	onnoctic	ut Dono	rtmon	t of l	Dublic	Ugalth	Drin	lring	Matan	· Co	ction		
C	onnectic	•									Cuon		
		ter Qual	lity Mo	onito	ring a								
	WS Name								opulation	Own			
	LACKLEDGE CO	UNTRY CLUB	\				N	-	25		Р	G۷	-
Local Address (who	ere applicable)				Service	Resident	ial Cor		Industri	al	Combined	Agric	cultural
180 WEST STREET					Connection	15		1					
Towns Served: HE	BRON												
			Mo	onitor	ring Red	quiremer	its						
Water System Fa	cility: DISTRI	IBUTION SY	STEM (V	VSF ID:	00600)								
Total Coliform ((3100)								1	L rou	tine (RT)	per qu	uarter
Sampling Poi	nt (Sampling Po	oint ID)				Monitorin	g Perio	od Col	llection Pe	riod	Compli	ance S	tatus
Select from In	ventory of Acti	ve Sampling	Points			4/1/25 - 6	5/30/25	5			Co	mplete	9
						7/1/25 - 9	9/30/25	5			Co	mplete	9
						10/1/25 - 1	12/31/2	25					
						1/1/26 - 3	3/31/26	5					
						4/1/26 - 6	5/30/26	5					
Physical Parame	• •										tine (RT)		
	nt (Sampling Po					Monitorin			llection Pe	riod	Compli		
Select from Ir	ventory of Acti	ve Sampling	Points			4/1/25 - 6	-					mplete	
						7/1/25 - 9					Co	mplete	9
						10/1/25 - 1							
						1/1/26 - 3							
						4/1/26 - 6	5/30/26	5					
Water System Fa	cility: ENTRY	POINT (W	/SF ID: 00	700)									
Nitrate And Nitr	ite (NOX)									1 1	routine (F	RT) per	r vear
Samplina Poi											-		-
	nt (Sampling Po	oint ID)				Monitorin			llection Pe		Compli	ance S	tatus
ENTRY POINT		oint ID)				1/1/24 - 1	2/31/2	4	llection Pe		Compli	ance S mplete	tatus _
		oint ID)				1/1/24 - 1 1/1/25 - 1	2/31/2 2/31/2	5	llection Pe		Compli	ance S	tatus _
		oint ID)				1/1/24 - 1 1/1/25 - 1 1/1/26 - 1	2/31/2 2/31/2 2/31/2	5	llection Pe		Compli	ance S mplete	tatus _
		oint ID)	Othe	er Coi	mpliand	1/1/24 - 1 1/1/25 - 1	2/31/2 2/31/2 2/31/2	5	llection Pe		Compli	ance S mplete	tatus _
	(3)	oint ID)	Oth	er Co	mplian	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu	2/31/2 2/31/2 2/31/2	5 6	llection Pe	riod	Compli Co Co	ance S mplete	tatus _
ENTRY POINT	(3) ule Activity	oint ID)	Oth	er Co	mplian	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Sched	2/31/2 2/31/2 2/31/2 2/31/2 ules	4 5 6		riod	Compli Co Co	ance S mplete	tatus _
ENTRY POINT Compliance Sched	(3) ule Activity TARY SURVEY	oint ID) Water Sy				1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat	4 5 6 6 e e 20	Achie	riod	Compli Co Co	ance S mplete	tatus _
ENTRY POINT Compliance Sched	(3) ule Activity TARY SURVEY					1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat	4 5 6 6 e e 20	Achie	riod eved L	Compli Co Co	ance S mplete	tatus _
ENTRY POINT Compliance Sched RESPOND TO SANI Water	(3) ule Activity TARY SURVEY	Water Sy		acilit	y and S	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu D 9/ ampling	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat	4 5 6 e 20	Achie otory al Lead orm Cop	eved L and per	Compli Cc Cc	mplete	Stage
ENTRY POINT Compliance Sched RESPOND TO SANI Water	(3) ule Activity TARY SURVEY	Water Sy	/stem F	acilit	y and S	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu D 9/ ampling	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat	4 5 6 e 20 : Inven	Achie otory al Lead orm Cop	eved L and per	Compli Co Co	mplete	Stage
Compliance Sched RESPOND TO SANI Water System Water S Facility ID	(3) ule Activity TARY SURVEY	Water Sy	stem F	acility	y and S ampling P	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu D 9/ ampling	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point	4 5 6 e 20 : Inven Tot Colife	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
Compliance Sched RESPOND TO SANI Water System Water S Facility ID	(3) ule Activity TARY SURVEY System Facility	Water Sy	stem F Sampling I ID 4	Point S	y and S campling Pescription	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu p 9/ ampling	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
Compliance Sched RESPOND TO SANI Water System Water S Facility ID	(3) ule Activity TARY SURVEY System Facility	Water Sy	stem F Sampling I ID 4	Point S	y and S ampling P Description DISTRIBUTI VITHIN 5 S	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu 9/ ampling	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point	20 Tot Colifer	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
Compliance Sched RESPOND TO SANI Water System Water S Facility ID	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM	Water Sy	ystem F Sampling I ID 4 DOWNSTR	Point S D REAM V	y and S ampling P Description DISTRIBUTI VITHIN 5 S	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu g ampling coint ON SYSTEM ERVICE CON ERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point	e Enven Tot Colifor	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
ENTRY POINT Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM	Water Sy	Sampling II 4 DOWNSTR	Point S D D REAM V AM V	y and S campling P cescription DISTRIBUTI VITHIN 5 S	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu g ampling coint ON SYSTEM ERVICE CON ERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
ENTRY POINT Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21131 WELL	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM	Water Sy	stem F Sampling I ID 4 DOWNSTR UPSTREA	Point S D D REAM V AM V	y and S ampling P DESCRIPTION DISTRIBUTI VITHIN 5 S VITHIN 5 S NTRY POI	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu g ampling coint ON SYSTEM ERVICE CON ERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point A A A	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
ENTRY POINT Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21131 WELL	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM POINT	Water Sy	ystem F Sampling I ID 4 DOWNSTR UPSTREA 3 2	Point S D D REAM V AM V	y and S ampling P DESCRIPTION DISTRIBUTI VITHIN 5 S VITHIN 5 S NTRY POIL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu g ampling coint ON SYSTEM ERVICE CON ERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point A A A	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
ENTRY POINT Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21131 WELL	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM POINT	Water Sy	ystem F Sampling I ID 4 DOWNSTR UPSTREA 3 2	Point S D C REAM V AM V E V	y and S ampling P DESCRIPTION DISTRIBUTI VITHIN 5 S VITHIN 5 S NTRY POIL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu g ampling coint ON SYSTEM ERVICE CON ERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point A A A	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule	eved L and per	Compli Cc Cc	mplete	Stage
Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21131 WELL 61894 TREATM	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM POINT MENT PLANT	Water Sy	ystem F Sampling I ID 4 DOWNSTR UPSTREA 3 2	Point S D C REAM V AM V C Conta	y and S ampling P Description DISTRIBUTI VITHIN 5 S VITHIN 5 S NTRY POIR VELL act Info	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 ce Schedu g ampling coint ON SYSTEM ERVICE CON ERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point A A A	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule	eved L and per	Complia Con	mplete	Stage
Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21131 WELL 61894 TREATM	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM POINT MENT PLANT	Water Sy	ystem F Sampling I ID 4 DOWNSTR UPSTREA 3 2	Point S D C REAM V AM V Conta	y and S ampling P DESCRIPTION DISTRIBUTI VITHIN 5 S VITHIN 5 S NTRY POIL VELL act Info anization kledge Co	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/1/26 - 1 ce Schedu p g/ ampling ON SYSTEM ERVICE CON ERVICE CON NT	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point A A A	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Achie Achie Achie	eved L and per	Complia Con	mplete	Stage 2 DBPR
Compliance Sched RESPOND TO SANI Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21131 WELL 61894 TREATM Name Mr. William E. And	(3) ule Activity TARY SURVEY System Facility UTION SYSTEM POINT MENT PLANT	Water Sy	Sampling II A DOWNSTR UPSTREA 2	Point S D C REAM V AM V Conta	y and S ampling P DESCRIPTION DISTRIBUTI VITHIN 5 S VITHIN 5 S NTRY POIL VELL act Info anization kledge Co	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 1/1/26 - 1 ce Schedu p g/ ampling ON SYSTEM ERVICE CON ERVICE CON NT	2/31/2 2/31/2 2/31/2 2/31/2 ules ue Dat 12/202 Point A A A	4 5 6 6 e e e e e e e e e e e e e e e e e	Achie Itory al Lead orm Copple Rule Manager	eved L and per	Compliance	wQP	Stage 2 DBPR

	donnectical Departin	circ of r abire r	icaicii	יע		vvacci	Decelon	L
	Water Quality	Monitoring and	d Con	ıpl	iance S	chedul	e	
PWS ID	PWS Name			Clas	ssification F	opulation	Owner Type	Primary Source
CT0670024	BLACKLEDGE COUNTRY CLUB				NC	25	Р	GW
Local Address ((where applicable)	Service	Residen	tial	Commercia	l Industria	l Combin	ed Agricultural
180 WEST STRI	EET	Connections			1			
Towns Served:	HEBRON						·	·
860-228-10	44				Bill@bla	ckledgecc.c	om	
1.		_						

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.

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

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

End of schedule

Business 860-342 Contact Ro			205-7552	860-424-3	3333	david.cod	oley@ct.gov		
Business		860-344-2560 860-	205-7552	860-424-3	3333	david.co	oley@ct.gov		
	Phone Extension								
163 Great	Dhono Extension	Fax Mob	ile Phone	Emergency	Phone	Email Ad	dress		
	Hill Road					Portland		СТ	06480
Mailing Ad	dress Line One	Mailing Addres	ss Line Two				City	State	Zip Code
Mr. David	Cooley	D	eep-Engineeri	ing Unit			Supv Civil Eng	gineer	
Name		C)rganization					Job Title	
		Cor	ntact Info	rmation					
21132	WELL	2	WELL		Α				
	ENTRY POINT	3	ENTRY POIN	Т	Α	ı			
 		UPSTREAM	WITHIN 5 SE	RVICE CON	Α	ı			
		DOWNSTREAM	1 WITHIN 5 SE	RVICE CON	Α				
		4	DISTRIBUTIO	N SYSTEM	Α	. Y			
		103	EXTERIOR FA	AUCET	А	. Y			
		102	MEN'S BATH	IROOM	Α	. Y			
00600	DISTRIBUTION SYSTEM	101	WOMEN'S B	ATHROOM	А				
System Facility ID	Water System Facility	Sampling Point ID	t Sampling Po Description	oint	Stat	D. J	orm Copper le Rule Tie	r Asbestos	Stage WQP 2 DBP
Water						Tota		1	_
	1	Water System Facil	lity and Sa	mpling	Point	Inven	tory		
				1/1/26 - 1			4/1-9/30		
				1/1/25 - 1			4/1-9/30	Co	omplete
ENTR	Y POINT (3)			1/1/24 - 1			4/1-9/30		omplete
	ling Point (Sampling Po	oint ID)		Monitorin			lection Period		iance Status
	nd Nitrite (NOX)						1	_	RT) per year
Water Sys	stem Facility: ENTRY	POINT (WSF ID: 00700))						
				4/1/26 - (6/30/26	5			
				7/1/25 - 9	9/30/25	5		Co	omplete
Select	from Inventory of Activ	ve Sampling Points		4/1/25 - (6/30/25	5		Co	omplete
	ling Point (Sampling Po			Monitorin	ng Perio	d Col	lection Period	l Compl	iance Status
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
				4/1/26 - 0	6/30/26	5			
				7/1/25 - 9					omplete
	from Inventory of Activ	-		4/1/25 - 0					omplete
	ling Point (Sampling Po	oint ID)		Monitorin	ng Perio	od Col	lection Period		iance Status
•	iform (3100)	DOTTOR 31312IVI (1131)	15. 00000				1 ro	utina (RT)	per quarter
Water Svs	tem Facility: DISTRI	BUTION SYSTEM (WSF		<u>un cirici</u>	103				
		Monit	oring Req	uiremer	nts				
	ved: HEBRON								
ROUTE 85			Connections		iai coi	milercial	maasman	Combined	Agricultura
	ess (where applicable)	PARK/PICIVIC AREA WELL	Service	Resident		nmercial	Industrial	Combined	_
CT0670054		PARK/PICNIC AREA WELL			Ciassilio No		opulation Ow 33	S S	GW
PWS ID	PWS Name	er Quality Moni	toring ar					mar Tuna [rimarı Caura
	\/\/at	er Quality Moni	toring or	ndlam	ייבוות		npalila		

	connectic	ut Depa	n unent or	Public	пеани	ועו	. 111K111E	z water	Section	1	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	e Pri	imary Source
CT0670054	GAY CITY STATE	PARK/PICNI	C AREA WELL				NC	33	S		GW
Local Address (wh	nere applicable)			Service	Residential Commer		Commerci	ial Industri	al Combir	ned	Agricultural
ROUTE 85 NORTH	DUTE 85 NORTH				ns 1						
Towns Served: HI	BRON										
Name			Or	ganization					Job Tit	le	
Ms. Andrea M. La	ane		Sta	ate of CT De	ер						
Mailing Address L	ine One		Mailing Address	Line Two				City	State	2	Zip Code
163 Great Hill Ro	ad						Portlar	nd	СТ		06480
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	ne Email A	Address	,		
860-977-9739					860-424	-3333	3 andrea	ı.lane@ct.gc	V		
Contact Polo(c):	Administrativo	Contact					· ·				

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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		ut Departm ter Quality						_		ection		
PWS ID	PWS Name					Cla	ssification	n Pop	ulation Ov	wner Type	Prin	nary Source
CT0670074	GILEAD CONGRE	GATIONAL CHURC	Н				NC		25	Р		GW
Local Addres	s (where applicable)			Service	Residen	tial	Commer	cial	Industrial	Combine	ed /	Agricultura
672 GILEAD I	ROAD			Connection	S		1					
Towns Serve	d: HEBRON											
			Monit	oring Req	uireme	nts	•					
Water Syste	em Facility: DISTRI	IBUTION SYSTEM	(WSF I	D: 00600)								
	orm (3100) ng Point (Sampling Po	oint ID)			Monitori	ng F	Period	Collec	1 ro	_		r quarter
_	rom Inventory of Acti	-			4/1/25 -							olete
	•				7/1/25 -							olete
					10/1/25 -	12/	31/25					'
					1/1/26 -							
					4/1/26 -	6/3	0/26					
Physical Pa	arameters (PPS)								1 rc	outine (RT	⁻) pe	r quarter
Samplin	ng Point (Sampling Po	oint ID)			Monitori	ng F	Period	Collec	ction Period	d Comp	olian	ce Status
DISTRIB	UTION SYSTEM (4)				4/1/25 -	6/3	0/25			(Com	olete
					7/1/25 -	9/3	0/25			(Com	olete
					10/1/25 -	12/	31/25					
					1/1/26 -	3/3	1/26					
					4/1/26 -	6/3	0/26					
Water Syste	em Facility: ENTRY	POINT (WSF ID	: 00700)									
	d Nitrite (NOX)								:	1 routine	-	
	ng Point (Sampling Po	oint ID)			Monitori			Collec	ction Period			ce Status
ENTRY I	POINT (3)				1/1/24 -	_	-					olete
					1/1/25 -					(Com	olete
					1/1/26 -	12/3	31/26					
		Water Syster	n Facil	ity and Sa	ampling	Po	int Inv	ento	ory			
Water								Total	Lead an	d		
	ater System Facility	•	_	Sampling Po	oint		C	oliforn -				Stage
Facility ID			ID	Description			Status	Rule	Rule Tie	er Asbesto	s W	QP 2 DBP
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUTIO			Α	Υ				
				WITHIN 5 SE			A					
20722	NITEN EQUAL	UPS	TREAM	WITHIN 5 SE		١	A					
	NTRY POINT		3	ENTRY POIN	Τ		Α					
21134 W	/ELL		2	WELL			Α					
			Con	itact Infoi	rmation							
Name			0	rganization						Job Title	9	
Gilead Socie	ty Of											
Mailing Addr	ress Line One	Mailin	g Addres	s Line Two				(City	State	Z	ip Code
672 Gilead S	treet						Hebr	on		СТ		06248
Business P	hone Extension	Fax	Mobi	ile Phone	Emergency	Pho	one Emai	l Addr	ess			
860-228-3		860-228-3077										
Contact Role	e(s): Owner											

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	Commette	ut Depa	i tilitilit	of I ublic	IICaitii	נוע	311121111	5 vvalci		Ction	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Class	ification	Population	Own	er Type	Primary Source
T0670074	GILEAD CONGRE	GATIONAL C	HURCH				NC	25		Р	GW
ocal Address (w	here applicable)			Service	Residen	tial C	Commerci	al Industri	al	Combine	ed Agricultural
72 GILEAD ROA	D			Connection	IS		1				
owns Served: H	EBRON							·			
Name				Organization						Job Title	9
Mr. Greg Brand											
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
Woodward Rd							Colum	bia		СТ	06237
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	Phon	e Email A	Address			
			86	0-977-7987			febtwo	83@gmail.c	om		
Contact Bolo/c):	Administrative (Contact Loc	al Contact	•			*				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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End of schedule

	Commontiant Don		CDlalia I	I a a l e la T	ا ماندا	: ~ \ \ \ 7 \ 7	atau Ca	ation	
	Connecticut Dep							ection	
	Water Qua	ality Monit	coring an	d Comj	pliand	e Sch	edule		
PWS ID	PWS Name			C	lassificat	ion Popu	lation Ow	ner Type P	rimary Source
CT0670094	HEBRON CHURCH OF HOPE				NC	2	25	Р	GW
Local Address	(where applicable)		Service	Residentia	al Comm	nercial Ir	ndustrial	Combined	Agricultural
1 MAIN STREE			Connections		1	L			
Towns Served	: HEBRON								
		Monito	oring Requ	uiremen	ts				
Water Syste	m Facility: DISTRIBUTION:								
Total Colifo	rm (3100)						1 ro	utine (RT)	per quarter
	g Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period		ance Status
	om Inventory of Active Samplin	g Points		4/1/25 - 6					mplete
	· · · · · · · · · · · · · · · · · · ·	=		7/1/25 - 9					mplete
				10/1/25 - 1					
				1/1/26 - 3					
				4/1/26 - 6					
Physical Par	rameters (PPS)			., _, _ 0	,,		1 roi	ıtine (RT)	per quarter
-	g Point (Sampling Point ID)			Monitoring	a Period	Collect	ion Period		ance Status
	om Inventory of Active Samplin	ng Points		4/1/25 - 6	•				mplete
	,	-6		7/1/25 - 9					mplete
				10/1/25 - 1					piece
				1/1/26 - 3					
				4/1/26 - 6					
Mator Syston	m Facility: ENTRY POINT (\WSE ID: 00700\		4/1/20 - 0	730720				
-	,	VV3F ID. 00700))
	Nitrite (NOX)			0.4 a mila mina	n Dania d	Callant		=	RT) per year
	g Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
ENTRY P	UINT (3)			1/1/24 - 12					mplete
				1/1/25 - 12				Co	mplete
				1/1/26 - 12	2/31/26				
	m Facility: WELL (WSF ID:	21136)							
E. Coli (301	•						1 ro		per quarter
Sampling	g Point (Sampling Point ID)			Monitoring		Collect	ion Period	Compl	ance Status
WELL (2)				4/1/25 - 6	/30/25			Co	mplete
				7/1/25 - 9	/30/25			Co	mplete
				10/1/25 - 1	2/31/25				
				1/1/26 - 3	/31/26				
				4/1/26 - 6	/30/26				
	Water	System Facili	ity and Sar	mpling F	Point Ir	rvento	ry		
Water						Total	Lead and		
	ater System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 EN	TRY POINT	3	ENTRY POINT		Α				

Α

WELL

2

21136 WELL

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0670094	HEBRON CHURCH OF HOPE				NC	25	Р	GW
Local Address (w	Local Address (where applicable)		Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 MAIN STREET		Connections			1			

Towns Served: HEBRON

			Co	ontact Inf	ormation					
Name	Name				1		Job Title			
Jordan J Brown				Hebron Chur	ch of Hope		Pastor			
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code	
1 Main Street						Hebron		CT	06248	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
860-530-1276					860-614-5349	jordan@	hebroncoh.com			

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.

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 Drinki	ng Water Se	ection
Water Quality Monitoring a	nd Complianc	e Schedule	
PWS ID PWS Name	Classificati	on Population Owi	ner Type Primary Source
CT0670144 CAMP HEMLOCKS - EASTER SEALS (CORE WELL)	NC	25	P GW
Local Address (where applicable) Service	Residential Comm	ercial Industrial	Combined Agricultural
85 JONES STREET Connection	1		
Towns Served: HEBRON			
Monitoring Rec	uirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)			outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	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		
Dhariad Dawn store (DDC)	6/1/26 - 6/30/26	4	outing (DT) was so suth
Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	outine (RT) per month Compliance Status
DISTRIBUTION SYSTEM (4)	7/1/25 - 7/31/25	Collection Period	Complete
DISTRIBUTION STSTEM (4)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		complete
	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		
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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
Other Compliance	e Schedules		
Compliance Schedule Activity	Due Date	Achieved	Date
CROSS CONNECTION SURVEY REPORT	3/1/2024		
CROSS CONNECTION SURVEY REPORT	2/1/2025		
	3/1/2025		

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary	Source			
СТ0670144	CAMP HEMLOCKS - EASTER SEALS (CORE WELL)				NC	25	Р	GW	J			
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agric	ultural			
85 JONES STRE	85 JONES STREET				1							
Towns Served:	HEBRON		•									

	,	Water Sy	stem Facili	ity and S	Sampling P	oint Ir	nvento	ry		
Water System Wo Facility ID	ater System Facility		Sampling Point ID	Sampling I		Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPF
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	Υ			
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 EN	TRY POINT		3	ENTRY POI	NT	Α				
	MOSPHERIC TANK DNVERTED 2012)									
55545 BO	OSTER PUMPS (2)									
61360 WI	ELL #1A		2	WELL #1A		Α				
61362 WI	ELL #2		2	WELL #2		Α				
			Con	tact Info	ormation					
Name			10	rganization					Job Title	
Easter Seals C	Connecticut, Inc									
Mailing Addre	ess Line One		Mailing Address	s Line Two			C	ity	State	Zip Code
120 Holcomb	St					На	rtford		СТ	06112
Business Ph	one Extension	Fax	Mobi	le Phone	Emergency Ph	none Em	nail Addre	SS		
Contact Role(s): Owner									
Name	-		10	rganization					Job Title	
Mr. Chris Ten	nis		Ea	ster Seals C	Camp Hemlocks	;				
Mailing Addre	ess Line One		Mailing Address	s Line Two	•		C	ity	State	Zip Code
120 Holcomb	Street					На	rtford		СТ	06112
Business Ph	one Extension	Fax	Mobi	le Phone	Emergency Ph	none Em	nail Addre	SS		
860-242-22	274	860-769-6	5565		860-212-22	55 chi	ris.tennis@	@oakhillct.c	org	
Contact Role(s): Administrative C	Contact, Leg	al 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

C										
		it Departm					_		ection	
	Wat	er Quality	Monif	toring ai	nd Comp	oliano	ce Sch	edule		
PWS ID P	WS Name				Cl	assificat	ion Popu	lation Ow	ner Type P	rimary Source
CT0670154 25	91 CHURCH STRI	EET (GEORGIA'S)				NC	2	25	Р	GW
Local Address (who	ere applicable)			Service	Residentia	I Comm	nercial Ir	ndustrial	Combined	Agricultural
291 CHURCH STRE	ET			Connection	S	1	1			
Towns Served: HEI	BRON							I		
			Monit	oring Rec	uirement	:S				
Water System Fa	acility: DISTRII	BUTION SYSTEM	l (WSF I	ID: 00600)						
Total Coliform	(3100)							1 rou	utine (RT)	per quarter
Sampling Poi	int (Sampling Po	int ID)			Monitoring	Period	Collect	ion Period	Compl	iance Status
Select from Ir	nventory of Activ	e Sampling Points	i		4/1/25 - 6/	30/25			Co	omplete
					7/1/25 - 9/	30/25			Co	mplete
					10/1/25 - 12					
					1/1/26 - 3/					
					4/1/26 - 6/					
Physical Parame	eters (PPS)							1 rou	utine (RT)	per quarter
Sampling Poi	int (Sampling Po	int ID)			Monitoring		Collect	ion Period	Compl	iance Status
Select from Ir	nventory of Activ	e Sampling Points	i		4/1/25 - 6/	30/25			Co	mplete
					7/1/25 - 9/	30/25			Co	omplete
					10/1/25 - 12	2/31/25				
					1/1/26 - 3/	31/26				
					4/1/26 - 6/					
Water System Fa	acility: ENTRY	POINT (WSF ID	: 00700							
Nitrate And Nitr	•	•						1	routine (I	RT) per year
	int (Sampling Po	int ID)			Monitoring	Period	Collect	ion Period	- -	iance Status
		/			1/1/24 - 12			3.1.7 0.1.00		mplete
EMIKYPUNNI	(3)									אווואוביב
ENTRY POINT	(3)									
ENTRY POINT	(3)				1/1/25 - 12	/31/25				omplete
ENTRY POINT		<i>N</i> ater Syster	n Facil	lity and Sa	1/1/25 - 12, 1/1/26 - 12,	/31/25 /31/26	nvento	rv		
		<i>W</i> ater Syster	n Facil	ity and Sa	1/1/25 - 12, 1/1/26 - 12,	/31/25 /31/26		_=	Co	
Water	\	-		-	1/1/25 - 12 1/1/26 - 12 ampling P	/31/25 /31/26	Total	Lead and	Co	omplete
Water		Sample		ity and Sa Sampling Po	1/1/25 - 12 1/1/26 - 12 ampling P	/31/25 /31/26 oint l I	Total Coliform	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility	Sample	ing Point	Sampling Po	1/1/25 - 12 1/1/26 - 12 ampling P	/31/25 /31/26 oint li	Total Coliform	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID	\	Sampl	ing Point ID 4	Sampling Po Description	1/1/25 - 12 1/1/26 - 12 ampling P oint ON SYSTEM	/31/25 /31/26 oint li Status A	Total Coliform Rule	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility	Sample	ing Point ID 4 ISTREAM	Sampling Population Distribution DISTRIBUTION WITHIN 5 SI	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON	/31/25 /31/26 oint II Status A A	Total Coliform Rule	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB	System Facility BUTION SYSTEM	Sample	ing Point ID 4 ISTREAM TREAM	Sampling Poper Description DISTRIBUTION WITHIN 5 SI	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON	/31/25 /31/26 oint li <i>Status</i> A A A	Total Coliform Rule	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB	System Facility BUTION SYSTEM	Sample	ing Point ID 4 ISTREAM TREAM 3	E Sampling Po Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON	/31/25 /31/26 oint II Status A A A	Total Coliform Rule	Lead and Copper	Cc	omplete
Water System Water S Facility ID 00600 DISTRIB	System Facility BUTION SYSTEM	Sample	ing Point ID 4 ISTREAM TREAM 3	DISTRIBUTION WITHIN 5 SI ENTRY POIN	1/1/25 - 12 1/1/26 - 12 2 mpling P 2 int ON SYSTEM ERVICE CON ERVICE CON	/31/25 /31/26 oint li <i>Status</i> A A A	Total Coliform Rule	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB	System Facility BUTION SYSTEM	Sample	ing Point ID 4 ISTREAM TREAM 3 2	Sampling Poper Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/25 - 12 1/1/26 - 12 2 mpling P 2 int ON SYSTEM ERVICE CON ERVICE CON	/31/25 /31/26 oint II Status A A A	Total Coliform Rule	Lead and Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY I 21141 WELL	System Facility BUTION SYSTEM POINT	Sample	ing Point ID 4 ISTREAM TREAM 3 2	DISTRIBUTION DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL THACT Info	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON ERVICE CON IT	/31/25 /31/26 oint II Status A A A	Total Coliform Rule Y	Lead and Copper	Asbestos	omplete Stage
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21141 WELL	System Facility BUTION SYSTEM POINT	DOWN UPS	ing Point ID 4 ISTREAM TREAM 3 2 Cor	E Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Tract Info	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON ERVICE CON IT	/31/25 /31/26 oint II Status A A A	Total Coliform Rule Y	Lead and Copper Rule Tier	Asbestos	omplete Stage
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY II 21141 WELL Name Mr. Michael D. Gr	System Facility BUTION SYSTEM POINT	DOWN UPS	ing Point ID 4 ISTREAM TREAM 3 2 Cor	E Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Tract Info Organization Mary&Aili's Re	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON ERVICE CON IT	/31/25 /31/26 oint li Status A A A A	Total Coliform Rule Y	Lead and Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY I 21141 WELL Name Mr. Michael D. Gr. Mailing Address Lin	System Facility BUTION SYSTEM POINT	DOWN UPS	ing Point ID 4 ISTREAM 3 2 Cor N g Addres	DISTRIBUTION DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL DITACT Info Organization Mary&Aili's Resiss Line Two	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON ERVICE CON IT	/31/25 /31/26 oint li <i>Status</i> A A A	Total Coliform Rule Y Ma Cinston	Lead and Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY I 21141 WELL Name Mr. Michael D. Gr. Mailing Address Lit 291 Church St	System Facility BUTION SYSTEM POINT ranato ne One	DOWN UPS	ing Point ID 4 ISTREAM 3 2 Cor N g Addres	DISTRIBUTION DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL DITACT Info Organization Mary&Aili's Resiss Line Two	1/1/25 - 12 1/1/26 - 12 ampling P DIN SYSTEM ERVICE CON ERVICE CON IT rmation staurant Emergency Pf	/31/25 /31/26 oint II Status A A A A A	Total Coliform Rule Y Ma Cinston	Lead and Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY I 21141 WELL Name Mr. Michael D. Gr. Mailing Address Li 291 Church St Business Phone 860-228-3164	System Facility BUTION SYSTEM POINT Fanato ne One Extension	DOWN UPS	ing Point ID 4 ISTREAM 3 2 Cor N g Addres	DISTRIBUTION DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL DITACT Info Organization Mary&Aili's Resiss Line Two	1/1/25 - 12 1/1/26 - 12 ampling P pint ON SYSTEM ERVICE CON ERVICE CON IT	/31/25 /31/26 oint II Status A A A A A	Total Coliform Rule Y Ma Cinston	Lead and Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY I 21141 WELL Name Mr. Michael D. Gra Mailing Address Lii 291 Church St Business Phone	System Facility BUTION SYSTEM POINT Fanato ne One Extension	DOWN UPS	ing Point ID 4 ISTREAM 3 2 Cor N g Addres	DISTRIBUTION DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL DITACT Info Organization Mary&Aili's Resiss Line Two	1/1/25 - 12 1/1/26 - 12 ampling P DIN SYSTEM ERVICE CON ERVICE CON IT rmation staurant Emergency Pf	/31/25 /31/26 oint II Status A A A A A	Total Coliform Rule Y Ma Cinston	Lead and Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR

(Connectic	ut Depa	rtment c	of Public	Health	Dri	nking	g Water	Sec	tion	
	Wa	ter Qual	lity Moni	toring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	fication	Population	Owne	r Type	Primary Source
CT0670154 2	291 CHURCH STE	REET (GEORG	ilA'S)			١	1C	25	ı	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	ommerci	al Industri	al C	ombine	d Agricultural
291 CHURCH STR	EET			Connection	ns		1				
Towns Served: HE	BRON										
Name			(Organization					J	ob Title	
Zisis Realty LLC											
Mailing Address L	ine One		Mailing Addre	ss Line Two				City		State	Zip Code
291 Church St			C/O Alveras	S			Amstor	า		СТ	06231-1403
Business Phone	Extension	Fax	Mol	lobile Phone Emergency Phone Em			Email A	Address			
Contact Role(s):	Owner										
Name			(Organization					J	ob Title	
Mr. Alveras Zisis				isis Realty LL	С			Member			
Mailing Address L	ine One		Mailing Addre	ss Line Two				City		State	Zip Code
713 Middletown	Rd						Colche	ster		СТ	06315
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	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.
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http://www.ct.gov/dph/publicdrinkingwater

		ut Departme								ection	
	Wa	ter Quality M	Ionit	coring a	nd Comp	liai	nce So	chec	lule		
PWS ID P	WS Name				Cl	assific	cation P	opulat	ion Owi	ner Type F	rimary Source
CT0670184 P	ARADISE FARM	IS PLAZA				NO	2	25		Р	GW
Local Address (wh	ere applicable)			Service	Residentia	l Cor	nmercial	Indu	ıstrial	Combined	Agricultural
277 CHURCH STRE	ET			Connection	S		1				_
Towns Served: HE	BRON										
		N	/lonit	oring Rec	uirement	:S					
Water System Fa	acility: DISTR	IBUTION SYSTEM									
Total Coliform	(3100)								1 rou	ıtine (RT)	per quarter
Sampling Poi	int (Sampling P	oint ID)			Monitoring	Perio	d Col	lection	Period	Compl	iance Status
Select from Ir	nventory of Acti	ive Sampling Points			4/1/25 - 6/	30/25	5			Co	mplete
					7/1/25 - 9/	30/25	5			Co	omplete
					10/1/25 - 12	2/31/2	25				
					1/1/26 - 3/	31/26	5				
					4/1/26 - 6/	30/26	5				
Physical Parame	eters (PPS)								1 rou	ıtine (RT)	per quarter
Sampling Poi	int (Sampling P	oint ID)			Monitoring	Perio	od Col	lection	Period	Compl	iance Status
Select from Ir	nventory of Acti	ive Sampling Points			4/1/25 - 6/	30/25	5			Co	omplete
					7/1/25 - 9/	30/25	5			Co	omplete
					10/1/25 - 12	2/31/2	25				
					1/1/26 - 3/	31/26	5				
					4/1/26 - 6/	30/26	5				
Water System Fa	acility: ENTRY	Y POINT (WSF ID:	00700)								
Nitrate And Nit	rite (NOX)								1	routine (RT) per year
Sampling Poi	int (Sampling P	oint ID)			Monitoring	Perio	d Col	lection	Period	Compl	iance Status
ENTRY POINT	Г (3)				1/1/24 - 12,	/31/2	4			Co	mplete
					1/1/25 - 12,	/31/2	5			Co	omplete
					1/1/26 - 12,	/31/2	6				
		Water System	Facil	ity and Sa	ampling P	oint	Inven	tory			
Water							Tota		ead and		
	System Facility	Samplin IL		Sampling Po	oint		Colifo		Copper	0 - 1 1	Stage
Facility ID	NITIONI CVCTEN			•	DAL CVCTER 4	Stat			uie rier	ASDESIOS	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM			DISTRIBUTION		A					
				WITHIN 5 SE		A					
00700 ENTRY	DOINT	UPSTF		WITHIN 5 SE		A					
00700 ENTRY	PUINI	3		ENTRY POIN	11	A					
21142 WELL	ACNIT DI ANIT	2		WELL		Α					
57161 TREATN	MENT PLANT		_								
			Con	tact Info	rmation						
										Job Title	
Name				rganization						JOD TILLE	
	ein		0	rganization aradise Farms	s Plaza			Super	visor	JOD TILLE	
Name			O Pa Addres		s Plaza			Super City	visor	State	Zip Code
Name Mr. Bruce Goldste		Mailing P O Box	O Pa Addres	aradise Farms	s Plaza		Colcheste	City	visor		Zip Code 06415
Name Mr. Bruce Goldste Mailing Address Li	ine One		O Pa Addres 175	aradise Farms s Line Two	s Plaza Emergency Ph		Colcheste	City	visor	State	
Name Mr. Bruce Goldste Mailing Address Li 151 Broadway	ine One	Р О Вох	O Pa Addres 175 Mob	aradise Farms s Line Two		none	Colcheste	City er dress		State CT	
Name Mr. Bruce Goldste Mailing Address Li 151 Broadway Business Phone 860-537-7044	Extension	P O Box Fax	Addres 175 Mob 860-3	aradise Farms s Line Two ile Phone	Emergency Ph	none	Colcheste Email Ad	City er dress		State CT	

Connectic	ut Depa	rtment	of Public	Health	ı Dri	inking	g Water	Sec	tion	
Wa	ter Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedul	le		
PWS Name					Class	ification	Population	Owner	r Type	Primary Source
PARADISE FARM	IS PLAZA					NC	25	P)	GW
nere applicable)			Service	Resider	ntial C	ommerci	al Industri	al Co	ombine	d Agricultural
EET			Connection	ns		1				
EBRON								,		
			Organization					Jo	ob Title	2
LC										
ine One		Mailing Addr	ess Line Two				City		State	Zip Code
						Colche	ster		CT	06415-0175
Extension	Fax	Mo	obile Phone	Emergency	/ Phon	e Email A	ddress	·		
Owner										
	PWS Name PARADISE FARM here applicable) EET EBRON LC Line One	Water Qua PWS Name PARADISE FARMS PLAZA here applicable) EET EBRON LC Line One Extension Fax	Water Quality Mon PWS Name PARADISE FARMS PLAZA here applicable) EET EBRON LC Line One Mailing Additional M	Water Quality Monitoring a PWS Name PARADISE FARMS PLAZA here applicable) EET EBRON Organization LC Line One Mailing Address Line Two Extension Fax Mobile Phone	Water Quality Monitoring and Con PWS Name PARADISE FARMS PLAZA here applicable) Service Connections EET Connections Organization LC Line One Mailing Address Line Two Extension Fax Mobile Phone Emergency	Water Quality Monitoring and Compliance PWS Name Class PARADISE FARMS PLAZA There applicable) Service Connections EET Connections Organization LC Line One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Water Quality Monitoring and Compliance Service PARADISE FARMS PLAZA NC Residential Commercial Connections EET Connections Organization LC Line One Mailing Address Line Two Colchester Extension Fax Mobile Phone Emergency Phone Email A	Water Quality Monitoring and Compliance Scheduler PWS Name PARADISE FARMS PLAZA NC 25 There applicable) Service Residential Commercial Industrice Connections EET Organization LC Line One Mailing Address Line Two Colchester Extension Fax Mobile Phone Emergency Phone Email Address	Water Quality Monitoring and Compliance Schedule PWS Name PARADISE FARMS PLAZA Classification Population Owner NC 25 F Connections 1 EBRON Organization 1 Commercial Industrial Indu	PWS Name PARADISE FARMS PLAZA NC 25 P here applicable) EET Connections Organization Organization Organization LC Line One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Classification Population Owner Type Residential Commercial Industrial Combine Combine

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

Connecticut Depa Water Qua						_			ection	
PWS ID PWS Name				Clas	sification	on Por	oulation	Owi	ner Type P	rimary Source
CT0670224 ST. PETERS EPISCOPAL CHUF	СН				NC		25		Р	GW
Local Address (where applicable)		Service	Residen	tial	Comme	ercial	Industri	ial	Combined	Agricultural
30 CHURCH STREET		Connection	ns		1					
Towns Served: HEBRON			·							
	Monit	oring Red	guireme	nts						
Water System Facility: DISTRIBUTION S			•							
Total Coliform (3100)										per quarter
Sampling Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod		ance Status
Select from Inventory of Active Sampling	Points		4/1/25 -		-				Cc	mplete
			7/1/25 -	9/30	0/25				Co	mplete
			10/1/25 -							
			1/1/26 -	3/31	1/26					
			4/1/26 -	6/30	0/26					
Physical Parameters (PPS) Sampling Point (Sampling Point ID)			Monitori	ing P	eriod	Colle	ction Pe			per quarter
Select from Inventory of Active Sampling	Points		4/1/25 -							mplete
,			7/1/25 -							mplete
			10/1/25 -							·
			1/1/26 -							
			4/1/26 -							
Water System Facility: ENTRY POINT (V Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	VSF ID: 00700)		Monitori			Colle	ction Pe		Compl	RT) per year
ENTRY POINT (3)			1/1/24 -	12/3	1/24				Co	mplete
			1/1/25 -						Co	mplete
			1/1/26 -	12/3	1/26					
	ystem Facil	ity and S	ampling	Po	int In					
Water System Water System Facility Facility ID	Sampling Point ID	Sampling P Description			Status	Total Colifori Rule	т Сор	per		Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTI			Α	Υ				
	DOWNSTREAM				Α					
	UPSTREAM	WITHIN 5 S		١	Α					
00700 ENTRY POINT	3	ENTRY POI	TV		Α					
10904 WELL	2	WELL			Α					
		tact Info	rmation							
Name		rganization							Job Title	
Mr. Austin Marks Jr.		. Peter's Epis	scopal Chur	ch			hairman	1		
Mailing Address Line One	Mailing Addres	s Line Two					City		State	Zip Code
30 Church Street						row			CT	06248
Business Phone Extension Fax	Mobi	le Phone	Emergency							
860-228-3244			860-428-	6503	3 mar	rksaust	injr0@g	mail.	com	
Contact Role(s): Legal Contact										

	Connectic	ut Depa	rtment	of Public	Health	Dri	nking '	Water	Sect	ion	
	Wat	ter Qua	lity Mon	itoring a	and Con	nplia	ance So	chedul	le		
PWS ID	PWS Name					Classi	fication P	opulation	Owner	Type F	Primary Source
CT0670224	ST. PETERS EPISC	OPAL CHUR	CH			1	NC	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercial	Industri	al Co	mbined	d Agricultural
30 CHURCH STRE	ET			Connectio	ons		1				
Towns Served: H	EBRON				1						
Name				Organization					Jo	b Title	
St Peters Episco	oal Church										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	9	State	Zip Code
30 Church Street	, PO Box 513		C/O Buildings	O Buildings And Grounds Commission						СТ	06428
Business Phon	e Extension	Fax	Mo	obile Phone Emergency Phone			Email Ad	dress	<u> </u>	,	
860-228-3244											
Contact Role(s):	Legal Contact										
Name	<u>'</u>			Organization					Jo	b Title	
Mr. Curtis A. Kra	emer			Saint Peter's	Episcopal Ch	nurch		Chairman,	, Bldg &	Grd	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	9	State	Zip Code
30 Church Street			P.O. Box 513				Hebron			СТ	06248
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email Ad	dress			
860-861-4644							curtkraei	mer@com	cast.net	t	
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

	Connecticut De	partment of uality Monit							ction	
D) 4 (C 1 D		ianty Monit	or mg am	u Con	_					
PWS ID	PWS Name	LID				ion Pop		Owr		rimary Source
CT067023		OR	Comico	Dasidan	NC	o maia l	25	a I	P	GW A swissults used
	ress (where applicable)		Service Connections	Residen			Industri	aı	Combined	Agricultural
91 NORTH	rved: HEBRON		Connections		1	-				
Towns Ser	ved: HEBROIN									
		Monito	oring Requ	iireme	nts					
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						1	l rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Pe	riod	Compl	iance Status
Selec	t from Inventory of Active Samp	ling Points		4/1/25 -	6/30/25				Co	mplete
				7/1/25 -	9/30/25				Co	mplete
				10/1/25 -	12/31/25					
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
Physical	Parameters (PPS)						1	L rou		per quarter
Sam	oling Point (Sampling Point ID)				ng Period	Colle	ction Pe	riod	Compl	iance Status
Selec	t from Inventory of Active Samp	ling Points		4/1/25 -	6/30/25				Co	mplete
				7/1/25 -					Co	mplete
				10/1/25 -	12/31/25					
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)								
	And Nitrite (NOX)							1	routine (f	RT) per year
Sam	oling Point (Sampling Point ID)		_	Monitori	ng Period	Colle	ction Pe	riod	Compl	iance Status
ENTF	RY POINT (3)			1/1/24 - :						mplete
				1/1/25 - :	12/31/25				Co	mplete
				1/1/26 - :	12/31/26					
		Other C	ompliance	Sched	ules					
Complian	ce Schedule Activity		-		Due Date		Achie	eved L	Date	
_	NNECTION EXEMPTION			3	3/1/2016					
	NNECTION EXEMPTION				3/1/2025					
	Water	System Facili	ity and Sar	npling	Point Ir	nvent	ory			
Water						Total				
System	Water System Facility	Sampling Point		nt		Coliforn		•		Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER	VICE CON						
00700	ENTRY POINT	3	ENTRY POINT		Α					
21147	WELL 1	2	WELL		Α					
54026	TREATMENT PLANT									
		Con	tact Inform	mation						
Name		Oı	ganization						Job Title	
Mr. Micha	ael McDermott	Tv	vin Hills Count	ry Club		0	wner			
Mailing Ad	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code
91 North	St				He	bron			СТ	06248

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
	Wa	ter Qua	lity Mon	itoring	and	d Con	ıplia	ance S	chedul	e		
PWS ID	PWS Name						Classi	fication P	opulation	Owne	er Type	Primary Source
СТ0670234	TALLWOOD COU	INTRY CLUB					l	NC	25		Р	GW
Local Address (w	nere applicable)			Service		Residen	tial C	ommercial	Industri	al C	Combine	d Agricultural
91 NORTH STREE	Т			Connec	tions			1				
Towns Served: H	EBRON											
Business Phone	Extension	Fax	Mo	obile Phone	En	nergency	Phone	e Email Ad	dress			
860-646-1151		860-646-7	7357		:	860-871-	0326					
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner								
Name				Organizatio	on						Job Title	
McDermott Prop	erties LLC											
Mailing Address I	ine One		Mailing Addr	ess Line Tw	0				City		State	Zip Code
91 North St								Hebron			СТ	06248
Business Phone	Extension	Fax	Мо	obile Phone	En	nergency	Phone	e Email Ad	dress			
Contact Role(s):	rtact Role(s): Owner											

Please note the following:

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End of schedule

	Connectio Wa	cut Depa iter Qual										ction	
PWS ID	PWS Name						Class	ification	Popu	ulation	Owr	ner Type P	rimary Source
СТ0670244	TOWN OFFICE E	BUILDINGS						NC		25		Р	GW
Local Addre	ess (where applicable)			Service	Residen	tial (Commer	cial I	ndustria	al	Combined	Agricultural
15 GILEAD S	STREET				Connectio	ns		1					
Towns Serv	ed: HEBRON												
			N	lonit	oring Re	quireme	nts						
•	tem Facility: DIST I	RIBUTION SY	STEM ((WSF I	D: 00600)								
	form (3100)												per quarter
	ing Point (Sampling I					Monitori			Collec	tion Pei	riod		ance Status
Select	from Inventory of Ac	tive Sampling	Points			4/1/25 -							mplete
						7/1/25 -		•				Co	mplete
						10/1/25 -							
						1/1/26 - 4/1/26 -							
Physical P	Parameters (PPS)					<u> </u>				1	rou	ıtine (RT)	per quarter
-	ing Point (Sampling I	Point ID)				Monitori	ing Pe	riod	Collec	tion Pei			ance Status
Select	from Inventory of Ac	tive Sampling	Points			4/1/25 -	6/30,	/25				Co	mplete
						7/1/25 -	9/30,	/25				Co	mplete
						10/1/25 -	12/3	1/25					
						1/1/26 -	3/31,	/26					
						4/1/26 -	6/30,	/26					
Nitrate A	tem Facility: ENTF and Nitrite (NOX) ing Point (Sampling I POINT (3)		3F ID. 0			Monitori 1/1/24 - 1/1/25 - 1/1/26 -	12/31 12/31	L/24 L/25	Collec	tion Pei		Compli	RT) per year fance Status implete
		Water Sy	stem	Facil	ity and S	ampling	Poi	nt Inv	ento	ry			
Facility ID	Water System Facility		Sampling ID 4		Sampling I Description			Co	Total oliform Rule Y		oer	Asbestos	Stage WQP 2 DBPR
			DOWNST	TREAM	WITHIN 5 S	SERVICE CON	N	Α					
			UPSTR	EAM	WITHIN 5	SERVICE CON	N	Α					
00700 E	ENTRY POINT		3		ENTRY POI	NT		Α					
21148 \	WELL		2		WELL			Α					
				Con	itact Info	ormation)						
Name				0	rganization							Job Title	
Mr. William	n A. Bell			To	own of Hebr	on							
Mailing Add	dress Line One		Mailing <i>i</i>	Addres	s Line Two				C	City		State	Zip Code
15 Gilead St	treet					T		Hebro	on			СТ	06248
Business	Phone Extension	Fax		Mobi	ile Phone	Emergency	/ Phon	ne Email	Addre	ess.			
860-228-	-5971 133	860-228-4	859			860-918-	-0937	dlanz	a@hel	oronct.c	com		
Contact Rol	e(s): Administrative	Contact											

	Connectic	at Depa	i unent o	of I ublic	Health	וועו	31117111	s vvaler	SEC	UUII		
	Wat	ter Qua	lity Moni	toring a	nd Con	nplia	ance S	Schedul	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	r Type	Primary Source	9
CT0670244	TOWN OFFICE BU	JILDINGS				l	NC	25	F)	GW	
ocal Address (w	here applicable)			Service	Residen	tial C	ommerci	al Industri	al Co	ombine	ed Agricultura	Ī
15 GILEAD STREE	Т		Connection	ns		1						
Γowns Served: Η	EBRON											
Name			C	Organization					J	ob Title	5	
Hebron												
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Code	
Business Phone	e Extension	Fax	Mok	oile Phone	Emergency	/ Phon	e Email A	Address				
Contact Role(s)	Legal Contact, O	wner										

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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End of schedule

	Connecticut Departmer	nt of Public H	ealth I	Drinking	g Water S	Section	
	Water Quality Mo	onitoring and	d Comp	oliance S	Schedule		
PWS ID	PWS Name		С	lassification	Population O	wner Type Pr	imary Source
CT0670284	TWIN LAKES CAFE			NC	25	P	GW
Local Address (w	where applicable)	Service	Residentia	al Commerci	al Industrial	Combined	Agricultural
544 CHURCH STI	REET	Connections		1			
Towns Served: H	HEBRON						
	M	onitoring Requ	irement	ts			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform	n (3100)				1 r	outine (RT) p	oer quarter
Sampling P	Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	od Complic	ance Status
Select from	n Inventory of Active Sampling Points		4/1/25 - 6,	/30/25		Cor	mplete
			7/1/25 - 9,	/30/25		Cor	mplete
			10/1/25 - 1				
			1/1/26 - 3,	/31/26			
			4/1/26 - 6,	/30/26			
Physical Parar						outine (RT) p	•
	Point (Sampling Point ID)	1	Monitoring		ollection Perio	•	ance Status
Select from	n Inventory of Active Sampling Points		4/1/25 - 6,				mplete
			7/1/25 - 9/			Cor	mplete
			10/1/25 - 12				
			1/1/26 - 3,				
			4/1/26 - 6,	/30/26			
-	Facility: ENTRY POINT (WSF ID: 00	0700)					
Nitrate And N						1 routine (R	
	Point (Sampling Point ID)		Monitoring		ollection Perio		ance Status
ENTRY POII	NT (3)		1/1/24 - 12				mplete
			1/1/25 - 12			Cor	mplete
			1/1/26 - 12				
		er Compliance					
Compliance Sch				ie Date	Achieve	d Date	
	TION SURVEY REPORT			1/2017			
	TION SURVEY REPORT			1/2018			
	TION SURVEY REPORT			1/2019			
	TION SURVEY REPORT			1/2020			
	TION SURVEY REPORT			1/2021			
	TION SURVEY REPORT			1/2022			
	TION SURVEY REPORT			1/2023			
	TION SURVEY REPORT			1/2024			
SAMPLING SITE				19/2024			
	TION SURVEY REPORT			1/2025			
CROSS CONNEC	TION SURVEY REPORT			1/2026			
	Public	Notification R					
Violation /Situation	tion	Compliance Period	Notice		otification	PN Certi	
Physical Paramo	eters M&R Violation	7/1/22 - 9/30/22	Tier 3	Required 8/23/2024	Performed	Due to DPH	Received
Total Coliform N			3			9/2/2024	
		7/1/22 - 9/30/22		8/23/2024		9/2/2024	
riiysicai Parame	eters M&R Violation	1/1/23 - 3/31/23	3	8/23/2024		9/2/2024	

	0		. D			'D 111	YY 1.1	-	. 1.	TAT .	0		
	Co	onnectic	ut Depa	irtmei	nt of	Public	Health	ı D	rınkınş	g Wate	r S	ection	
		Wa	ter Qua	lity M	onit	oring a	nd Cor	np	liance	Schedı	ıle		
PWS ID	PW	/S Name						Cla	ssification	Populatio	n Ov	wner Type Pr	imary Source
СТ0670284	TW	IN LAKES CAF	E						NC	25		Р	GW
Local Addres	ss (wher	re applicable)				Service	Resider	ntial	Commerc	ial Indust	rial	Combined	Agricultural
544 CHURCH	H STREE	Т				Connection	ns		1				
Towns Serve	ed: HEBF	RON											
				Public	Not	ification	Requir	em	ents				
					С	ompliance	Notice	е	<u>Public</u> N	lotification		PN Cert	<u>ification</u>
Violation/Si	ituation					Period	Tier	Tier		Perform	ed	Due to DPH	Received
Total Colifor	m M&R	Violation			1/1/	/23 - 3/31/2	3 3		8/23/2024			9/2/2024	
			Water Sy	ystem l	Facili	ty and S	ampling	g Po	oint Inve	entory			
Water									T	otal Lea	d an	d	
7	Vater Sy	stem Facility			Point	Sampling F				-	ppei		Stage
Facility ID				ID		Description			Status F	Rule Rul	e Tie	er Asbestos	WQP 2 DBPR
00600 D	DISTRIBU	JTION SYSTEM		4		DISTRIBUTI			Α	Υ			
						WITHIN 5 S			Α				
				UPSTRE	AM	WITHIN 5 S	ERVICE CO	N	Α				
00700 E	NTRY P	TNIC		3		ENTRY POII	NT		Α				
21151 W	VELL			2		WELL			Α				
					Con	tact Info	rmation	า					
Name					Or	ganization						Job Title	
Chasabkim I	Enterpri	ises											
Mailing Add	ress Line	e One		Mailing A	ddress	Line Two				City		State	Zip Code
66 Franklin A	Avenue								New B	ritain		СТ	06051
Business P	hone	Extension	Fax		Mobil	le Phone	Emergenc	y Ph	one Email <i>i</i>	Address			
860-522-2	2879												
Contact Role	e(s): Le	gal Contact, C	Owner			'			,				
Name					Or	ganization						Job Title	

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mr. Johnny Matute

544 Church Street

Business Phone

860-530-3919

Mailing Address Line One

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

Mailing Address Line Two

Mobile Phone

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

Fax

B. 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.

Hideaway Tavern

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

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

End of schedule

Zip Code

06231

State

CT

City

johnnymatute4@gmail.com

Hebron

Emergency Phone Email Address

	Connecticut Do	.								ction		
		Quality Monit	oring an		_							
PWS ID	PWS Name				Clas	ssificat	ion Pop		n Owr	ner Type P		
CT0670334	CHURCH OF THE HOLY F	AMILY				NC		25		Р	GV	
	ess (where applicable)		Service Connections	Resident	tial	Comm		Indust	trial	Combined	Agric	cultura
185 CHURC			Connections			1	L					
Towns Serve	ed: HEBRON					_	_	_	_		_	_
Water Syst	tem Facility: DISTRIBUTIC		oring Requ D: 00600)	ııremei	nts							
	form (3100) ing Point (Sampling Point ID)			Monitorii	na P	eriod	Colle	ction F		itine (RT)	per qu	
	from Inventory of Active Sam	nling Points		4/1/25 -			Cone	CLIOII F	eriou		mplete	
Jelect	Trom inventory of Active Sam	ping ronts		7/1/25 -							mplete	
				10/1/25 -						CC	mpiet	-
				1/1/26 -								
				4/1/26 -								
Physical P	arameters (PPS)			., _, _	-, -,	-,			1 rou	ıtine (RT)	per ai	uarter
•	ing Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ction F			iance S	
	from Inventory of Active Sam	pling Points		4/1/25 -							mplete	
				7/1/25 -	9/30	0/25				Co	mplete	e
				10/1/25 -	12/3	31/25						
				1/1/26 -	3/3:	1/26						
				4/1/26 -	6/30	0/26						
Water Syst	tem Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate Ar	nd Nitrite (NOX)								1	routine (RT) pe	r year
Sampl	ing Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ction F	Period	Compl	iance S	tatus
ENTRY	POINT (3)			1/1/24 - 3	12/3	1/24				Co	mplete	e
				1/1/25 - 3	12/3	1/25				Co	mplete	е
				1/1/26 - 3	12/3	1/26						
		Other C	ompliance	Sched	ule	es						
Compliance	Schedule Activity			L	Due	Date		Ach	ieved	Date		
CROSS CON	NECTION EXEMPTION			3	3/1/2	2015						
CROSS CON	NECTION EXEMPTION					2025						
CROSS CON	NECTION EXEMPTION			3	3/1/2	2026						
	Wate	er System Facili	ity and Sar	npling	Po	int Ir	nvent	ory				
Water							Total		d and			
	Nater System Facility	Sampling Point		nt			Colifori		pper	Antonia	14/00	Stage
Facility ID	NICTRIBUTION CYCTER A	ID	Description	I CVCTTA:	-	<u>Status</u>		Ru	ie Her	Asbestos	WQP	Z DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Y					
		DOWNSTREAM				A						
00700 E	ENTRY POINT	UPSTREAM 3	WITHIN 5 SER		•	Α						
	WELL	2	WELL			Α						
Z1130 /	/V LLL					A						
News -			tact Inform	nation						Iala Tul		
Name	J C Cmith		ganization	aly Famili	,			acta:		Job Title		
Mr. Michae			urch of The Ho	y ramily	•			astor		Ctata	71 0	oda
P. O. Box 14	dress Line One	Mailing Address	s Line 1W0			Ца		City		State	Zip C 062	
	ormation has been provided to help						bron			_	062	40

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source		
CT0670334	CHURCH OF THE	HOLY FAMILY					NC	25	Р	GW		
Local Address (wh	nere applicable)			Service Resider		ntial	Commerci	al Industri	al Combine	ed Agricultural		
185 CHURCH STR	EET			Connections			1					
Towns Served: H	owns Served: HEBRON											
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address												

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

860-228-0096

- 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.

860-228-1629

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

End of schedule

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	Connectic	•									ection	
		ter Qua	lity M	lonit	oring a	nd Con	_					
PWS ID	PWS Name						Cla		on Pop			rimary Source
CT0670364	BLACKLEDGE EA	ST LLC						NC		25	Р	GW
	where applicable)				Service Connection	Residen	itial		ercial	Industrial	Combined	Agricultural
171 WEST STRE					Connection	15		1				
Towns Served:	HEBRON											
Water System	Facility: DISTR	IBUTION SY			oring Red D: 00600)	quireme	nts	•				
Total Coliforn	n (3100)									1 rc	outine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ing F	Period	Colle	ction Perio		iance Status
Select fror	n Inventory of Act	ive Sampling	Points			4/1/25 -	6/3	0/25			Co	omplete
						7/1/25 -	9/3	0/25			Co	omplete
						10/1/25 -	12/	31/25				
						4/1/26 -	6/3	0/26				
Physical Para	meters (PPS)									1 rc	outine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ing F	Period	Colle	ction Perio	d Compl	iance Status
Select fror	n Inventory of Act	ive Sampling	Points			4/1/25 -	6/3	0/25			Co	mplete
						7/1/25 -	9/3	0/25			Co	omplete
						10/1/25 -	12/	31/25				
						4/1/26 -	6/3	0/26				
Water System	Facility: ENTRY	Y POINT (W	VSF ID:	00700)								
Nitrate And N	Nitrite (NOX)										1 routine (RT) per year
Sampling	Point (Sampling P	oint ID)				Monitori	ing F	Period	Colle	ction Perio	d Compl	iance Status
ENTRY PO	INT (3)					1/1/24 -	12/3	31/24	4/	/1-12/31	Co	omplete
						1/1/25 -	12/3	31/25	4/	/1-12/31	Co	omplete
						1/1/26 -	12/3	31/26	4/	/1-12/31		
			Ot	her C	omplian							
Compliance Sch								Date		Achieve	d Date	
	ANITARY SURVEY							/2020				
CROSS CONNEC	CTION SURVEY REP							2026				
		Water Sy	ystem	Facili	ity and S	ampling	Po	int In		•		
Water	on Contone Facility		Causalia	a Daint	Community or F	an in a			Total			C •
System Wat Facility ID	er System Facility		sampıın II	_	Sampling P Description				Coliforn Rule			Stage WQP 2 DBPR
	RIBUTION SYSTEM				•	ON SYSTEM		Status A	Y	Nuie He	ASDESIUS	WQF 2 DBFK
00000 DIST	RIBUTION STSTEN				WITHIN 5 S			A	ī			
			UPSTI			SERVICE COI		A				
00700 ENTI	RY POINT		3		ENTRY POI		•	A				
22813 WEL			2		WELL #1	1 1		A				
22013 WEL	L π±					rm atia						
Name					tact Info	rmation					Joh Titlo	
Name	Andorson				rganization	untry Club I	nc		N 4	lanager	Job Title	
Mr. William E.			Mailina		ackledge Co	untry Club I	HC.			City	Ctata	7in Codo
Mailing Address 180 West Stree			ivialili	Address	s Line Two			⊔∧h	oron	City	State	Zip Code 06248
Business Pho		Fax		Mohi	le Phone	Emergency	, Ph			229	CI	00240
860-228-104		гах		IVIUUI	ie riione	Lineigency	, F110			ess edgecc.cor	n	
	: Administrative	Contact Lea	al Conta	rt				ווום	DIACKI	cugett.tul	Ш	
Contact Noie(S)	. Auministrative	Contact, Leg	ai Cuille	ict								

	Connectic	ut Depa	rtment	of Public	Health	Dr	inking	g Water	Sec	ction	
	Wa	ter Qua	lity Mon	nitoring a	nd Con	npl	iance S	Schedu	le		
PWS ID	PWS Name					Clas	sification	Population	Own	er Type	Primary Source
T0670364	BLACKLEDGE EAS	ST LLC					NC	25		Р	GW
ocal Address (w	here applicable)			Service	Residen	tial	Commerci	al Industri	ial (Combine	ed Agricultural
71 WEST STREE	Т			Connection	ıs		1				
owns Served: H	EBRON								'		1
Name				Organization						Job Title	9
Blackledge East I	.LC										
Mailing Address I	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
80 West Street							Hebror	1		СТ	06248-1257
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Pho	ne Email A	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.
- 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 Department o						ection	
Water Quality Moni	toring an	d Con	nplian	ce Sc	chedule		
PWS ID PWS Name			Classifica	tion Po	pulation Ov	vner Type P	rimary Sou
CT0672044 TOWN OF HEBRON EAST STREET PARK			NC		37	L	GW
Local Address (where applicable)	Service	Residen	tial Com	mercial	Industrial	Combined	Agricultu
150 EAST STREET	Connections			3			
Towns Served: HEBRON						l	
Monit	toring Requ	iireme	nts				
Water System Facility: DISTRIBUTION SYSTEM (WSF			1165				
Total Coliform (3100)					1 ro	utine (RT)	per quart
Sampling Point (Sampling Point ID)		Monitori	ing Period	Coll	ection Period	l Compl	iance Statu
Select from Inventory of Active Sampling Points		4/1/25 -	6/30/25			Co	mplete
		7/1/25 -	9/30/25			Co	mplete
		10/1/25 -	12/31/25	,			
		1/1/26 -	3/31/26				
		4/1/26 -	6/30/26				
Physical Parameters (PPS)					1 ro	utine (RT)	per quart
Sampling Point (Sampling Point ID)		Monitori	ing Period	Coll	ection Period	l Compl	iance Statu
Select from Inventory of Active Sampling Points		4/1/25 -	6/30/25			Co	mplete
		7/1/25 -	9/30/25			Co	mplete
		10/1/25 -	12/31/25	;			
		1/1/26 -	3/31/26				
		4/1/26 -	6/30/26				
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	L routine (I	RT) per ye
Sampling Point (Sampling Point ID)	_		ing Period		ection Period	Compl	iance Statu
ENTRY POINT (3)		1/1/24 -	12/31/24			Co	mplete
		1/1/25 -	12/31/25			Co	mplete
		1/1/26 -	12/31/26				
Other (Compliance	Sched	lules				
Compliance Schedule Activity			Due Date		Achieved	l Date	
CROSS CONNECTION SURVEY REPORT			3/1/2015				
CROSS CONNECTION SURVEY REPORT			3/1/2016				
CROSS CONNECTION SURVEY REPORT			3/1/2017				
CROSS CONNECTION SURVEY REPORT			3/1/2018				
CROSS CONNECTION SURVEY REPORT			3/1/2019				
CROSS CONNECTION SURVEY REPORT			3/1/2020				
CROSS CONNECTION SURVEY REPORT			3/1/2021				
RESPOND TO SANITARY SURVEY		3	3/24/2021				
CROSS CONNECTION SURVEY REPORT			3/1/2022				
CROSS CONNECTION SURVEY REPORT			3/1/2023				
CROSS CONNECTION SURVEY REPORT			3/1/2024				
CROSS CONNECTION SURVEY REPORT			3/1/2025				
CROSS CONNECTION SURVEY REPORT			3/1/2026				
Water System Faci	lity and Sai	mpling	Point I	Inven	tory		
Water System Water System Facility Sampling Poin Facility ID ID	t Sampling Poi Description	int	Statu	Tota Colifo	rm Copper	r Asbestos	Stag WQP 2 DE
•	•		วเนเน	3			•

	Water Quality Moni	NOF HEBRON EAST STREET PARK NC 37 L GW pplicable) Service Residential Commercial Industrial Combined Agricultural									
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
СТ0672044	TOWN OF HEBRON EAST STREET PARK				NC	37	L	GW			
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural			
150 EAST STRE	EET	Connections			3						

Towns Served: HEBRON

150 EAST STREET

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		MW001	PAINT SHOP SINK	Α	Υ	3	Υ					
		MW002	MENS ROOM	Α	Υ	3						
		MW003	WOOD SHOP SINK	Α	Υ	3						
		MW004	MAIN GARAGE SINK	Α	Υ	3						
		MW005	LADIES ROOM	Α	Υ	3						
		MW006	KITCHEN SINK	Α	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
56384	WELL 101	2	WELL 101	Α								
56386	WELL 102	2	WELL 102	Α								
56390	ATMOSPHERIC TANK											
56394	PUMP STATION		·		·	·	·					
56396	TREATMENT PLANT											

Contact Information												
Name				Organization	1			Job Title				
Mr. Craig Bryant Town of Hebron Parks & Rec Director												
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
15 Gilead Street						Hebron		СТ	06248			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress					
860-335-6260						cbryant@hebronct.com						

Contact Role(s): Administrative Contact, Owner

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.
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	Connecticut Departme	nt of Dublic I	Iool+h	D	ninlrin e	Matan	Coation	
	Connecticut Departme Water Quality M				_			
PWS ID	PWS Name	ioiiitoi iiig aii	iu Con	_		Population O		imary Course
CT0672064	THE WORSHIP CENTER			Cla	NC	25	P Pr	GW
	(where applicable)	Service	Residen	+ial	-		Combined	Agricultural
99 MARJORIE	* * * * * * * * * * * * * * * * * * * *	Connections		Itiai	Commerci	ai illuustilai	1	Agricultural
Towns Served:							1	
TOWNS Served.		Monitoring Req	uiromo	nts				
Mater Syster	n Facility: DISTRIBUTION (WSF ID:		un enne	1115				
Total Colifor	· · · · · · · · · · · · · · · · · · ·					1	routine (RT)	ner month
	Point (Sampling Point ID)		Monitor	ina F	Period C	ollection Perio		ance Status
	m Inventory of Active Sampling Points		7/1/25			onection rend		mplete
Sciect iio	in inventory of Active Sampling Foints		8/1/25		-			nplete
			9/1/25					nplete
			10/1/25		-			nplete
			11/1/25					nplete
			12/1/25		-		COI	Tiplete
			1/1/26					
			2/1/26					
			3/1/26 - 4/1/26 -					
			5/1/26					
					-			
Dharisal Dan	(DDC)		6/1/26	- 6/3	0/26			
•	ameters (PPS) Point (Sampling Point ID)		Monitor	ina F	Pariod C	ı Ollection Perio	routine (RT)	nce Status
	m Inventory of Active Sampling Points		7/1/25 -			onection Pend		nplete
Select Iro	in inventory of Active Sampling Points				-			
			8/1/25					mplete
			9/1/25					mplete
			10/1/25					nplete
			11/1/25				Col	nplete
			12/1/25		-			
			1/1/26					
			2/1/26					
			3/1/26					
			4/1/26		•			
			5/1/26 - 6/1/26 -					
Mater System	n Facility: ENTRY POINT (WSF ID: 0	00700\	0/1/20	- 0/3	0/20			
•	,	30700)					1 routing /D	T) por your
	Nitrite (NOX) Point (Sampling Point ID)		Monitor	ina F	Period C	ollection Perio	1 routine (R	nce Status
ENTRY PC			1/1/24 -			oncedon reno	a compile	cc Status
LIVITATION	···· (-)		1/1/25 -				Col	nplete
			1/1/26 -				COI	пріссе
	Puhli	ic Notification I						
	· usii	Compliance	Notice			otification	PN Cert	ification
Violation/Situ	ation	Period	Tier		Required	Performed	Due to DPH	Received
				_	cquireu	. c.joinicu	240 10 2111	//CCC/VCU

11/1/24 - 11/30/24

11/1/24 - 11/30/24

1/10/2026

1/10/2026

3

3

1/20/2026 1/20/2026

Schedule Generation Date: 12/12/2025

Total Coliform M&R Violation

Physical Parameters M&R Violation

	Connecti	cut Depa	rtmen	t of	Public	Health	Drii	nking	Water	Se	ection	
		ater Qua						_				
PWS ID	PWS Name						_			_	ner Type	Primary Source
СТ0672064	THE WORSHIP	CENTER					N	С	25		Р	GW
Local Address	where applicable	2)			Service	Residen	ntial Co	mmerci	al Industr	ial	Combine	d Agricultural
99 MARJORIE (CIRCLE				Connection	ns					1	
Towns Served:	HEBRON									1		1
			Public	Not	ification	Require	emen	ts				
				Co	ompliance	Notice	? <u>F</u>	Public N	<u>otification</u>		PN Ce	rtification
Violation/Situ	ation				Period	Tier	Re	quired	Performe	ed I	Due to DP	H Received
Nitrate And Ni	trite M&R Violati	on		1/1/24 - 12/31/24 3 3/14/2026							3/24/2026	5
		Water Sy	ystem F	acili	ty and S	ampling	Poin	t Inve	ntory			
Water								To	otal Lead	and	1	
	ter System Facili	ty .			Sampling F				iform Cop	•		Stage
Facility ID			ID		Description	1	Sta	tus R	ule Rule	Tie	r Asbesto	s WQP 2 DBPR
00600 DIS	TRIBUTION		4			ISTRIBUTIO		A	Υ			
			DOWNSTR	EAM	5 SERVICE	CONNECTIO	N A	A	Υ			
			UPSTRE/	M	5 SERVICE	CONNECTIO	N A	4	Υ			
00700 ENT	RY POINT		3		ENTRY POI	NT	,	4				
61150 WE	LL		2		WELL		,	4				
				Con	tact Info	rmation	1					
Name				Or	ganization						Job Title	!
Reverend Mar	k Santostefano			Th	e Worship (Center			Pastor			
Mailing Addres	ss Line One		Mailing Ac	ldress	Line Two				City		State	Zip Code
P.O. Box 1435			39 Prentic	e Hill I	Road			Hebror	า		СТ	06248
Business Pho	one Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address			
860-228-44	42							thewo	shipcenter.	heb	ron@gmai	l.com
Contact Role(s): Owner											
Name				Or	ganization						Job Title	!
Ms. Ann Ketel	hut			Th	e Worship (Center			Church A	dmir	n	
Mailing Addres	ss Line One		Mailing Ac	ldress	Line Two				City		State	Zip Code
PO Box 1435								99 Mai	jorie Circle		СТ	06248
Business Pho	one Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address			
860-228-44	42							admin	@theworsh	ipce	nterct.org	
Contact Role(s): Administrativ	e Contact										
Name				Or	ganization						Job Title	
Mr. Scott Maje	ek			Th	e Worship (Center			Elder			

Contact Role(s): Legal Contact

Mailing Address Line One

Business Phone

860-228-4442

PO Box 1435

Please note the following:

Extension

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

Mailing Address Line Two

Mobile Phone

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

Fax

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

End of schedule

Zip Code

06248

City

admin@theworshipcenterct.org

99 Marjorie Circle

Emergency Phone Email Address

State

CT