100)							1	routine (R	T) per qu	arte
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod C	Collecti	on Peri	od Con	pliance St	t <b>atus</b>
Select from	m Inventory of Active Samp	ling Points		7/1/19 -	9/30/	/19				Complete	:
				LO/1/19 -	12/31	L/19				Complete	:
				1/1/20 -	3/31/	/20					
				4/1/20 -	6/30/	/20					
				7/1/20 -	9/30/	/20					-
Physical Para	meters (PPS)							1	routine (R	T) per qu	arte
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod C	Collecti	on Peri	od Con	pliance St	t <mark>atus</mark>
Select from	m Inventory of Active Samp	ling Points		7/1/19 -	9/30/	/19				Complete	:
			:	LO/1/19 -	12/31	L/19				Complete	:
				1/1/20 -	· 3/31/	/20					
				4/1/20 -	6/30/	/20					
				7/1/20 -	9/30/	/20					
Nater System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And I	Nitrite (NOX)								1 routine	(RT) per	yea
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod C	Collecti	on Peri	od Con	pliance St	t <mark>atus</mark>
ENTRY PO	INT (3)			1/1/19 -	12/31	/19				Complete	:
				1/1/20 -	12/31	/20					
				1/1/21 -	12/31	/21					
		Other C	ompliance	Schec	lules	5					
Compliance Scl	hedule Activity				Due D	ate		Achiev	ed Date		
CROSS CONNE	CTION SURVEY REPORT				3/1/20	)15					
CROSS CONNEG	CTION SURVEY REPORT				3/1/20	016					
CROSS CONNE	CTION SURVEY REPORT				3/1/20	017					
CROSS CONNEC	CTION SURVEY REPORT				3/1/20	018					
CROSS CONNEG	CTION SURVEY REPORT				3/1/20	019					
CROSS CONNEG	CTION SURVEY REPORT				3/1/20	020					
	Wate	r System Facil	ity and Sar	npling	Poi	nt Inve	entor	'Y			
Water						T	otal	Lead a	nd		
	ter System Facility	Sampling Point		nt			liform	Сорр			Stag
Facility ID		ID	Description		St	tatus <sup>F</sup>	Rule	Rule T	ïer Asbest	os WQP	2 DBF

00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	А				
		MW001	PAINT SHOP SINK	А	Y	3	Y	
		MW002	MENS ROOM	А	Y	3		
		MW003	WOOD SHOP SINK	А	Y	3		
		MW004	MAIN GARAGE SINK	А	Y	3		
		MW005	LADIES ROOM	А	Y	3		

		Wat	er Qua	lity Monit	oring an	a com	iplia	nce S	oche	eaul	e			
PWS ID	PV	/S Name					Classifi	lassification Population Owner Type					rimary Sour	
СТ0672044	то	WN OF HEBRO	ON EAST STR	EET PARK			N	С	3	7		L	GW	
Local Addres	ss (whe	re applicable)			Service	Residen	tial Co	mmercia	al In	dustria	d (	Combined	Agricultu	
150 EAST ST	REET				Connections			3						
Towns Serve	ed: HEB	RON			÷	·	·						·	
		•	Water Sy	/stem Facili	ty and Sa	mpling	Point	t Inve	ntor	У				
Water								То	tal	Lead a	and			
	Vater S	ystem Facility		Sampling Point		int		Coli	form	Сорр			Stag	
Facility ID				ID	Description		Sta	tus R	ule	Rule 1	Tier	Asbestos	WQP 2 DB	
				MW006	KITCHEN SIN	К	A	λ.	Y					
				UPSTREAM	WITHIN 5 SE	RVICE COM	N A	4						
00700 E	NTRY P	OINT		3	ENTRY POIN	Г	A	۸						
56384 V	VELL 10	1		2	WELL 101		A	١						
56386 V	VELL 10	2		2	WELL 102		A	٨						
56390 A	TMOSP	HERIC TANK												
56392 B	BLADDE	R TANKS												
56394 P	PUMP ST	TATION												
56396 T	REATM	ENT PLANT												
				Con	tact Infor	mation								
Name				Or	ganization		Job Title							
Mr. Richard	J. Calaı	co		То	wn of Hebror	ı			Dire	ector P	& R			
Mailing Add	ress Lin	e One		Mailing Address	s Line Two				Ci	ty		State	Zip Code	
15 Gilead St	reet							Hebron	1			СТ	06248	
Business P	Phone	Extension	Fax	Mobil	le Phone E	mergency	Phone	Email A	ddres	SS				
860-530-3	1281		860-228-4	1859		860-335-	5-6260 rcalarco@hebronct.com							
Contact Role	e(s): A	dministrative (	Contact, Leg	al Contact										
Please note	the fol	lowing:												
1. The resid	lual disin	fectant concent	ration must b	e measured at the	e same location	and time a	s each to	otal colifo	orm sa	mple.				
2. If a Colled	ction Per	iod is specified,	all water qua	lity samples must	be collected du	iring the sp	ecified p	eriod.						
	0			ay be required (i.e									· ·	
correspo	ndence s	sent by the DWS	on or after th	ne generation date	e of this schedu	ie will have	precede	ence over	wnat	is conta	ained	in this sch	eaule.	

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

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

Connecticut De	L				0						
Water Qu	uality Monit	oring and	d Comp	oliance	Schedule	<b>)</b>					
PWS ID PWS Name			C	lassification	Population O	wner Type Prir	mary Source				
CT0672064 THE WORSHIP CENTER				NC	25	Р	GW				
Local Address (where applicable)		Service	Residentia	I Commerc	ial Industrial	Combined	Agricultural				
99 MARJORIE CIRCLE		Connections				1					
Towns Served: HEBRON											
	Monit	oring Requ	irement	ts							
Water System Facility: DISTRIBUTION	N (WSF ID: 00600	)									
Total Coliform (3100)			1 routine (RT) per quarter								
Sampling Point (Sampling Point ID) Select from Inventory of Active Samp	ling Doints		Monitoring 7/1/19 - 9/		Collection Perio	ba Compilai	nce Status				
Select from inventory of Active Samp		1	1/1/19 - 9/ 10/1/19 - 12								
			1/1/20 - 3/								
			4/1/20 - 6/								
			7/1/20 - 9/								
Physical Parameters (PPS)					1 r	outine (RT) pe	er quarter				
Sampling Point (Sampling Point ID)		1	Monitoring	Period	Collection Perio		nce Status				
GENERIC DISTRIBUTION (4)			7/1/19 - 9/	/30/19							
		1	10/1/19 - 12	2/31/19							
			1/1/20 - 3/								
			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					
Sampling Point (Sampling Point ID)			Monitoring Period Collection Period Compliance Status								
ENTRY POINT (3)			1/1/19 - 12/31/19     Complete       1/1/20 - 12/31/20								
			1/1/20 - 12 1/1/21 - 12								
	Public Not	ification R									
			1		latification	DNI Contif	icetion				
Violation/Situation	C	ompliance Period	Notice Tier	Required	<u>Iotification</u> Performed	<u>PN Certif</u> Due to DPH	Received				
Total Coliform M&R Violation	10/1	/18 - 12/31/18	3	2/11/2020		2/21/2020	necencu				
Physical Parameters M&R Violation		/18 - 12/31/18	3	2/11/2020		2/21/2020					
Nitrate And Nitrite M&R Violation	1/1/	18 - 12/31/18	3	2/11/2020		2/21/2020					
Total Coliform M&R Violation	1/1,	′19 - 3/31/19	3	5/8/2020		5/18/2020					
Physical Parameters M&R Violation	1/1,	/19 - 3/31/19	3	5/8/2020		5/18/2020					
Total Coliform M&R Violation	7/1	/19 - 9/30/19	3	11/13/202	0	11/23/2020					
Physical Parameters M&R Violation	// 1/										
		/19 - 9/30/19	3	11/13/202	0	11/23/2020					
Water						11/23/2020					
Water	7/1, System Facil	ity and San	npling P	oint Invo	entory Total Lead an	nd					
	7/1,	ity and San	npling P	oint Inve ז כס	e <b>ntory</b> Total Lead an Iiform Coppe	nd	Stage VQP 2 DBPR				
Water System Water System Facility	7/1, System Facil	ity and San Sampling Poir	npling P	oint Inve ז כס	e <b>ntory</b> Total Lead an Iiform Coppe	nd r	-				
Water System Water System Facility Facility ID	System Facil	<b>Sampling Poir</b> Description GENERIC DIST	npling P nt RIBUTION	oint Inve 7 Co Status	e <b>ntory</b> Total Lead an liform Coppe Rule Rule Ti	nd r	-				
Water System Water System Facility Facility ID	Sampling Point	<b>Sampling Poir</b> Description GENERIC DIST	npling P nt RIBUTION NNECTION	oint Inve Co <u>Status</u> A	entory Total Lead an Iliform Coppe Rule Rule Ti Y	nd r	-				
Water System Water System Facility Facility ID	System Facili Sampling Point ID 4 DOWNSTREAM	<b>Sampling Poin</b> <b>Description</b> GENERIC DIST 5 SERVICE COI	npling P nt RIBUTION NNECTION	oint Inve Co Status A A	entory Total Lead an liform Coppe Rule Rule Ti Y Y	nd r	-				

						-P						
PWS ID	PWS Name					Classi	fication	Population Own		vner Type Primary So		
СТ0672064	THE WORSHIP C	ENTER				1	۱C	25		Р	GW	
Local Address (w	vhere applicable)			Service	Residen	tial Co	ommercia	al Indust	rial	Combined	Agricultural	
99 MARJORIE CI	RCLE			Connection	าร					1		
Towns Served: H	IEBRON											
			Con	tact Info	rmation	1						
Name			Or	ganization						Job Title		
<b>Reverend Mark</b>	Santostefano	Th	e Worship C	Center			Pastor					
Mailing Address	Line One	Mailing Address	Line Two				City		State	Zip Code		
P.O. Box 1435		39 Prentice Hill	Hill Road			Hebron			СТ	06248		
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	Emergency Phone Email Ad						
860-228-4442	2						thewor	shipcente	r.hebro	on@gmail.	com	
Contact Role(s):	Legal Contact,	Owner										
Name			Or	Organization				Job Title				
Mr. George T. L	ogan		Re	ma Ecologic	al Services,	LLC						
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code	
164 East Center	Street		Suite 8				Manch	ester		СТ	06040	
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	Phone	e Email A	ddress				
860-649-7362	2		860-8	83-8690			glogan	@remaeco	logica	l.com		
Contact Role(s):	Administrative	Contact										
Please note the	following:											
1. The residual d	lisinfectant concen	tration must b	e measured at the	same locatio	on and time a	is each t	otal colifo	orm sample				
2. If a Collection	Period is specified	, all water qua	lity samples must l	be collected o	during the sp	ecified	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