	Connecticut De	•							
	Water Q	uality Monit	oring and	d Com	plianc	e Sch	edule	<u>.</u>	
PWS ID	PWS Name			(	 Classificati	ion Pop	ulation O	wner Type Pi	rimary Source
CT0100014	FIRST CHURCH OF BETH	ЕНЕМ			NC		25	Р	GW
Local Address	(where applicable)		Service	Residenti	al Comm	ercial	Industrial	Combined	Agricultural
21 MAIN STRE	ET SOUTH		Connections					2	
Towns Served	: BETHLEHEM				·	·		·	
		Monito	oring Requ	iremen	its				
Water Syste	m Facility: DISTRIBUTIO								
<b>Total Colifo</b>	• •						1	routine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	od Compli	ance Status
Select fro	om Inventory of Active Samp	oling Points		7/1/25 - 7				Со	mplete
				8/1/25 - 8	3/31/25			Со	mplete
				9/1/25 - 9	9/30/25			Со	mplete
				10/1/25 - 1	10/31/25			Со	mplete
			<u> </u>	11/1/25 - 1	1/30/25			Со	mplete
				12/1/25 - 1					
				1/1/26 - 1					
				2/1/26 - 2	2/28/26				
				3/1/26 - 3					
				4/1/26 - 4					
				5/1/26 - 5					
				6/1/26 - 6	5/30/26				
_	ameters (PPS)						1	routine (RT)	-
	Point (Sampling Point ID)			Monitorin		Collec	tion Perio		ance Status
Select fro	om Inventory of Active Samp	oling Points		7/1/25 - 7					mplete
				8/1/25 - 8					mplete
				9/1/25 - 9					mplete
				10/1/25 - 1					mplete
				11/1/25 - 1				Со	mplete
				12/1/25 - 1					
				1/1/26 - 1					
				2/1/26 - 2					
				3/1/26 - 3					
				4/1/26 - 4					
				5/1/26 - 5					
				6/1/26 - 6	5/30/26				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)							1 routine (R	
	Point (Sampling Point ID)			Monitorin		Collec	tion Perio		ance Status
ENTRY P	DINT (3)			1/1/24 - 1					mplete
				1/1/25 - 1				Со	mplete
				1/1/26 - 1					
	Wate	r System Facili	ity and Sar	npling I	Point Ir	vento	ory		
Water						Total	Lead ar		
	iter System Facility	Sampling Point		nt		-	1 Coppe		Stage 2 DDDD
Facility ID	TRIBUTION CYCTER 4	ID A	Description	L CVCTT* 4	<u>Status</u>	Rule	ките П	er ASDESTOS	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	1 2 1 2 1 E IVI	А	Υ			

Schedule Generation Date: 12/12/2025 Page 1

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0100014	FIRST CHURCH OF BETHLEHEM				NC	25	Р	GW			
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
21 MAIN STRE	EET SOUTH					2					
Towns Served: BETHLEHEM											
				_							

Connecticut Department of Public Health Drinking Water Section

	,	Water Sy	stem Facili	ity and S	ampling Poi	nt In	vento	ry				
Water System Water Sy Facility ID	ystem Facility		Sampling Point ID	Sampling I Description		Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPI		
			DOWNSTREAM UPSTREAM		SERVICE CON SERVICE CON	A A						
00700 ENTRY P	OINT		3	ENTRY POI	NT	Α						
20191 WELL			2	WELL		Α						
			Con	tact Info	rmation							
Name			Or	rganization					Job Title			
Bethlehem Federat	ed Church											
Mailing Address Lin	e One		Mailing Address	s Line Two			Ci	ty	State	Zip Code		
29 Main Street						Bethlehem			СТ	06751		
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Phor	ne Ema	ail Addres	Address				
Contact Role(s): O	wner											
Name			Or	rganization					Job Title			
Mrs. Mathiah M Pa	parazzo		Fir	rst Church o	f Bethlehem		Sec	retary				
Mailing Address Lin	e One		Mailing Address	s Line Two			Ci	ty	State	Zip Code		
21 Main Street S	Street S			Bet	hlehem		СТ	06751				
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Phor	ne Ema	ail Addres	SS				
203-266-7288						first	tchurchbe	ethlehem@	me.com			
Contact Role(s): A	dministrative C	Contact, Lega	al Contact									

### Please note the following:

- 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.
- 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

Connecticut D	epartment of	F Public H	ealth	Drink	ing W	ater Se	ection	
	Quality Monit							
PWS ID PWS Name	quality Monit	or mg am					ner Tyne P	rimary Source
CT0100024 BETHLEHEM SQUARE				NC		28	P	GW
Local Address (where applicable)		Service	Resident			ndustrial	Combined	
22 EAST STREET		Connections		1				- G
Towns Served: BETHLEHEM								
	Monito	oring Requ	iremeı	nts				
Water System Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID	)	ı	Monitorii	ng Period	Collect	ion Period	Compl	iance Status
Select from Inventory of Active San	npling Points		4/1/25 -	6/30/25			Co	omplete
			7/1/25 -	9/30/25			Co	omplete
		1		12/31/25			Co	omplete
			1/1/26 -					
			4/1/26 -	6/30/26				
Physical Parameters (PPS)					- "			per quarter
Sampling Point (Sampling Point ID	•			ng Period	Collect	ion Period		iance Status
Select from Inventory of Active San	npling Points		4/1/25 -			omplete		
			7/1/25 -					omplete
				12/31/25			Co	omplete
			1/1/26 -					
Water Custom Facility	NT (MCF ID: 00700)		4/1/26 -	6/30/26				
Water System Facility: ENTRY POIN	VI (WSF ID: 00700)					4		DT)
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)	NI	,	Monitoriu	na Doriod	Collect	ion Period	<del>-</del>	RT) per year iance Status
ENTRY POINT (3)	"			ng Period 12/31/24	Conect	ion Periou		omplete
LIVINI FOINT (3)			1/1/25 - 1					omplete
				12/31/25				mpiete
Water System Facility: WELL (WSF	: ID· 20192)		1/1/20-1	12/31/20				
E. Coli (3014)	10. 20132)					1 rou	ıtina (PT)	per quarter
Sampling Point (Sampling Point ID	))		Monitorii	ng Period	Collect	ion Period		iance Status
WELL (2)	/	•	4/1/25 -		Concet	ion i criou		omplete
			7/1/25 -					omplete
				12/31/25				omplete
			1/1/26 -					, in proce
			4/1/26 -					
Wat	er System Facili	itv and San	npling	Point Ir	vento	rv		
Water		•	1 -0		Total	Lead and		
System Water System Facility	Sampling Point	Sampling Poir	t		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
	DOWNSTREAM							
	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
20192 WELL	2	WELL		Α				

Page 3

Schedule Generation Date: 12/12/2025

48087 TREATMENT PLANT

	Water Quality Monito	oring and	d Con	nplia	nce S	chedul	e			
PWS ID	PWS Name			Classifi	cation P	opulation	Owner T	ype P	rimary Sou	ırce
CT0100024	BETHLEHEM SQUARE			N	С	28	Р		GW	
ocal Address (w	here applicable)	Residen	tial Cor	mmercial	Industria	al Com	bined	Agricult	ural	

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHLEHEM

22 EAST STREET

Contact Information										
Name				Organization	1	Job Title				
Ms. Rose Mancini			Little Town D	Deli		Owner	Owner			
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code	
22 East Street						Bethlehe	em	СТ	06751	
Business Phone Extension Fax M				bile Phone	Emergency Phone	Email Ad	dress			
203-266-6225						Pats639@optonline.net				

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

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

	Connecticut Do	epartment of	f Public H	ealth	Drink	ing W	Vater	Se	ction	
		uality Monit								
PWS ID	PWS Name	coloring 1 101110	011118 0111		_				er Type P	rimary Source
CT010005					NC	1011	33	0111	P	GW
	ress (where applicable)		Service	Resident		nercial	Industri	al	Combined	
3 FLANDER			Connections	resident		l	maastri	ui	Combined	7 Gilcarcara
	ved: BETHLEHEM				-	_				
TOWITS SCI	ved. BETTTEETTEIV	Manit	orina Doau	iromo						
Water Sy:	stem Facility: DISTRIBUTIO		oring Requ D: 00600)	iremei	nts					
-	liform (3100)	•	•				1	l rou	tine (RT)	per quarter
	oling Point (Sampling Point ID)			Monitorii	ng Period	Colle	ction Pe			iance Status
	t from Inventory of Active Sam			4/1/25 -						mplete
	,			7/1/25 -						mplete
					12/31/25					
			<u> </u>	1/1/26 -						
				4/1/26 -						
Physical	Parameters (PPS)			-, -,	-,,		•	l rou	tine (RT)	per quarter
•	oling Point (Sampling Point ID)	)		Monitorii	ng Period	Colle	ction Pe			iance Status
-	t from Inventory of Active Sam		4/1/25 -						mplete	
		<u> </u>		7/1/25 -						mplete
			·		12/31/25					
				1/1/26 -						
				4/1/26 -						
Water Sv	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
	And Nitrite (NOX)	. (1101 121 007 00)						1	routing (I	RT) per year
	oling Point (Sampling Point ID)			Monitorii	ng Period	Colle	ction Pe		<del>-</del>	iance Status
_	RY POINT (3)			1/1/24 - 1	_		ction i c	1104		mplete
LIVIII	(110)(1)			1/1/25 - 1						mplete
				1/1/26 - 1						mpiece
		Oth on C								
		Otner C	ompliance							
	ce Schedule Activity				Due Date		Achie	ved I	Date	
RESPOND	TO SANITARY SURVEY				/31/2022					
CROSS CO	NNECTION SURVEY REPORT			3	3/1/2026					
	Wate	er System Facili	ity and Sar	npling	Point I	nvent	ory			
Water						Total				
System	Water System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status		Rule	Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Y	_			
		BETHCOM001			Α	Y	2			
		BETHCOM002			A	Y	2			
			NICKS BAR SIN		A	Y	2			
			PHYSICIANS S			Y	2			
			KIDS 1 SINK			Υ	2	<u>'</u>		
				IIN 5 SERVICE CON A						
00700	ENTRY DOI: T	UPSTREAM	WITHIN 5 SER	VICE CON						
00700	ENTRY POINT	3	ENTRY POINT		Α .					
10955	WELL	2	WELL		Α					

Schedule Generation Date: 12/12/2025 Page 5

51876 STORAGE TANKS

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source					
CT0100054	FLANDERS CROSSINGS			NC	33	Р	GW				
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combin	ed Agricultural				
3 FLANDERS R	Connections		1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHLEHEM

Contact Information											
Name				Organization				Job Title			
Mr. George Kotouli	S										
Mailing Address Line	e One	Mailing Addr	ess Line Two			City	State	Zip Code			
3 Flanders Rd						Bethlehe	m	СТ	06751		
Business Phone	Extension	Mo	obile Phone	Emergency Phone	Email Ad	dress	ress				
203-266-7317			20	3-577-9950	gkotoulis07@yahoo.com						

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

### Please note the following:

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

Connecticut Dep Water Qua			and Comp	oliano	ce Sc	hedule		
PWS ID PWS Name	AID LIDDADY		CI		tion Po	-		Primary Source
CT0100064 BETHLEHEM TOWN HALL A	ND LIBRARY	C :	Daniel austin	NC		25	Complete	GW
Local Address (where applicable)		Service Connectio	Residentia		nercial	Industrial	Combined	d Agricultural
36 MAIN STREET, SOUTH		Connectio	1115		1			
Towns Served: BETHLEHEM								
Water System Facility: <b>DISTRIBUTION</b>			quirement	ts				
Total Coliform (3100)	31312101 (003	10.00000				1 ro	utino (PT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Period		liance Status
Select from Inventory of Active Samplir	ag Points		4/1/25 - 6/		Com	cettori i erioa		omplete
Select from inventory of Active Samplin	ig Follits							•
			7/1/25 - 9/					omplete
			10/1/25 - 12				Ci	omplete
			1/1/26 - 3/					
			4/1/26 - 6/	30/26				
Physical Parameters (PPS)					- "			per quarter
Sampling Point (Sampling Point ID)			Monitoring		Colle	ection Period		liance Status
Select from Inventory of Active Samplin	ig Points		4/1/25 - 6/					omplete
			7/1/25 - 9/					omplete
			10/1/25 - 12				C	omplete
			1/1/26 - 3/	/31/26				
			4/1/26 - 6/	/30/26				
Water System Facility: ENTRY POINT (	WSF ID: 0070	00)						
Nitrate And Nitrite (NOX)						1	routine (	RT) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Period	Comp	liance Status
ENTRY POINT (3)			1/1/24 - 12	/31/24			Ci	omplete
			1/1/25 - 12	/31/25			C	omplete
			1/1/26 - 12					·
Water	System Fac	cility and 9	Sampling P		nvent	orv		
	bysteili i at	cility and s	bamping r	OIIIC II			,	
Water System Water System Facility	Samplina Po	int Sampling	Point		Tota Colifo			Stage
Facility ID	ID	Description Description		<i>.</i> .	01		· Ashestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	Status A	Y	. Huic Hei	713003103	TIQI Z DDI N
00000 DISTRIBUTION STSTEW		M WITHIN 5		A	ī			
	UPSTREAM		SERVICE CON					
00700 FNTDV DOINT				Α				
00700 ENTRY POINT	3	ENTRY POI	IIN I	A				
20196 WELL	2	WELL		A				
	C	ontact Info	ormation					
Name		Organization					Job Title	
Mr. Cindy Radauskas		Town of Bethlehem Se				Selectman Clerk		
Mailing Address Line One Mailin		dress Line Two				City State Zip Code		
36 Main Street S				Ве	ethleher	n	СТ	06751
Business Phone Extension Fa	х М	obile Phone	Emergency Ph	hone En	nail Add	Iress		
203-266-7510 202 203-266	5-7670			cradauskas@bethlehemct.org				

Schedule Generation Date: 12/12/2025

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

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	<b>Primary Source</b>
CT0100064	BETHLEHEM TOWN I	HALL AN	ID LIBRARY			NC	25	L	GW
Local Address (	where applicable)			Service	Resider	ntial Commerc	cial Industri	al Combin	ed Agricultural
36 MAIN STREE	T, SOUTH			Connections		1			
T 6 1	DETILIFIERA								

Towns Served: BETHLEHEM

### Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025

	Co		•	rtment o ity Moni					_		ection	
PWS ID	PWS	Name					Cla	ssificatio	n Pop	oulation Ov	vner Type	Primary Sourc
CT0100114	CHR	IST EPISCOPA	AL CHURCH					NC		25	Р	GW
Local Addre	ess (where	applicable)			Service	Residen	itial	Comme	rcial	Industrial	Combine	d Agricultura
18 MAIN ST	REET SOU	TH			Connection	ns		1				
Towns Serve	ed: BETHL	EHEM.										
				Monit	oring Red	quireme	nts	5				
Water Syst	tem Facil	ity: DISTRI	IBUTION SY	STEM (WSF	D: 00600)							
Total Colif	-	.00) (Sampling Po	oint ID)			Monitori	ing F	Period	Colle	1 ro	<del>-</del>	) per quarter
		ntory of Acti		Points		4/1/25 -						Complete
		•				7/1/25 -						Complete
						10/1/25 -	- 12/	/31/25				Complete
						1/1/26 -	- 3/3	31/26				
						4/1/26 -	- 6/3	30/26				
Physical P	aramete	rs (PPS)								1 rc	outine (RT	) per quarter
Sampli	ing Point	(Sampling Po	oint ID)			Monitori	ing F	Period	Colle	ction Perio	d Comp	liance Status
Select :	from Inve	ntory of Acti	ve Sampling	Points		4/1/25 -	- 6/3	30/25			(	Complete
						7/1/25 -	- 9/3	80/25			(	Complete
						10/1/25 -					(	Complete
						1/1/26 -						
						4/1/26 -	- 6/3	30/26				
•		•	POINT (W	SF ID: 00700)								
Nitrate Ar		• •										(RT) per year
		(Sampling Po	oint ID)			Monitori			Colle	ction Perio		liance Status
ENTRY	POINT (3)	)				1/1/24 -						Complete
						1/1/25 -					(	Complete
						1/1/26 -						
			Water Sy	stem Facil	ity and S	ampling	Po	oint Inv	ent <sub>e</sub>	ory		
Water									Total			
System V Facility ID	Nater Sys	tem Facility	3	Sampling Point ID	Sampling P Description				olifori Rule			Stage s WQP 2 DBP
_	דו ופוסדפור	ION SYSTEM		4	DISTRIBUTI		1	Status A	Y	Nuie Tie	ASDESTO	S WQF Z DDF
00000 L	JISTINIBUT	ION SISILIVI		4 DOWNSTREAM				A	ı			
				UPSTREAM	WITHIN 5 S			A				
00700 E	NTRY PO	INT		3	ENTRY POI		•	A				
	WELL			2	WELL	•		A				
20200						rmation		,,				
N					ntact Info	illation						
Name		l.		0	rganization						Job Title	
Christ Episc	•			Mailing Addres	ec Line Twe					City	State	7in Codo
Mailing Add		OHE		ivialling Addres	S LINE I WO			Avon		City	CT	Zip Code 06001
Business I		Extension	Fax	Moh	ile Phone	Emergency	, Ph	_		229.	CI	00001
בייייייייייייייייייייייייייייייייייייי	HOHE	EXCENSION	гах	IVIOD	ne i none	Lineigency	,	One Lilidi	n Auul	C33		
Contact Rol	e(s)· <b>O</b> w	ner										
SOTTEGET NOT	C(3). OW											

Schedule Generation Date: 12/12/2025

(		*	rtment of lity Monite				_			l
PWS ID F	PWS Name	(333				_				Primary Source
CT0100114 (	HRIST EPISCOP	AL CHURCH					NC	25	Р	GW
Local Address (wh	ere applicable)		Service Reside		ntial	Commercia	al Industri	al Combin	ed Agricultural	
18 MAIN STREET	SOUTH		Connection	S		1				
Towns Served: BE	THLEHEM								1	
Name			Org	ganization					Job Titl	е
Mr. Greg Douglas	i		Chi	rist Episcopa	al Church			Senior Wa	ırden	
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
18 Main St.							Bethleh	nem	СТ	06751
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	ne Email A	ddress		
203-266-5982					203-605	-580	0 gjcjasdo	ouglas@ear	thlink.net	
Contact Role(s):	Administrative					1				

## 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.
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	Cor	nnectic	ut Depa	rtment of	F Public H	lealth	Dr	inki	ng W	ater	Se	ction		
		Wa	ter Oua	lity Monit	oring an	d Con	nnl	ianc	e Sch	edul	e			
PWS ID	PWS	Name	cer qua	iicy i-ioiiic	orms an	u don						ner Type P	rimary Sou	ırce
CT0100184			RESTAURAN	т			Cius	NC	-	25	OWI	P	GW	arcc
	ress (where		NESTA ONAIN	•	Service	Residen	tial	Comme		ndustria	al	Combined	Agricult	ural
	STREET SOU				Connections	Residen	ciai	1		Tidastiit	41	Combined	7 Gileare	arar
	ved: BETHLI													
				Monit	oring Pogu	iromo	ntc							
Water Sys	stem Facili	ty: DISTR	IBUTION S	YSTEM (WSF I	oring Requ D: 00600)	an enne	1115							
<b>Total Col</b>	liform (31	00)								1	rou	itine (RT)	per quart	ter
Samp	oling Point (	Sampling P	oint ID)			Monitori	ng P	eriod	Collec	tion Per	riod	Compli	ance Stati	us
Select	t from Inver	ntory of Act	ive Sampling	Points		4/1/25 -	6/30	0/25				Co	mplete	
						7/1/25 -						Co	mplete	
						10/1/25 -						Co	mplete	
						1/1/26 -								
						4/1/26 -	6/30	0/26						
-	Parameter											itine (RT)	•	
	oling Point (					Monitori			Collec	tion Per	riod		ance Stati	us
Select	t from Inver	ntory of Act	ive Sampling	Points		4/1/25 -							mplete	
						7/1/25 -							mplete	
						10/1/25 -						Со	mplete	
						1/1/26 -								
						4/1/26 -	6/30	0/26			_			
Water Sys	stem Facili	ty: ENTR	Y POINT (V	VSF ID: 00700)										
	And Nitrite											routine (F		
	oling Point (	Sampling P	oint ID)			Monitori		_	Collec	tion Per	riod		ance Stati	us
ENTR	RY POINT (3)					1/1/24 -							mplete	
						1/1/25 -						Со	mplete	
						1/1/26 -								
				Other C	ompliance	Sched	lule	S						
Compliand	ce Schedule	Activity					Due	Date		Achie	ved I	Date		
RESPOND T	TO SANITAR	RY SURVEY				8	3/31/	2022						
			Water S	ystem Facili	itv and Sai	mpling	Po	int In	vento	rv				
Water				,000					Total	Lead (	and			
System	Water Syst	em Facility		Sampling Point	Sampling Poi	nt			Coliform				Sta	ige
Facility ID	)			ID	Description			Status	Rule			Asbestos	WQP 2 D	BPR
00600	DISTRIBUTI	ON SYSTEM	1	4	DISTRIBUTION	N SYSTEM		Α	Υ					
				DOWNSTREAM	WITHIN 5 SER	RVICE CON	١	Α						
				UPSTREAM	WITHIN 5 SER	RVICE CON	١	Α						
00700	ENTRY POII	NT		3	ENTRY POINT			Α						
20206	WELL			2	WELL			Α						
54054	TREATMEN	T PLANT												
				Con	tact Infori	mation								
Name				Oı	rganization							Job Title		
Mr. Christ	os Gogas								Ov	vner				
	ddress Line (	One		Mailing Address	s Line Two					City		State	Zip Code	j
77 Hidden				_				Sou	thbury			СТ	06488	
Business	s Phone	Extension	Fax	Mobi	le Phone Ei	mergency	Pho			ess		1		

	Commettee	at Departine		ubiic i	icaitii	ע.	1 111111111	, water	JC	CIOII	
	Wat	er Quality M	Monito	ring an	d Con	npl	liance S	Schedul	.e		
PWS ID	PWS Name					Cla	ssification	Population	Owne	er Type	<b>Primary Source</b>
CT0100184	PAINTED PONY R	ESTAURANT					NC	25		Р	GW
Local Address (v	where applicable)		S	ervice	Residen	itial	Commerci	al Industri	al C	Combine	ed Agricultural
70 MAIN STREE	T SOUTH		C	Connections			1				
Towns Served: I	BETHLEHEM		·					·			
203-560-959	1						cgogas	@aol.com			
Contact Role(s):	Administrative (	Contact, Legal Conta	act, Owner	•							

Connecticut Department of Public Health Drinking Water Section

### 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

Schedule Generation Date: 12/12/2025

	Connecticut Dep	partmer	nt of Public H	lealth	Drin	king	Water S	Section	
	•		onitoring and						
PWS ID	PWS Name	lanty M	officoring and		<u> </u>			wner Type Pr	imanı Cauraa
CT0100234	15 MAIN STREET			•	NO		25	P P	GW
			Service	Residenti		- nmercial		Combined	
15 MAIN STREE	where applicable)		Connections	3	ai Coi		mustriai	Combined	Agricultural
Towns Served:			Connections	3		1			
Towns Serveu:	BETHLEHEIVI			•					
Matar Custom	- Facility - DISTRIBUTION		onitoring Requ	iiremen	its				
-	n Facility: DISTRIBUTION	I STSTEIVI (	יטו איז איז איז איז איז איז איז איז איז					(5=)	
Total Colifor				0.0 14 1				outine (RT) p	-
	Point (Sampling Point ID)			Monitorin			llection Perio		nce Status
Select from	m Inventory of Active Sampli	ing Points		4/1/25 - 6					nplete
				7/1/25 - 9					mplete
			:	10/1/25 - 1				Cor	nplete
				1/1/26 - 3					
				4/1/26 - 6	5/30/26	5			
-	ameters (PPS)					, -		outine (RT) p	-
	Point (Sampling Point ID)			Monitorin	_		llection Perio		ince Status
Select from	m Inventory of Active Sampli	ing Points		4/1/25 - 6					nplete
				7/1/25 - 9	-				mplete
			-	10/1/25 - 1				Cor	mplete
				1/1/26 - 3					
				4/1/26 - 6	5/30/26	5			
Water System	n Facility: ENTRY POINT	(WSF ID: 00	0700)						
	Nitrite (NOX)							=	T) per year
Sampling	Point (Sampling Point ID)			Monitorin			llection Perio	od Complic	nce Status
	Point (Sampling Point ID)		_	1/1/24 - 1	2/31/2	4	llection Perio	<b>Complic</b>	nnce Status nplete
Sampling	Point (Sampling Point ID)			1/1/24 - 1 1/1/25 - 1	2/31/2 2/31/2	4 5	llection Perio	<b>Complic</b>	nce Status
Sampling	Point (Sampling Point ID)			1/1/24 - 1	2/31/2 2/31/2	4 5	llection Perio	<b>Complic</b>	nnce Status nplete
Sampling	Point (Sampling Point ID)	Public		1/1/24 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2	4 5 6	llection Perio	<b>Complic</b>	nnce Status nplete
Sampling	Point (Sampling Point ID)	Public		1/1/24 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2 ment	4 5 6 <b>S</b>	llection Perio	<b>Complic</b>	mplete mplete
Sampling	Point (Sampling Point ID) UNT (3)	Public	: Notification R	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2 2/31/2 <b>ment</b>	4 5 6 <b>S</b>		Complie Cor	mplete mplete
Sampling ENTRY PO	Point (Sampling Point ID) UNT (3)	Public	: Notification R	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Requires	2/31/2 2/31/2 2/31/2 ment	4 5 6 <b>S</b> <i>ublic No</i>	tification	Complied Complied Cor	mplete mplete fication
Sampling ENTRY PO	Point (Sampling Point ID) UNT (3)  ation eters M&R Violation	Public	: <b>Notification R</b> Compliance  Period	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Requires Notice Tier	2/31/2 2/31/2 2/31/2 ment Po Rec 9/28	4 5 6 <b>S</b> ublic Not	tification	Complied Complied Con Con Con PN Certi Due to DPH	mplete mplete fication
Sampling ENTRY PO  Violation/Situal Physical Param	Point (Sampling Point ID)  UNT (3)  ation  eters M&R Violation  M&R Violation		Compliance Period 7/1/22 - 9/30/22 7/1/22 - 9/30/22	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Requires Notice Tier 3	2/31/2· 2/31/2· 2/31/2· 2/31/2· ment Pi Req 9/28· 9/28·	4 5 6 <b>S</b> <i>ublic Not</i> <i>quired</i> 3/2024	tification Performed	Complied Complied Con	mplete mplete fication
Sampling ENTRY PO  Violation/Situal Physical Param Total Coliform	Point (Sampling Point ID)  UNT (3)  ation  eters M&R Violation  M&R Violation		Compliance Period 7/1/22 - 9/30/22	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Requires Notice Tier 3	2/31/2· 2/31/2· 2/31/2· 2/31/2· ment Pi Req 9/28· 9/28·	4 5 6 S sublic Not quired 3/2024 3/2024	tification Performed	Complied Complied Complied Complied Complied Complete Com	mplete mplete fication
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water	Point (Sampling Point ID)  OINT (3)  Action  Deters M&R Violation  M&R Violation  Water	System I	Compliance Period 7/1/22 - 9/30/22 7/1/22 - 9/30/22 Facility and Sar	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Required Notice Tier 3 3	2/31/2· 2/31/2· 2/31/2· 2/31/2· ment Pi Req 9/28· 9/28·	4 5 6 8 s ublic Not quired 3/2024 a Inven	tification Performed Itory al Lead ar	Correction	mplete mplete mplete fication Received
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water	Point (Sampling Point ID)  UNT (3)  ation  eters M&R Violation  M&R Violation	System I	Compliance Period 7/1/22 - 9/30/22 7/1/22 - 9/30/22	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Required Notice Tier 3 3	2/31/2 2/31/2 2/31/2 2/31/2 ment Pa Red 9/28 9/28	4 5 6 s sublic Not quired 3/2024 3/2024 Inven	tification Performed  tory  al Lead around Coppe	Correction	mplete mplete mplete fication Received
Violation/Situal Physical Param Total Coliform  Water System Water Facility ID	Point (Sampling Point ID)  OINT (3)  Action  Deters M&R Violation  M&R Violation  Water	System I	Compliance Period 7/1/22 - 9/30/22 7/1/22 - 9/30/22 Facility and Sar	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Required Notice Tier 3 3 mpling I	2/31/2· 2/31/2· 2/31/2· 2/31/2· ment Pi Req 9/28· 9/28·	4 5 6 S sublic Not quired 3/2024 S/2024 Tot Colife	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete fication Received
Violation/Situal Physical Param Total Coliform  Water System Water Facility ID	Point (Sampling Point ID)  OINT (3)  Pation Peters M&R Violation M&R Violation  Water  ter System Facility	System I  Sampling ID  4	C Notification R  Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Poin Description  DISTRIBUTION	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 Required Notice Tier 3 3 mpling I	2/31/2 2/31/2 2/31/2 ment Per Point State	s sublic Not quired 3/2024 Inven Tot Colife tus Ru	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete fication Received
Violation/Situal Physical Param Total Coliform  Water System Water Facility ID	Point (Sampling Point ID)  OINT (3)  Pation Peters M&R Violation M&R Violation  Water  ter System Facility	System I  Sampling ID  4	Compliance Period 7/1/22 - 9/30/22 7/1/22 - 9/30/22 Facility and Sar Point Sampling Poin Description DISTRIBUTION REAM WITHIN 5 SER	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/equire Notice Tier 3 3 mpling I	2/31/2 2/31/2 2/31/2 2/31/2 ment Postate 9/28 9/28 Point	4 5 6 8 Sublic Not Quired 3/2024 3/2024 Tot Colife	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete fication Received
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water System Wate Facility ID  00600 DIST	Point (Sampling Point ID)  OINT (3)  Pation  Peters M&R Violation  M&R Violation  Water  TERIBUTION SYSTEM	System I  Sampling ID  4  DOWNSTI  UPSTRE	C Notification R  Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/equire Notice Tier 3 3 mpling I	2/31/2 2/31/2 2/31/2 ment Personal Properties of the Properties of	4 5 6 S sublic Not quired 3/2024 Tot Colife tus Ru	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete mplete fication Received
Violation/Situal Physical Param Total Coliform  Water System Wat Facility ID  00600 DIST	Point (Sampling Point ID)  POINT (3)  Pation Peters M&R Violation  M&R Violation  Water  TRIBUTION SYSTEM  PRY POINT	System I  Sampling ID  4  DOWNSTI UPSTRE	Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/equire Notice Tier 3 3 mpling I	2/31/2 2/31/2 2/31/2 2/31/2 ment Polint 9/28 9/28 Point A A A	4 5 6 S sublic Not quired 3/2024 3/2024 Tot Colife tus Ru	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete mplete fication Received
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water System Wate Facility ID  00600 DIST	Point (Sampling Point ID)  POINT (3)  Pation Peters M&R Violation  M&R Violation  Water  TRIBUTION SYSTEM  PRY POINT	System I  Sampling ID  4  DOWNSTI  UPSTRE	C Notification R  Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Poin Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/25 - 1 1/1/25 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2 ment Personal Properties of the Properties of	4 5 6 S sublic Not quired 3/2024 3/2024 Tot Colife tus Ru	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete fication Received
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water System Wate Facility ID  00600 DIST  00700 ENT 20210 WEL	Point (Sampling Point ID)  POINT (3)  Pation Peters M&R Violation  M&R Violation  Water  TRIBUTION SYSTEM  PRY POINT	System I  Sampling ID  4  DOWNSTI UPSTRE	Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL  Contact Inforr	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/25 - 1 1/1/25 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2 2/31/2 ment Polint 9/28 9/28 Point A A A	4 5 6 S sublic Not quired 3/2024 3/2024 Tot Colife tus Ru	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete fication Received
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water System Wate Facility ID  00600 DIST  00700 ENT 20210 WEL	Point (Sampling Point ID)  OINT (3)  Pation  Peters M&R Violation  M&R Violation  Water  TRIBUTION SYSTEM  TRY POINT  LL	System I  Sampling ID  4  DOWNSTI UPSTRE	Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL  Contact Inforr Organization	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/25 - 1 1/1/25 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2 2/31/2 ment Polint 9/28 9/28 Point A A A	4 5 6 S sublic Not quired 3/2024 3/2024 Tot Colife tus Ru	tification Performed  tory  al Lead are form Coppe le Rule Ti	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete fication Received
Sampling ENTRY PO  Violation/Situa Physical Param Total Coliform  Water System Wate Facility ID  00600 DIST  00700 ENT 20210 WEL	Point (Sampling Point ID)  POINT (3)  Pation Peters M&R Violation  M&R Violation  Water  TRIBUTION SYSTEM  PRY POINT  LL  Hatzikostas	System I  Sampling ID  4  DOWNSTI  UPSTRE  3 2	Compliance Period  7/1/22 - 9/30/22  7/1/22 - 9/30/22  Facility and Sar  Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL  Contact Inforr	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/26 - 1 1/1/25 - 1 1/1/25 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2 2/31/2 ment Polint 9/28 9/28 Point A A A	4 5 6 S sublic Not quired 3/2024 3/2024 Tot Colife tus Ru	tification Performed  ttory al Lead are form Coppe	PN Certi Due to DPH 10/8/2024 10/8/2024	mplete mplete mplete fication Received

Bethlehem

15 Main Street South

06751

CT

(	Connec	cticu	ut Depa	rtme	nt of	<b>Public</b>	Healt	h D	rin	king	, Water	Se	ection		
	7	Wat	ter Qual	lity M	lonito	oring a	nd Co	mp	liai	nce S	Schedul	e			
PWS ID	PWS Name							Cla	assific	cation	Population	Ow	ner Type	Prima	ary Source
CT0100234	15 MAIN ST	TREET							NC	2	25		Р		GW
Local Address (w	here applica	able)				Service	Reside	ntial	Cor	nmercia	al Industri	al	Combine	d A	gricultural
15 MAIN STREET						Connectio	ns 3			1					
Towns Served: Bi															
Business Phone	e Extens	sion	Fax		Mobile	e Phone	Emergen	cy Ph	one	Email A	ddress				
203-266-5558			203-266-6	620			203-26	6-631	18	olivacat	fe@optonlir	ne.n	et		
Contact Role(s):	Administra	ative (	Contact												
Name					Org	ganization							Job Title	ž	
Kmmt LLC															
Mailing Address I	ine One			Mailing	Address	Line Two					City		State	Zij	o Code
15 Main St S										Bethleh	nem		СТ	C	6751
Business Phone	Extens	sion	Fax		Mobile	e Phone	Emergen	cy Ph	one	Email A	ddress				
Contact Role(s):	<b>Legal Cont</b>	act, O	wner												
The state of the s						The state of the s					,				

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

	Connecticut Dep	artment of	f Public H	lealth l	Orinki	ng W	<sup>7</sup> ater	Se	ction		
	Water Ou	ality Monit	oring an	d Comi	oliance	e Sch	edul	e			
WS ID	PWS Name		0		lassificatio				ner Type P	rimary	Sourc
T0100284	CHURCH OF THE NATIVITY				NC		25		P	Ğ۷	
ocal Address (w	here applicable)		Service	Residentia	al Comme	ercial	Industri	al	Combined	Agric	cultura
8 EAST STREET			Connections		1						
owns Served: B	ETHLEHEM										
		Monit	oring Requ	iremen	ts						
Vater System I	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coliform	(3100)							1 ro	utine (RT	) per m	nonth
Sampling P	oint (Sampling Point ID)			Monitoring	g Period	Collec	tion Pe	riod	Compl	iance S	tatus
Select from	Inventory of Active Samplir	ng Points		7/1/25 - 7	/31/25				Co	mplete	j
				8/1/25 - 8	/31/25				Co	mplete	5
				9/1/25 - 9	/30/25				Co	mplete	ž
			:	10/1/25 - 1	0/31/25				Co	mplete	ž
				11/1/25 - 1	1/30/25						
				12/1/25 - 1	2/31/25						
				1/1/26 - 1	/31/26						
				2/1/26 - 2	/28/26						
				3/1/26 - 3	/31/26						
				4/1/26 - 4	/30/26						
				5/1/26 - 5	/31/26						
				6/1/26 - 6	/30/26						
Physical Paran	neters (PPS)							1 ro	utine (RT	) per m	nonth
Sampling P	oint (Sampling Point ID)			Monitoring	g Period	Collec	tion Pe	riod	Compl	iance S	tatus
Select from	Inventory of Active Samplir	ng Points		7/1/25 - 7	/31/25						
				8/1/25 - 8	/31/25				Co	mplete	<u> </u>
				9/1/25 - 9	/30/25				Co	mplete	ž
				10/1/25 - 1	0/31/25				Co	mplete	j
				11/1/25 - 1	1/30/25						
			:	12/1/25 - 1	2/31/25						
				1/1/26 - 1	/31/26						
				2/1/26 - 2	/28/26						
				3/1/26 - 3	/31/26						
				4/1/26 - 4	/30/26						
				5/1/26 - 5	/31/26						
				6/1/26 - 6							
Vater System I	Facility: ENTRY POINT (	WSF ID: 00700)									
Nitrate And Ni	itrite (NOX)							1	routine (	RT) pei	r yea
Sampling P	oint (Sampling Point ID)			Monitoring	g Period	Collec	tion Pe		-	iance S	-
ENTRY POIN	NT (3)			1/1/24 - 12	2/31/24				Co	mplete	5
				1/1/25 - 12	2/31/25				Co	mplete	<u> </u>
				1/1/26 - 12	2/31/26						
	Water	System Facil	ity and Sar	npling F	oint In	vento	ory				
Water						Total	Lead	and			
	r System Facility	Sampling Point ID	Sampling Poil Description	nt		Total Coliforn Rule	1 Сор	per	Asbestos		Stage

**DISTRIBUTION SYSTEM** 

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Υ

00600 DISTRIBUTION SYSTEM

	_										
	Connectic	ut Depa	irtment of	Public	Health	ı Di	rinkin	g W	later S	ection	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	liance	Sch	edule		
PWS ID	PWS Name					Cla	ssification	Pop	ulation Ov	wner Type	Primary Sourc
CT0100284	CHURCH OF THE	NATIVITY					NC		25	Р	GW
Local Address	(where applicable)			Service	Resider	ntial	Commerc	cial	Industrial	Combine	d Agricultura
48 EAST STRE	ĒΤ			Connection	S		1				
Towns Served	: BETHLEHEM										
		Water S	ystem Facili	ity and Sa	ampling	Po	int Inv	ento	ory		
Water							7	Total	Lead an	d	
•	iter System Facility		Sampling Point					liforn			Stage
Facility ID			ID	Description			Status	Rule	Rule Tie	er Asbesto	WQP 2 DBP
			DOWNSTREAM				Α				
			UPSTREAM	WITHIN 5 SE	ERVICE COI	N	Α				
00700 EN	TRY POINT		3	ENTRY POIN	IT		Α				
23055 WI	ELL #1		2	WELL #1			Α				
61007 AT	MOSPHERIC STORA	GE TANK									
			Con	tact Info	rmatior	1					
Name			Or	ganization						Job Title	
Ms. Rachel Le	pine		Pri	ince of Peace	e Parish Co	rp.		Se	cretary		
Mailing Addre	ss Line One		Mailing Address	Line Two				(	City	State	Zip Code
494 Main Stre	et South						Wood	lbury		СТ	06798
Business Ph	one Extension	Fax	Mobil	le Phone	Emergency	y Pho	one Email	Addr	ess		
203-263-20	008						prince	eofpe	ace@aohct	t.org	
Contact Role(	s): Administrative	Contact									
Name			Or	ganization						Job Title	
Mrs. Sarah Ra	poso		Pri	ince of Peace	e Parish Co	rp.		Вι	ısiness Maı	nager	
Mailing Addre	ss Line One		Mailing Address	Line Two				(	City	State	Zip Code
494 Main Stre	et South	T		1			Wood			CT	06798
Business Ph		Fax	Mobil	le Phone	Emergency	y Pho					
203-263-20							financ	e.prii	nceofpeace	@aohct.or	g
	\										

Contact Role(s): Legal Contact

Job Title Name Organization Father George Vellaplackil Prince of Peace Parish Corp. Priest-Exec. Officer Mailing Address Line One Mailing Address Line Two City State Zip Code 494 Main Street South Woodbury CT 06798 **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 203-263-2008 860-718-5195 fr.vellaplackil@aohct.org

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.
- 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

	Connecticut Departi	ment of	Public H	ealth	Dı	inking	g W	Vater	Se	ection	l	
	Water Quality	v Monito	oring an	d Con	npl	iance	Scł	nedul	e			
PWS ID	PWS Name	,	<u>0</u>		_		_			ner Type	Prim	ary Source
CT0105063	151 MAIN STREET, LLC					NC	- 1	49		P		GW
Local Address (	where applicable)		Service	Residen	itial	Commerc	cial	Industri	al	Combine	ed A	gricultural
			Connections							1		
Towns Served:	BETHLEHEM				·		,				·	
		Monito	ring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION SYSTE	EM (WSF ID	): 00600)									
<b>Total Coliforn</b>	m (3100)							1	. ro	utine (R	T) pe	r quarter
Sampling	Point (Sampling Point ID)			Monitori	ing P	eriod (	Colle	ction Pe	riod	Com	plian	ce Status
Select fror	m Inventory of Active Sampling Poi	nts		4/1/25 -	- 4/30	0/25					Comp	lete
Total Colifori									1 rc	-		er month
	Point (Sampling Point ID)			Monitori	ing P	eriod (	Colle	ction Pe	riod	Com	plian	ce Status
Select fror	m Inventory of Active Sampling Poi	nts		7/1/25 -							Comp	
				8/1/25 -							Comp	
				9/1/25 -							Comp	
				10/1/25 -							Comp	
				11/1/25 -							Comp	olete
				1/1/25 -								
				1/1/26 -								
				2/1/26 - 3/1/26 -								
				4/1/26 -								
				5/1/26 -								
				6/1/26 -								
Physical Para	ameters (PPS)				•	•			1 rc	outine (F	RT) pe	er month
•	Point (Sampling Point ID)			Monitori	ing P	eriod (	Colle	ction Pe				ce Status
Select fror	n Inventory of Active Sampling Poi	nts		7/1/25 -	- 7/3:	1/25					Comp	lete
				8/1/25 -	8/3	1/25					Comp	lete
				9/1/25 -	- 9/30	0/25					Comp	lete
				LO/1/25 -	- 10/3	31/25					Comp	olete
				11/1/25 -	- 11/3	30/25					Comp	olete
				12/1/25 -	- 12/3	31/25						
				1/1/26 -								
				2/1/26 -								
				3/1/26 -								
				4/1/26 -		-						
				5/1/26 -								
Matar Custom	Socility ENTRY POINT (MC	ID: 00700\		6/1/26 -	- 6/30	J/26						
•	Facility: ENTRY POINT (WSF	טוי: (טוי)									/p='	
	Nitrite (NOX)  Point (Sampling Point ID)			Monitori	ina D	eriod 4	Colle	ction Pe				per year ce Status
ENTRY PO				<i>Monitori</i> 1/1/24 -			cone	ction Pel	iud		Comp	
ENIKYPU	IIVI (3)			1/1/24 - 1/1/25 -		-					Comp	
				1/1/26 -							COITIF	,,,,,,,
				-/ -/ 20 -	12/3	-/ 20						

**Other Compliance Schedules** 

**Due Date** 

**Achieved Date** 

**Compliance Schedule Activity** 

	Connecticut D	epartment	t of Public H	ealth	Drinl	king	Water	Section	
	Water (	Duality Mo	nitoring and	d Con	nplian	ce S	Schedule	9	
PWS ID	PWS Name	Comments of the						Owner Type Pr	imary Source
CT010506	3 151 MAIN STREET, LLC				NC		49	Р	GW
Local Add	ress (where applicable)		Service	Residen	tial Com	mercia	al Industria	Combined	Agricultural
			Connections					1	
Towns Sei	ved: BETHLEHEM		'		1		'		
		Othe	r Compliance	Sched	lules				
Complian	ce Schedule Activity		-		Due Date		Achiev	ed Date	
CROSS CO	NNECTION EXEMPTION				3/1/2023				
CROSS CO	NNECTION EXEMPTION				3/1/2025				
		Public I	Notification R	equire	ements	;			
			Compliance	Notice	Pu Pu	blic No	<u>otification</u>	PN Cert	<u>ification</u>
Violation,	<sup>/</sup> Situation		Period	Tier	Requ	uired	Performed	Due to DPH	Received
REVISED T	OTAL COLIFORM RULE (RTCR)	TT Violation	5/7/25 - 5/12/25	2	11/6,	2025		11/16/2025	
	Wat	er System Fa	acility and Sar	npling	Point	Inve	ntory		
Water							tal Lead a	nd	
System	Water System Facility		oint Sampling Poir	it		-	form Coppe		Stage
Facility ID		ID .	Description		Statu	is Ri	ule Rule T	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION						
			EAM WITHIN 5 SER		-				
00700	ENTRY ROINT	UPSTREA		VICE COR					
00700	ENTRY POINT	3	ENTRY POINT		Α.				
58524	WELL 1	2	WELL 1		A				
61998	TREATMENT PLANT								
			Contact Inform	nation					

# Ms. Victoria Lorusso Mailing Address Line One Mailing Address Line Two City State Zip Code 151 Main Street N Bethlehem CT 06751 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

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

### Please note the following:

203-266-6577

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

VLORUSSO@CHARTER.NET