	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0010011 WHISPERING HILLS, LLC - WELL A SYSTEM				С	16	Р	GW			
Local Address (\	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
		Connections	8							

Connecticut Department of Public Health Drinking Water Section

Towns Served: ANDOVER **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM - WELL A (WSF ID: 00600) Chlorine Residual (1012) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Monitorina Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Asbestos (1094) 1 routine (RT) per nine years Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** 1/1/23 - 12/31/31 Select from Inventory of Active Sampling Points **Total Coliform (3100)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 5 routine (RT) per three years Lead And Copper (PBCU) **Compliance Status** Sampling Point (Sampling Point ID) **Collection Period Monitoring Period** Select from Inventory of Active Sampling Points 1/1/21 - 12/31/23 6/1-9/30 Complete 1/1/24 - 12/31/26 6/1-9/30 1/1/27 - 12/31/29 6/1-9/30 **Physical Parameters (PPS)** 1 routine (RT) per quarter **Collection Period** Sampling Point (Sampling Point ID) **Monitoring Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Water System Facility: ENTRY POINT - WELL A (WSF ID: 00700) **Inorganic Chemicals (IOCS)** 1 routine (RT) per three years **Collection Period** Sampling Point (Sampling Point ID) **Monitoring Period Compliance Status ENTRY POINT (3)** 1/1/22 - 12/31/24 1/1/25 - 12/31/27 1 routine (RT) per year **Nitrate And Nitrite (NOX)** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status ENTRY POINT (3)** 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/24 1/1/25 - 12/31/25 Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) 1 routine (RT) per nine years Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status ENTRY POINT (3)** 1/1/23 - 12/31/31

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.

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source			
CT0010011	WHISPERING HILLS, LLC - WELL A SYSTEM				С	16	Р	GW			
Local Address (where applicable)	olicable) Service Residential Commercial Industrial Combined Agr			ed Agricultural						

Connections

8

Towns Served: ANDOVER

Monitoring Requirements							
Water System Facility: ENTRY POINT - WELL A (WSF ID: 0070	00)						
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/23 - 12/31/25						
	1/1/26 - 12/31/28						
Organic Chemicals (VOCS)		1 routine	(RT) per three years				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/23 - 12/31/25						
	1/1/26 - 12/31/28						

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION EXEMPTION	3/1/2019							
RESPOND TO SANITARY SURVEY	4/13/2022							
CROSS CONNECTION EXEMPTION	3/1/2024							
SUBMIT CCR TO THE DEPARTMENT	6/30/2024	3/18/2024						
SUBMIT CCR CERTIFICATION FORM	8/9/2024							

	Water 9	System Facili	ity and Sampling P	oint Ir	ventor	у			
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 - WELL A	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW08-A1	A-1 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A2	A-2 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A3	A-3 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A4	A-4 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A5	A-5 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A6	A-6 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A7	A-7 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-A8	A-8 8 KINGSLEY DRIVE	Α	Υ	3		Υ	
		MW08-G	MAINTENANCE GARAGE	Α	Υ	3	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WELL A	3	ENTRY POINT	Α					
1056	WELL A	2	WELL A	Α					
55834	HYDROPNEUMATIC TANK								

Water System Facility: DISTRIE	BUTION SYSTEM - WELL A (WS	SF ID: 00600)	
Facility Classification: SMALL WAT	ER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE. PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024

Certified Operator Information

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.

	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name Classification Population Owner Ty						Primary Source				
CT0010011	WHISPERING HILLS, LLC - WELL A SYSTEM]			С	16	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural		
		Connections	8							

Connecticut Department of Public Health Drinking Water Section

Towns Served: ANDOVER

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM - WELL A (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name

Operator Type

Certification(s)

WATER TREATMENT PLANT OPERATOR - CLASS II

9/30/2024

				WATER TREATMENT PLANT OPERATOR - CLASS II							
			Co	ntact Inf	ormation						
Name		Organization	า		Job Title						
Ms. Jessica Chapman Whispering Hills LLC											
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
164 Skinner Rd						Vernon		СТ	06066		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address					
860-490-5205						a1propin	vestgroup@	gyahoo.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

End of schedule

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
CT0012011	HOP RIVER HOMES				С	26	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections	25					

Towns Served: ANDOVER

Towns Served: ANDOVER			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/31		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	1/1/23 - 12/31/23 6/1-9/30	
	1/1/24 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/25	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24	_	Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Di(2-Ethylhexyl) - Phthalate (2039)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete

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.

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0012011	HOP RIVER HOMES			С	26	Р	GW
Local Address (v	vhere applicable)	Service	Resident	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections	25				

Towns Served: ANDOVER			·
Monitorin	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Di(2-Ethylhexyl) - Phthalate (2039)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Gross Beta Particle Activity (4100)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Man-Made Beta Particle & Photon Emitters (4101)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Tritium (4102)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Strontium-90 (4174)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		Complete
	1/1/25 - 12/31/27		·
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23	_	Complete

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: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name	PWS Name Classification Population Owner Type Primary Source							
CT0012011	HOP RIVER HOMES				С	26	Р	GW	
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural	
		Connections	25						

Towns Served: ANDOVER

Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		_
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SUBMIT CCR TO THE DEPARTMENT	6/30/2024						
SUBMIT CCR CERTIFICATION FORM	8/9/2024						
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						
CROSS CONNECTION EXEMPTION	3/1/2028						

	Water	System Facili	ity and Sampling P	oint Ir	vento	Ϋ́			
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				
		APT 1A	KITHCEN SINK	Α	Υ	N	Υ	Υ	
		APT 1D	KITCHEN SINK	Α	Υ	N	Υ	Υ	
		APT 1F	KITCHEN SINK	Α	Υ	N	Υ	Υ	
		APT 2A	KITCHEN SINK	Α	Υ	N	Υ	Υ	
		APT 3D	KITCHEN SINK	Α	Υ	N	Υ	Υ	
		APT 4A	KITCHEN SINK	Α	Υ	N	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SOCIAL HALL	KITCHEN SINK	Α	Υ	3	Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
1060	WELL 1	2	WELL 1	Α					
61879	TREATMENT PLANT								
61881	BOOSTER PUMPS WITH VFD								
61883	STORAGE TANK								

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.

	Water Quality M	onitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0012011	CT0012011 HOP RIVER HOMES				С	26	Р	GW
Local Address (where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
		Connections	25					
Towns Served:	ANDOVER						'	

Connecticut Department of Public Health Drinking Water Section

Towns Served: AND	OVER								
			Cert	ified Operat	or Information				
Water System Fac	cility: TREAT	MENT PLA	NT (WS	F ID: 61879)					
Facility Classification	on: CLASS 1 TF	REATMENT P	LANT						Certification
Operator Name			Opera	tor Type	Certification(s)				Expiration
HARKINS, STUART A	١.		CHIEF O	PERATOR	DISTRIBUTION SYS	ГЕМ ОРЕ	RATOR - CLAS	SS III	6/30/2025
					WATER TREATMEN	IT PLANT	OPERATOR -	CLASS II	6/30/2025
WITTENZELLNER, RO	OBERT		ASSIGNE	D OPERATOR	DISTRIBUTION SYS	ГЕМ ОРЕ	RATOR - CLAS	SS III	6/30/2025
					WATER TREATMEN	IT PLANT	OPERATOR -	CLASS III	9/30/2024
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Maria Tulman				Eastern Coni	necticut Housing		Vice Preside	ent	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
139 Hebron Road						Andover	•	СТ	06232
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-774-1644						tulmann	nar@gmail.co	om	
Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	
Eastern Connecticu	t Housing Cor	poration							
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
44 Westfield Village	<u></u>					Danielso	n	СТ	06239
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-774-1644									
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Ms. McKenzie Corc	oran			Wildwood Pi	roperty Managemen	t	Property Ma	anager	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
2080 Silas Deane Hi	ghway		Suite 10	2 B		Rocky H		СТ	06067
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone				
860-398-5425	506	860-398-	5429		860-990-3600	mck@w	ildwoodmgt.	com	

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

CT0010111	WHISPERING HILLS, LLC - WELL D SYSTEM	Classification	48	P	GW			
PWS ID	PWS Name	Classification	Donulation	Owner Type	Primary Source			
	Water Quality Monitoring and Compliance Schedule							
	Connecticut Department of Public Health Drinking Water Section							

Connections

Residential Commercial

24

Industrial

Service

Agricultural

Combined

Local Address (where applicable)

Towns Served: ANDOVER			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/31		
Total Coliform (3100)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/22 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/27	6/1-9/30	
Physical Parameters (PPS)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
Select from inventory or receive sumpling Forms	1/1/24 - 3/31/24		_
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT-WELL D (WSF ID: 007	00)		
Net Gross Alpha (4000)		1 routine (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Uranium (4006)		1 routine (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Combined Radium-226/228 (4010)		1 routine (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Inorganic Chemicals (IOCS)		1 routine (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		
	1/1/25 - 12/31/27		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
LINITY FOINT (3)	1/1/23 12/31/23		Complete

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.

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e		
PWS ID	SID PWS Name Classification Population Owner Type Primary Source								
CT0010111	WHISPERING HILLS, LLC - WELL D SYSTEM				С	48	Р	GW	
Local Address	(where applicable)	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural		
		Connections	24						

Towns Served: ANDOVER

Towns Served: ANDOVER			
Monitoring	Requirements		
Water System Facility: ENTRY POINT-WELL D (WSF ID: 0070	00)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	4/7/2018		

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
RESPOND TO SANITARY SURVEY	4/7/2018						
RESPOND TO SANITARY SURVEY	4/13/2022						
SUBMIT CCR TO THE DEPARTMENT	6/30/2024	3/18/2024					
SUBMIT CCR CERTIFICATION FORM	8/9/2024						
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						
CROSS CONNECTION EXEMPTION	3/1/2025						

			-/-	-,				
	Wat	ter System Facili	ty and Sampling P	oint Ir	nventor	у		
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos I	NQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MW033-C1	C-1 33 KINGSLEY DR.	Α	Υ	3		Υ
		MW033-C2	C-2 33 KINGSLEY DR.	Α	Υ	3		
		MW033-C3	C-3 33 KINGSLEY DR.	Α	Υ	3		
		MW033-C4	C-4 33 KINGSLEY DR.	Α	Υ	3		
		MW033-C5	C-5 33 KINGSLEY DR.	Α	Υ	3		Υ
		MW033-C6	C-6 33 KINGSLEY DR.	Α	Υ	3		
		MW033-C7	C-7 33 KINGSLEY DR.	Α	Υ	3		
		MW033-C8	C-8 33 KINGSLEY DR.	Α	Υ	3		Υ
		MW034-D1	D-1 34 KINGSLEY DR.	Α	Υ	3		
		MW034-D2	D-2 34 KINGSLEY DR.	Α	Υ	3		
		MW034-D3	D-3 34 KINGSLEY DR.	Α	Υ	3		
		MW034-D4	D-4 34 KINGSLEY DR.	Α	Υ	3		Υ
		MW034-D5	D-5 34 KINGSLEY DR.	Α	Υ	3		
		MW034-D6	D-6 34 KINGSLEY DR.	Α	Υ	3		

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.

	Water Quality Mo				C			
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Soul							
CT0010111 WHISPERING HILLS, LLC - WELL D SYSTEM					С	48	Р	GW
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural	
		Connections	24					

Connecticut Department of Dublic Health Drinking Water Section

Towns Served: ANDOVER

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR	
	MW034-D7	D-7 34 KINGSLEY DR.	А	Υ	3				
	MW034-D8	D-8 34 KINGSLEY DR.	Α	Υ	3		Υ		
	MW041-B1	B-1 41 KINGSLEY DR.	Α	Υ	3	Υ	Υ		
	MW041-B2	B-2 41 KINGSLEY DR.	Α	Υ	3				
	MW041-B3	B-3 41 KINGSLEY DR.	Α	Υ	3				
	MW041-B4	B-4 41 KINGSLEY DR.	Α	Υ	3				
	MW041-B5	B-5 41 KINGSLEY DR.	Α	Υ	3		Υ		
	MW041-B6	B-6 41 KINGSLEY DR.	Α	Υ	3				
	MW041-B7	B-7 41 KINGSLEY DR.	Α	Υ	3				
	MW041-B8	B-8 41 KINGSLEY DR.	Α	Υ	3				
	UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 ENTRY POINT-WELL D	3	ENTRY POINT	Α						
1057 WELL D	2	WELL D	Α						
55832 HYDROPNEUAMATIC TANKS									

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility (Classification: SMALL WATER SYST	EM		Certification
Operato	r Name	Operator Type	Certification(s)	Expiration 9/30/2024
LAFRAM	BOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
			WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024

									-,, -	
			Co	ntact Inf	ormation					
Name				Organization	1		Job Title			
Ms. Jessica Chapman				Whispering I	Hills LLC					
Mailing Address Line One Mailing Address				ress Line Two			City	State	Zip Code	
164 Skinner Rd						Vernon		СТ	06066	
Business Phone Extension Fax M				bile Phone	Emergency Phone	Email Add	Address			
860-490-5205						a1propinv	estgroup(@yahoo.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

End of schedule