	С	onnectic										ction	
		Wat	ter Qua	lity Moni	toring a	nd Con	plia	ance	e Sch	edul	e		
PWS ID	P۱	WS Name										ner Type P	rimary Source
CT128011	.4 SI	HEPHERD OF TH	HE HILLS LUT	THERAN CHUR	CH			NC		25		P	GW
		ere applicable)			Service	Residen	tial C	comme	ercial I	ndustria	al	Combined	Agricultural
7 WESCOT					Connectio			1					- g. ven en en
Towns Ser		ISBURY											
TOWNS SEE	700.511	1320111		04	havina Da								
Water Sy	stem Fa	cility: DISTR	IBUTION S		toring Re ID: 00600)	quireme	nts						
Total Co	liform ((3100)								1	rou	itine (RT)	per quarter
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Pei	riod	Collect	tion Per	iod	Compl	iance Status
Selec	t from In	ventory of Acti	ve Sampling	Points		7/1/19 -	9/30/	/19				Co	omplete
						10/1/19 -	12/31	1/19				Co	omplete
						1/1/20 -							omplete
						4/1/20 -							
						7/1/20 -							
Physical	Darama	eters (PPS)				,, -, 20	5,507			1	rou	itine (DT)	per quarter
-		nt (Sampling P	oint ID)			Monitori	na Doi	riod	Collec	± tion Per			iance Status
		ventory of Acti		Points		7/1/19 -			Collect	ion Fel	iou		omplete
Selec	L IIOIII II	iventory of Acti	ve sampling	Points									
						10/1/19 -							omplete
						1/1/20 -						Co	omplete
						4/1/20 -							
						7/1/20 -	9/30/	/20					
Water Sy	stem Fa	cility: ENTRY	POINT (V	VSF ID: 00700)								
Nitrate A	And Nitr	ite (NOX)									1	routine (I	RT) per year
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Pe	riod	Collect	tion Per	riod	Compl	iance Status
ENTR	RY POINT	(3)				1/1/19 -	12/31	/19				Co	omplete
						1/1/20 -	12/31	/20				Co	omplete
						1/1/21 -							· ·
			Water S	ystem Faci	lity and S				vento	ry			
Water									Total	Lead o			
System		System Facility		Sampling Poin				(Coliform				Stage
Facility ID)			ID	Description	n	St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00600	DISTRIB	UTION SYSTEM		4	DISTRIBUT	ION SYSTEM		Α	Υ				
				DOWNSTREAM	WITHIN 5	SERVICE CON	١	Α					
				UPSTREAM	WITHIN 5	SERVICE CON	٧	Α					
00700	ENTRY I	POINT		3	ENTRY POI	NT		Α	-				
22160	WELL			2	WELL			Α					
				Со	ntact Info	ormation	l						
Name					Organization							Job Title	
Shepherd	of The H	lills, Elca											
Mailing Ad				Mailing Addre	ss Line Two				C	ity		State	Zip Code
7 Wescott				0				Sim	sbury	•		СТ	06070
Business		Extension	Fax	Mol	oile Phone	Emergency	Phon			255		<u> </u>	
860-65		2.401131011	TUX	14101	JC I HOHE	c.gciicy		Line	, taur t				
		Dwner											
Contact R	ole(s): C	zwiier											

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 Page 1

	Connectic	ut Depa	rtment	of Pul	olic F	lealth l	Drir	nking	Water	Sec	tion	
	Wa	ter Qua	lity Mor	nitorin	ig an	d Com	plia	nce S	chedul	le		
PWS ID	PWS Name					C	Classifi	cation F	opulation	Owner	r Type F	Primary Source
CT1280114	SHEPHERD OF TI	HE HILLS LUT	HERAN CHU	RCH			N	С	25	P)	GW
Local Address (w	here applicable)			Servi	ce	Residentia	al Co	mmercia	Industri	al Co	ombined	d Agricultural
7 WESCOTT ROAI)			Conn	ections			1				
Towns Served: SI	MSBURY						'					
Name				Organiza	ition					Jo	ob Title	
Ms. Katherine Sn	nith								Cong Pres	sident		
Mailing Address Line One Mailing Addr					Гwо				City		State	Zip Code
7 Wescott Road				Simsbury					У		СТ	06070
Business Phone	Extension	Fax	M	Mobile Phone Emergency Phone Email Address					ldress			
860-658-0583		860-408-	0073					shelc@s	net.net			
Contact Role(s):	Legal Contact											
Name				Organiza	ition					Jo	ob Title	
Ms. Becki Greeta	ın			Shepher	d of The	Hills			Admin, As	sst.		
Mailing Address I	ine One		Mailing Add	ress Line 1	Γwo				City		State	Zip Code
7 Wescott Rd								Simsbur	у		CT	06070
Business Phone	Extension	Fax	M	obile Pho	ne Er	mergency P	hone	Email Ad	ddress			
860-658-0583						860-989-3	507	office@:	shelc.org			
Contact Role(s):	Administrative	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

Page 2

Schedule Generation Date: 3/10/2020

Connecticut Departme	ent of	f Public H	ealth I	Orinki	ing Wa	ater S	ection	
Water Quality M	Ionit	oring and	d Comi	olianc	e Sche	edule		
PWS ID PWS Name		8 8		lassificati			wner Type Pr	imary Source
CT1280134 TALCOTT MOUNTAIN S.P.				NC	79		S	GW
Local Address (where applicable)		Service	Residentia			dustrial	Combined	Agricultural
ROUTE 185		Connections	3					7 18.10011001
Towns Served: SIMSBURY								
N	/lonit	oring Requ	iremen	ts				
Water System Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (3100)	•	•				1 rc	outine (RT) ¡	per quarter
Sampling Point (Sampling Point ID)			Monitoring	n Period	Collecti	on Perio		ance Status
Select from Inventory of Active Sampling Points			7/1/19 - 9					mplete
, , , , , , , , , , , , , , , , , , ,			0/1/19 - 1					mplete
		<u> </u>	4/1/20 - 6					
			7/1/20 - 9	•				
Physical Parameters (PPS)			771720 3	750,20		1 rc	outine (RT) ¡	ner quarter
Sampling Point (Sampling Point ID)			Monitoring	n Period	Collecti	on Perio		ance Status
Select from Inventory of Active Sampling Points		·	7/1/19 - 9		00110011	0		mplete
Science from inventory of victive sumpling from s			10/1/19 - 1	· · · · · ·				mplete
			4/1/20 - 6					inpiete
			7/1/20 - 9	•				
Water System Facility: ENTRY POINT (WSF ID:	በበ7በበነ		7/1/20 5	730/20				
Nitrate And Nitrite (NOX)	007007						1 routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring	n Period	Collecti	on Perio	-	ance Status
ENTRY POINT (3)			1/1/19 - 12		Concer	on reno		mplete
LIVINI FORVI (3)			1/1/19 - 12 1/1/20 - 12	-			CO	ilipiete
			1/1/20 - 12 1/1/21 - 12	-				
Ot	her C	ompliance						
Compliance Schedule Activity	iiei C	omphance		ie Date		Achieve	d Data	
						Acilieve	u Dute	
CROSS CONNECTION SURVEY REPORT				1/2020 1/2020				
SEASONAL START UP COMPLETION				•				
Publ		ification R						
	C	ompliance	Notice		<u>ic Notifica</u>			i <u>fication</u>
Violation/Situation	- 1-	Period	Tier	Requir		formed	Due to DPH	Received
Total Coliform M&R Violation		/13 - 6/30/13	2	10/17/2			10/27/2013	
Physical Parameters M&R Violation	_	/13 - 6/30/13	3	9/17/2			9/27/2014	
Water System	Facil	ity and San	npling P	oint Ir	ventor	У		
Water		_			Total	Lead an		
	_	Sampling Poir	nt		Coliform	Copper		Stage
Facility ID II		Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		DISTRIBUTION		Α	Υ			
DOWNSTREAM WITHIN 5 S				Α				
UPSTF	REAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				

Α

WELL

2

22162 WELL

Schedule Generation Date: 3/10/2020 Page 3

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1280134	TALCOTT MOUNTAIN S.P.				NC	793	S	GW
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industria	al Combine	ed Agricultural
ROUTE 185		Connections	3					

Towns Served: SIMSBURY

Contact Information													
Name				Organization	ı	Job Title							
Mr. David Cooley				Deep-Engine	ering Unit	Supv Civil Engineer							
Mailing Address Line One Mailing Addr				ddress Line Two	ress Line Two			State	Zip Code				
163 Great Hill Road						Portland		СТ	06480				
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Address							
860-342-2215	342-2215 860-344-2560 860-205-7552 860-424-3333 david.cooley@ct.gov												

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 3/10/2020

	Connecticut Departme	nt of Public H	ealth	Dr	inking	water 9	Section				
	•				`						
	Water Quality M	ionitoring and	i Com	_							
PWS ID	PWS Name			Clas		Population C					
CT1280154	1610-1616 HOPMEADOW STREET				NC	31	Р	GW			
	where applicable)	Service Connections	Resident	tial	Commerc	ial Industrial	Combined	Agricultural			
	PMEADOW STREET	Connections			1						
Towns Served:				_							
		Ionitoring Requ	iremei	nts							
-	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)									
Total Coliforn	•						outine (RT) p	•			
	Point (Sampling Point ID)		Monitorii			Collection Perio		nce Status			
Select fror	n Inventory of Active Sampling Points		7/1/19 -					mplete			
			0/1/19 -					mplete			
	1/1/20 - 3/31/20 Complete										
			4/1/20 -								
	7/1/20 - 9/30/20										
•	imeters (PPS)						outine (RT) p	-			
	Point (Sampling Point ID)		Monitorii	_		Collection Perio	-	ance Status			
Select fror	m Inventory of Active Sampling Points		7/1/19 -		Complete						
			0/1/19 -					mplete			
			1/1/20 -				Cor	mplete			
			4/1/20 -	6/30	0/20						
			7/1/20 -	9/30	0/20						
Water System	Facility: ENTRY POINT (WSF ID: 0	00700)									
Nitrate And N	Nitrite (NOX)						1 routine (R	T) per year			
Sampling	Point (Sampling Point ID)	ı	Monitorii	ng P	eriod (Collection Perio	od Complic	ance Status			
ENTRY PO	INT (3)		1/1/19 - 1	12/3	1/19		Cor	mplete			
			1/1/20 - 1	12/3	1/20		Cor	mplete			
		:	1/1/21 - 1	12/3	1/21						
	Otl	her Compliance	Sched	ule	es						
Compliance Scl					Date	Achieve	od Date				
-	ANITARY SURVEY				2017	Acmeve	u Dute				
KESFOND TO SA		c Notification R	_								
	Publi			1116			201.6				
Violation/Situa		Compliance Period	Notice			<u>lotification</u>	PN Certi				
			Tier		Required	Performed	Due to DPH	Received			
Total Coliform I		4/1/04 - 6/30/04	2		12/3/2004		12/13/2004				
Total Coliform I		1/1/04 - 3/31/04	2		12/3/2004		12/13/2004				
Total Coliform I		7/1/04 - 9/30/04	2		3/3/2005		3/13/2005				
Total Coliform I		10/1/04 - 12/31/04	2		7/1/2005		7/11/2005				
	rite M&R Violation	1/1/04 - 12/31/04	2		7/1/2005		7/11/2005				
Total Coliform I		1/1/05 - 3/31/05	2		9/3/2005		9/13/2005				
	eters M&R Violation	4/1/04 - 6/30/04	3		11/3/2005		11/13/2005				
	eters M&R Violation	1/1/04 - 3/31/04	3		11/3/2005		11/13/2005				
	eters M&R Violation	7/1/04 - 9/30/04	3		2/1/2006		2/11/2006				
Physical Parameters M&R Violation 10/1/04 - 12/31/04 3 6/1/2006							6/11/2006				

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8/4/2006

8/14/2006

1/1/05 - 3/31/05

Physical Parameters M&R Violation

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Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT1280154	CT1280154 1610-1616 HOPMEADOW STREET					31	Р	GW				
Local Address (v	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural					
1610-1616 HOP	Connections			1								

Connecticut Department of Public Health Drinking Water Section

Towns Ser	ved: SIMSBURY											
	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Poin	t Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	001 4	1616 KITCHEN DISTRIBUTION SYSTEM	A A	Y Y							
00700	ENTRY POINT	3	ENTRY POINT	Α								
22164	WELL	2	WELL	Α								
		Coi	ntact Information									
Name		C	Organization				Job Title					
Ms. Alice	Yokabaskas											
Mailing A	ddress Line One	Mailing Addre	ss Line Two		Ci	ity	State	Zip C	Code			

45 Hannaford Cove	Rd				Cape Elizabeth	ME	04107	
Business Phone	Extension	Fax	Mobile Pho	one Emergency Phone	e Email Address			
207-450-8927								

Contact Role(s): Legal Contact, Owner

Name				Organization		Job Title			
Mr. Robert Yokaba	skas								
Mailing Address Lin	e One	Mailing Addr	ess Line Two			City	State	Zip Code	
45 Hannaford Cove	Road					Simsbury	,	СТ	06070
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
207-450-8927						robyogy	@gmail.com		

Contact Role(s): Administrative Contact

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End of schedule

Schedule Generation Date: 3/10/2020