	Connecticut I	Department of	f Public I	Health i	Drin ¹	king V	Water	Section	
		Quality Monit							
PWS ID	PWS Name	Quality Monit	oring an		_				Primary Source
CT065001		BRETHREN CHURCH W	ELL# 1		NC		50	Р	GW
	ress (where applicable)		Service	Residenti		nmercial	Industria	-	
	NUT HILL ROAD (OLD SECTION	1)	Connections			1			- Greenen
	rved: HARTLAND	-,							
		Monito	oring Requ	uiremen	ıts				
Water Sy	stem Facility: DISTRIBUT								
	liform (3100)		<u> </u>				1	routine (RT)	per quarter
	pling Point (Sampling Point I	D)		Monitorin	a Perio	d Coll	ection Peri	-	liance Status
	ct from Inventory of Active Sa	•		4/1/25 - 6	_				omplete
	,	1 0		7/1/25 - 9					omplete
				10/1/25 - 1					omplete
				1/1/26 - 3					
				4/1/26 - 6					
Physical	Parameters (PPS)			., _,	,, 00, 20		1	routine (RT	per quarter
•	pling Point (Sampling Point I	D)		Monitorin	a Perio	d Coll	ection Peri	-	liance Status
	ct from Inventory of Active Sa	•		4/1/25 - 6					omplete
30.00				7/1/25 - 9					omplete
				10/1/25 - 1					omplete
				1/1/26 - 3					о р .осо
				4/1/26 - 6					
Water Sv	stem Facility: ENTRY PO	INT (WSF ID: 00700)		1, 1, 20	,, 50, 20				
	And Nitrite (NOX)	(2001 121 001 00)						1 routine	RT) per year
	pling Point (Sampling Point I	D)		Monitorin	a Perio	d Coll	ection Peri	· ·	liance Status
	RY POINT #1 (3)	-,		1/1/24 - 1	_				omplete
	(1)			1/1/25 - 1					omplete
				1/1/26 - 1					opiete
	\A/a	tor System Easili	ity and Ca				tor.		
	vva	ter System Facili	ity and Sa	mpiing i	Point		-		
Water	Mator Custom Fasility	Compline Daint	Campalina Do	int		Tota			Charac
System Facility IL	Water System Facility	Sampling Point ID	Description	IIIL	.	Colifo Rul			Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	NI CVCTEM	Stati A	Y	- Hare I	Ter Assestes	VVQI Z DDI II
00000	DISTRIBUTION STSTEM	4-1	OLD SEC OF (A	'			
		DOWNSTREAM			A				
		TP#1	WATER TANK		A	Υ			
		TP#3	LADIES BATH		A	Y			
		TP#5	HANDICAPPE		A	Y			
		11 #3	BATHROOM	.0		•			
		UPSTREAM	WITHIN 5 SEI	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
23052	WELL #1	2	WELL #1		A				
			tact Infor	mation					
Name			rganization	mation				Job Title	
Mr. Art O	lsen		ethany Luther	an Brethren	Chur		Chair of Tru		
	ddress Line One	Mailing Address		an bicanten	. Criui		City	State	Zip Code
Chair of T		PO Box 250	J LITTO I VVO		E	ast Hart		CT	06027
	s Phone Extension		le Phone E	mergency f				CI	55027
•	information has been provided to he	· · ·							

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: 12/12/2025

	Lonnectic	ut Depa	irtme	ent or	Public	Health	ı Drii	ıkıng	vvater	Section		
	Wa	ter Qua	lity N	Ionite	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name				Classifica		ication	Population	Owner Type	Primary Source		
CT0650014	BETHANY LUTHE	RAN BRETH	REN CH	JRCH WE	ELL# 1		N	С	50	Р	GW	
Local Address (wh	nere applicable)		Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural			
116 WALNUT HILI	ROAD (OLD SE	CTION)			Connection	ns		1				
Towns Served: HA	ARTLAND											
860-653-2427						olsenahe			nect@cox.ne	et		
Contact Role(s):	Legal Contact											
Name				Org	Organization				Job Title			
Mr. Tim J. Olsen				Bet	Bethany Lutheran Church				Trustee			
Mailing Address L	ine One		Mailing	Address	Line Two				City	State	Zip Code	
P.O. Box 250			116 Wa	lnut Hill	Rd.			East Ha	rtland	СТ	06027	
Business Phone Extension Fax Mo					ile Phone Emergency Phone E		Email Address					
919-225-9322								timolse	n@comcast	net		
Contact Role(s):	Administrative	Contact	·									

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025

Connecticut Department of Public Health Drinking Water Section										
Water Quality M	onitoring and	d Com	pliance	Schedul	e					
PWS ID PWS Name		(Classification	-	Owner Type Pr	imary Source				
CT0650024 6 HARTLAND BOULEVARD			NC	25	Р	GW				
Local Address (where applicable)	Service	Resident	al Commer	cial Industria	I Combined	Agricultural				
6 HARTLAND BOULEVARD	Connections		1							
Towns Served: HARTLAND										
	Ionitoring Requ	iremer	its							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)					routine (RT) p	-				
Sampling Point (Sampling Point ID)	ı	Monitorin	_	Collection Per		ince Status				
Select from Inventory of Active Sampling Points		4/1/25 - 6				nplete				
		7/1/25 - 9			Cor	nplete				
		10/1/25 - 1								
		1/1/26 - 3								
Dhysical Davamatava (DDC)		4/1/26 - 6	0/30/26	1	wavetima (DT) w					
Physical Parameters (PPS) Sampling Point (Sampling Point ID)		Monitorin	a Period	Collection Peri	routine (RT) p	ince Status				
Select from Inventory of Active Sampling Points		4/1/25 - 6		Conection ren		nplete				
Select Hom inventory or receive sampling Contes		7/1/25 - 9				nplete				
		10/1/25 - 1								
		1/1/26 - 3								
		4/1/26 - 6								
Water System Facility: ENTRY POINT (WSF ID: 0	0700)									
Nitrate And Nitrite (NOX)					1 routine (R	T) per year				
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collection Per	=	ince Status				
ENTRY POINT (3)		1/1/24 - 1	2/31/24		Cor	nplete				
		1/1/25 - 1	2/31/25		Cor	nplete				
		1/1/26 - 1	2/31/26							
Water System Facility: WELL (WSF ID: 21087)										
E. Coli (3014)				1	routine (RT) p	er quarter				
Sampling Point (Sampling Point ID)	1	Monitorin	g Period	Collection Per	iod Complic	ince Status				
WELL 1 (2)		4/1/25 - 6	· · ·			nplete				
		7/1/25 - 9	9/30/25		Cor	mplete				
	1	10/1/25 - 1								
		1/1/26 - 3								
		4/1/26 - 6								
Oth	ner Compliance	Sched	ıles							
Compliance Schedule Activity		D	ue Date	Achiev	red Date					
RESPOND TO SANITARY SURVEY		2/	15/2021							
Publi	c Notification R	equire	ments							
	Compliance	Notice		Notification	PN Certi	fication				
Violation/Situation	Period	Tier	Required	_		Received				
Total Coliform M&R Violation	4/1/15 - 6/30/15		10/24/201		11/3/2015					
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/201		10/3/2016					
E. Coli M&R Violation	7/1/16 - 9/30/16	3	2/17/201		2/27/2018					
E. Coli M&R Violation	10/1/16 - 12/31/16	3	5/3/2018		5/13/2018					
E. Coli M&R Violation	1/1/17 - 3/31/17	3	6/23/201	8	7/3/2018					

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Schedule Generation Date: 12/12/2025 Page 3

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0650024		NC		25	Р	GW		
Local Address	Service	Residen	ntial Commerci		al Industri	al Combine	d Agricultural	
6 HARTLAND I	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: HARTLAND

Public Notification Requirements										
	Compliance	Notice	<u>Public Notification</u> <u>PN Certification</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
E. Coli M&R Violation	4/1/17 - 6/30/17	3	9/14/2018		9/24/2018					

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21087	WELL	2	WELL 1	Α							

			Contact Info	ormation						
Name Organization Job Title										
					Owner					
e One		Mailing	g Address Line Two		City State Zip Co					
					Barkham	sted	СТ	06063		
Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
				860-738-3571	coachhartland@hotmail.com					
				Organization e One Mailing Address Line Two	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	e One Mailing Address Line Two Barkham Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Owner e One Mailing Address Line Two City Barkhamsted Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Owner e One Mailing Address Line Two City State Barkhamsted CT Extension Fax Mobile Phone Emergency Phone Email Address		

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

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End of schedule

	C 1: 1 D			D : 1				
	Connecticut Dep				_		ction	
		anty monit	oring and Con	_				
PWS ID	PWS Name						ner Type Prin	
CT065011		THREN CHURCH W		NC		50	P	GW
	ress (where applicable)		Service Residen Connections	tial Comm	nercial In	ndustrial		Agricultural
	NUT HILL ROAD (NEW SECTION)		Connections				1	
Towns Ser	rved: HARTLAND							
Matar Su	estam Facility DISTRIBUTION		oring Requireme	nts				
	stem Facility: DISTRIBUTION liform (3100)	STSTEINI (WSFT	D: 00600)			1 rou	itine (RT) pe	r quarter
	pling Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period		ce Status
	ct from Inventory of Active Sampli	ng Points		6/30/25				plete
	, ,	<u> </u>		9/30/25				plete
				12/31/25				plete
				3/31/26			'	
			4/1/26 -	6/30/26				
Physical	Parameters (PPS)					1 rou	itine (RT) pe	r quarter
Sam	oling Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period	Complian	ce Status
Selec	t from Inventory of Active Sampli	ng Points	4/1/25 -	6/30/25			Com	plete
			7/1/25 -	9/30/25			Com	plete
				12/31/25			Com	plete
				3/31/26				
			4/1/26 -	6/30/26				
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate	•						itine (RT) pe	•
	oling Point (Sampling Point ID)			ng Period	Collect	ion Period		ce Status
ENTR	RY POINT #2 - NEW SECTION (3)			6/30/25			Com	plete
				9/30/25				
				12/31/25			Com	plete
				3/31/26				
			4/1/26 -	6/30/26				
Nitrite (· · · · · · · ·		0.0 (6)	to or Double of	C-114		routine (RT)	
	oling Point (Sampling Point ID)			ng Period	Collect	ion Period	-	ce Status
ENTR	RY POINT #2 - NEW SECTION (3)			12/31/24				plete
				12/31/25 12/31/26			Com	plete
	Motor	Custom Fasili		, .	overte.	45.4		
	water	System Facili	ity and Sampling	Point II		•		
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID	-	ID	Description Description	Charles	D. J.		Asbestos W	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Status A				···
	• • . • . • . • . • . • . • .	4-2	NEW SEC OF CHURCH	A				
			WITHIN 5 SERVICE CON					
		TP#1	WATER TANK BOILER F		Υ			
		TP#14	UPPER ROOM SINK	Α	Υ			
		TP#6	NURSERY WEST SINK	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	N A				
				•				

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ENTRY POINT #2 - NEW

Α

3

Schedule Generation Date: 12/12/2025

00700 ENTRY POINT

	Water Quality Monit	oring an	d Con	npl	liance S	schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0650114	BETHANY LUTHERAN BRETHREN CHURCH W		NC		50	Р	GW	
Local Address	(where applicable)	Service	Residentia		Commerci	al Industri	al Combine	ed Agricultural
116 WALNUT	Connections					1		

Connecticut Department of Public Health Drinking Water Section

Towns Served: HARTLAND

		Water Sy	stem Fac	cility and S	Sampling Po	int I	nvento	ory		
Water System Water Sy Facility ID	stem Facility	٤	Sampling Po	int Sampling Descriptio	n	Status	Total Coliforn Rule		Asbestos	Stage WQP 2 DBPR
2468 WELL #2			2	WELL #2		Α				
			C	ontact Info	ormation					
Name				Organization					Job Title	
Mr. Art Olsen				Bethany Luth	eran Brethren Ch	ıur	Ch	air of Truste	es	
Mailing Address Line	One		Mailing Address Line Two				(City	State	Zip Code
Chair of Trustees			PO Box 250			Ea	st Hartla	nd	СТ	06027
Business Phone	Extension	Fax	М	obile Phone	Emergency Pho	ne Er	nail Addr	ess		
860-653-2427						ol	senahect	@cox.net		
Contact Role(s): Leg	gal Contact									
Name				Organization					Job Title	
Mr. Tim J. Olsen				Bethany Luth	eran Church		Tr	ustee		
Mailing Address Line	e One		Mailing Add	ress Line Two			(City	State	Zip Code
P.O. Box 250			116 Walnut	Hill Rd.		Ea	st Hartla	nd	СТ	06027
Business Phone	Extension	Fax	М	obile Phone	Emergency Pho	ne Email Address				
919-225-9322						tir	nolsen@	comcast.net		
Contact Role(s): Ad	ministrative (Contact	·							

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End of schedule