	Connecticut Dep Water Qu							0			ection				
PWS ID	PWS Name		5111011118	5 4114	COII						ner Type	Primary Sou			
CT1269083	HUNTINGTON CHAPEL					Club	NC		25		P	GW			
	where applicable)		Service	2	Residen	tial	Comme	rcial	Industri	ial	Combined				
177 RIPTON RC			Conne		3	ciui			maastri		combined	, Bucarca			
Towns Served:					•										
		M	onitoring	Requi	reme	nts									
Water System	Facility: DISTRIBUTION			-						_					
Total Colifor	m (3100)								1	1 ro	utine (RT)	per quart			
	Point (Sampling Point ID)				1onitori	_		Colle	ection Pe	erioc	l Comp	liance Statu			
Select fro	m Inventory of Active Sampli	ng Points			7/1/19 -			_				omplete			
					0/1/19 -							omplete			
					1/1/20 -						C	omplete			
					4/1/20 -	-									
					7/1/20 -	9/30	0/20								
•	meters (PPS) <i>Point (Sampling Point ID)</i>			٨	1onitori	na P	eriod	Colle	1 ection Pe			per quarte <i>liance Statu</i>			
	m Inventory of Active Sampli	ng Points			7/1/19 -							Complete			
	,				10/1/19 - 12/31/19 1/1/20 - 3/31/20							omplete			
											Complete				
			4/1/20 - 6/30/20									•			
					7/1/20 -										
Water System	Facility: ENTRY POINT	(WSF ID: 00)700)												
	Nitrite (NOX)									1	-	RT) per yea			
	Point (Sampling Point ID)				1onitori	-		Colle	ection Pe	erioc	-	liance Statu			
ENTRY PO	INT (3)				/1/19 -							omplete			
					/1/20 -						C	omplete			
				1	/1/21 -	12/3	1/21								
	Facility: WELL (WSF ID	: 10574)								_					
E. Coli (3014								~ "				per quarte			
	Point (Sampling Point ID)				1onitori	_		Colle	ection Pe	eriod		Compliance Status Complete			
WELL (2)					7/1/19 -										
)/1/19 -							omplete			
					1/1/20 -						U	omplete			
					4/1/20 - 7/1/20 -			_							
		Public	Notificat												
		- ubiit	Compliar	1	Notice			Noti	fication		PN Cel	rtification			
Violation/Situ	ation		Period		Tier		Require		Performe	d	Due to DPF				
	rbidity MCL Violation		1/1/09 - 3/3	31/09	2		5/15/20				5/25/2009				
	rbidity MCL Violation		10/1/09 - 12/		2		2/25/20				3/7/2010				
	Water	System F	acility an	d Sam	pling	Ро	int In	vent	ory						
Water		-						Tota	I Lead		1				
System Wat Facility ID	ter System Facility	Sampling ID	Point Sampli Descrij	-	t		C Status	Colifor Rule		-	r Asbestos	Stag WQP 2 DE			
	RIBUTION SYSTEM	4		BUTION	SYSTEM	A	Y								
	> · · • · · • · • · • · • · • · • · • ·	•	2.0.10					•							

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule														
		lei Qua		toring a		L								
	PWS Name				C					Primary Source				
	HUNTINGTON CI	HAPEL				NC		25	Р	GW				
Local Address (wh				Service	Residentia	al Cor	nmercial	Industria	al Combin	ed Agricultural				
177 RIPTON ROA				Connectio	1S 3									
Towns Served: SH	-													
		Water Sy	ystem Faci	lity and S	ampling F	Point	Inven	tory						
Water System Water Facility ID	System Facility		Sampling Poin ID	t Sampling F Description		Stat	Toto Colifo _{US} Rul	rm Copp	per	Stage os WQP 2 DBPR				
			UPSTREAM	WITHIN 5 S	ERVICE CON	A								
00700 ENTRY	' POINT		3	ENTRY POI	NT	A								
10574 WELL			2	WELL		A								
45719 TREAT	MENT PLANT													
			Со	ntact Info	rmation									
Name			C	Organization					Job Titl	e				
Mr. Nelson River	а		ŀ	Huntington Chapel				Church Administrator						
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	Zip Code				
Church Administr	rator		177 Ripton Ro	ad			Shelton CT 06484							
Business Phone	e Extension	Fax	Mot	oile Phone	Emergency P	hone	e Email Address							
203-929-1222			203-	-522-3960			huntingt	gtonchapel@gmail.com						
Contact Role(s):	Administrative	Contact	i.											
Name	·		C	Organization					Job Titl	e				
Ms. Lara Sandbe	rg		ŀ	- Iuntington Cl	napel			Treasurer						
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	Zip Code				
Treasurer	ad			Shelton		СТ	06484							
Business Phone	e Extension	Fax	Mot	oile Phone	Emergency P	hone	Email Ad	dress						
203-929-1222			203-	-645-0722			lara.sand	lberg@swi	ssarmy.com					
Contact Role(s):	Legal Contact													
Please note the f	ollowing:													
1. The residual dis	sinfectant concent	ration must b	e measured at tl	he same location	on and time as	each to	tal colifor	m 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

	Connectic	ut Depar	tment	of Public	Health	Drii	nking	Water	Section				
		ter Quali					0						
PWS ID	PWS Name	ter quan		100111160						Primary Source			
CT1260044	INDIAN WELL S.	P./SOUTH WE	LL				IC	367	S	GW			
	/here applicable)	-		Service	Resider	ntial Co	ommercial	Industria	al Combine	ed Agricultural			
ROUTE 110	,			Connectio	ons 5								
Towns Served: S	HELTON												
			Mon	itoring Re	quireme	ents							
Water System	Facility: DISTR		STEM (WSI	ID: 00600)	-								
Total Coliform	n (3100)							1	routine (R1	「) per quarter			
Sampling P	oint (Sampling F	Point ID)			Monitor	ing Peri	iod Co	llection Per	iod Com	pliance Status			
Select from	Inventory of Act	tive Sampling P	oints		7/1/19	- 9/30/1	L9			Complete			
					4/1/20	- 6/30/2	20						
					7/1/20	- 9/30/2	20						
Physical Parar								1	=	ר) per quarter			
Sampling P	oint (Sampling F	Point ID)			Monitor	ing Peri	iod Co	llection Per	iod Com	Compliance Status			
Select from	Inventory of Act	tive Sampling P	oints		7/1/19					Complete			
					4/1/20								
					7/1/20	- 9/30/2	20						
Water System	Facility: ENTR	Y POINT (W	SF ID: 0070	0)									
Nitrate And N	• •									(RT) per year			
	Point (Sampling F	Point ID)			Monitor			llection Per		pliance Status			
ENTRY POIN	NT (3)				1/1/19 -					Complete			
					1/1/20 -								
					1/1/21 -		21						
			Other	Complian	ce Scheo	dules							
Compliance Sch						Due Da		Achiev	ved Date				
	TION EXEMPTION			3/1/2017									
SEASONAL STAR	T UP COMPLETIC	DN				4/1/202	20						
		Water Sys	stem Fac	ility and S	Sampling	; Poin	t Inven	ntory					
Water							Tot			_			
	er System Facility	/ So	ampling Poil ID	nt Sampling Descriptio			Colife			Stage os WQP 2 DBPR			
Facility ID							atus Ru A Y		Her Aspesto	DS WQP 2 DDPR			
00600 DISTR	RIBUTION SYSTEM			M WITHIN 5	ION SYSTEM		A Y A						
		D	UPSTREAM		SERVICE CO		A						
00700 ENTR	Y POINT		3	ENTRY PO			A A						
22126 WELL			2	WELL			A						
							~						
			Co	ontact Info	ormation	1							
Name				Organization	• • • •			0 5 1	Job Titl	е			
Mr. David Coole	-		Deep-Enginee	ering Unit			Supv Civil	Engineer State	7. 0 1				
Mailing Address Line One			/iaiiing Addr	dress Line Two				City	Zip Code				
163 Great Hill Ro		Four	N 4 -		Emonant -	(Dhara-	Portland		СТ	06480			
Business Phon		Fax		bile Phone				ail Address id.cooley@ct.gov					
860-342-2215		860-344-25			860-424	-2222	uavi0.00	oley@ct.go	JV				
contact Role(s):	Administrative	contact, Lega	i contact, O	wilei									

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. Schedule Generation Date: 3/10/2020

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

PWS ID	PWS Name	PWS Name				Population	Owner Type	Primary Source
СТ1260044	INDIAN WELL S.P./SOUTH WELL	NC	2	367	S	GW		
Local Address	(where applicable)	Service	Residen	tial Con	nmercia	al Industri	al Combine	ed Agricultural
ROUTE 110	DUTE 110		5					
Towns Served:	SHELTON							1
Please note th	e following:							
1. The residua	I disinfectant concentration must be measured at the	same location	and time a	as each to	tal colifo	orm sample.		
2. If a Collection	on Period is specified, all water quality samples must b	e collected du	ring the sp	ecified pe	eriod.			
	on results, additional monitoring may be required (i.e. ence sent by the DWS on or after the generation date						0,	,

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 De	epartment o	of Public H	lealth	Drinki	ng Wa	ter Se	ection			
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			A	Primary Source						
CT1269084	HARVEST KITCHEN PAN	FRY-JONES FAMILY	FARM		NC	37		P	GW		
Local Address (v	where applicable)		Service	Resident	ial Comme	ercial Ind	ustrial	Combined	Agricultural		
606 WALNUT TR	REE HILL ROAD		Connections					1			
Towns Served: S	SHELTON										
		Moni	toring Requ	iremer	nts						
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)								
Total Coliforn	n (3100)						1 ro	utine (RT)	per quarter		
Sampling I	Point (Sampling Point ID)			Monitorin	g Period	Collectio	n Period	Compl	iance Status		
Select from	n Inventory of Active Sam	oling Points		7/1/19 - 9	9/30/19			Co	omplete		
			1	10/1/19 - 1	12/31/19			 Co	omplete		
				1/1/20 - 3	3/31/20			Co	omplete		
				4/1/20 - 0							
				7/1/20 - 9	9/30/20						
Physical Para	meters (PPS)						1 ro	utine (RT)	per quarter		
Sampling I	Point (Sampling Point ID)			Monitorin	-	Collectio	n Period	Compl	iance Status		
Select from	n Inventory of Active Sam	oling Points		7/1/19 - 9				Co	omplete		
				10/1/19 - 12/31/19 Complete							
				1/1/20 - 3/31/20 Complete							
				4/1/20 - 0	5/30/20						
				7/1/20 - 9	9/30/20						
Water System	Facility: ENTRY POIN	T (WSF ID: 00700))								
Nitrate And N	• •						1	-	RT) per year		
	Point (Sampling Point ID)			Monitorin	-	Collectio	n Period		iance Status		
ENTRY POI	NT (3)			1/1/19 - 1	• •		Complete				
				1/1/20 - 1				Complete			
				1/1/21 - 12/31/21							
		Other	Compliance	Sched	ules						
Compliance Sch	edule Activity			D	ue Date	Achieved	l Date				
RESPOND TO SA	ANITARY SURVEY			8/	21/2016						
		Public No	otification R	equire	ments						
			Compliance	Notice		c Notificat	ion	PN Cer	tification		
Violation/Situa	tion		Period	Tier	Require			Due to DPH			
Total Coliform N	M&R Violation	3/	1/17 - 3/31/17	3	6/5/20			6/15/2018			
Water System Facility and Sampling Point Inventory											
Water							ead and	1			
	er System Facility		t Sampling Poil	nt		-	Copper		Stage		
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR		
00501 WEL		2	WELL 1		А						
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	А	Y					
		DOWNSTREAM WITHIN 5									
		UPSTREAM	WITHIN 5 SER	VICE CON	А						
00700 ENTF	RY POINT	3	ENTRY POINT		А						

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(Connectic	ut Depa	rtmen	t of	F Public	Healt	n Di	rin	king	Wat	er S	Sec	tion				
	Wa	ter Qua	lity Mo	nit	oring a	nd Coi	npl	liar	ice S	ched	ule)					
PWS ID	WS Name	WS Name							Classification P		Population Own		wner Type Pr		nary Source		
CT1269084	ARVEST KITCH	EN PANTRY	IONES FAM	ILY F	ARM			NC		37		I	Р		GW		
Local Address (wh	ere applicable)				Service	Reside	ntial	Com	nmercia	al Indu	strial	al Combine		ed /	Agricultural		
606 WALNUT TRE	E HILL ROAD				Connection	ns							1				
Towns Served: SH	ELTON					·											
				Con	tact Info	rmatio	n										
Name				Or	rganization							J	ob Title	5			
Ms. Jean Crum Jo	nes			Jo	nes Family F	arms											
Mailing Address L	ine One		Mailing Ad	dress	s Line Two					City			State	Z	Zip Code		
600 Walnut Tree	Hill Road					SI							СТ		06484		
Business Phone	Extension	Fax	1	Mobile Phone Emergency Phone Em							Email Address						
203-929-6237				203-929	harvestkitchen@jonesfamilyfarms.com												
Contact Role(s):	Legal Contact,	Owner															
Name Organization												J	ob Title	5			
Mr. Thomas Harbinson					nes Family F	arms				Faciliti	es Ma	anag	er				
Mailing Address L	ine One		Mailing Ad	dress	ress Line Two				City				State	Z	Zip Code		
600 Walnut Tree	Hill Rd								Shelton				СТ		06484		
Business Phone	Extension	Fax	1	Nobi	obile Phone Emergency Phone				Email Address								
203-929-6237		203-929-2	2089			tom@j					pjonesfamilyfarms.com						
Contact Role(s):	Administrative	Contact															
Name				Or	Organization							J	ob Title	tle			
Farm Credit Leasi	ng Services																
Mailing Address L	ine One		Mailing Ad	dress	s Line Two					City			State	Z	Zip Code		
5500 South Queb	ec Street							(Greenw	ood Vill	age		CO		80111		
Business Phone	Extension	Fax	x Mobile Phone Emerge					one I	Email Address								
Contact Role(s):	Owner	1	I														
Please note the f	ollowing:																
1. The residual dis	infectant concen	tration must b	e measured	at the	e same locatio	on and time	as ea	ch tot	tal colifo	orm samp	le.						
2. If a Collection F	eriod is specified	, all water qua	lity samples	must	be collected	during the s	pecifi	ed pe	riod.								
3. Depending on r	esults, additional	monitoring m	ay be requir	ed (i.e	e. repeat or co	onfirmation	samp	les).	This sch	edule is s	ubjec	t to c	hange,	and a	any related		

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End of schedule