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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0081011	BETHANY MOBILE HOME PARK				С	138	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
4TH AVE		Connections	55					

4TH AVE	Connections	55			
Towns Served: BETHANY					
Mor	nitoring Requi	rement	S		
Water System Facility: DISTRIBUTION SYSTEM (WS					
Chlorine Residual (1012)	,			1 roı	utine (RT) per quarte
Sampling Point (Sampling Point ID)	٨	Monitoring I	Period	Collection Period	
Select from Inventory of Active Sampling Points		0/1/23 - 12,			Complete
		1/1/24 - 3/3			Complete
		4/1/24 - 6/3			·
		7/1/24 - 9/3	30/24		
Asbestos (1094)			-	1 routir	ne (RT) per nine years
Sampling Point (Sampling Point ID)	٨	Monitoring I	Period	Collection Period	
Select from Inventory of Active Sampling Points	1	L/1/22 - 12/	31/30		
Total Coliform (3100)				1 rou	utine (RT) per quarte
Sampling Point (Sampling Point ID)	٨	Monitoring I	Period	Collection Period	
Select from Inventory of Active Sampling Points	10	0/1/23 - 12,	/31/23		Complete
		1/1/24 - 3/3	31/24		Complete
	-	4/1/24 - 6/3	30/24		
	-	7/1/24 - 9/30/24			
Disinfectant Byproducts - TTHM & HAA5 (DBP)				1	routine (RT) per year
Sampling Point (Sampling Point ID)	٨	Monitoring Period		Collection Period	Compliance Status
UNIT #53 (U-53)	1	1/1/23 - 12/	31/23	7/1-7/31	Complete
	1	L/1/24 - 12/	31/24	7/1-7/31	
	1	1/1/25 - 12/	31/25	7/1-7/31	
Lead And Copper (PBCU)				10 routin	e (RT) per six months
Sampling Point (Sampling Point ID)	٨	Monitoring I	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7	7/1/23 - 12/	31/23		Complete
		1/1/24 - 6/3	30/24		
	7	7/1/24 - 12/	31/24		
Physical Parameters (PPS)				1 rou	utine (RT) per quartei
Sampling Point (Sampling Point ID)	Λ	Monitoring I	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10	0/1/23 - 12,	/31/23		Complete
	:	1/1/24 - 3/3	31/24		Complete
		4/1/24 - 6/3	30/24		
	-	7/1/24 - 9/3	30/24		
Water System Facility: ENTRY POINT (WSF ID: 0070	00)				
Fluoride (1025)				1 ro	outine (RT) per month
Sampling Point (Sampling Point ID)	Λ	Monitoring I	Period	Collection Period	Compliance Status
ENTRY POINT (3)	1:	1/1/23 - 11,	/30/23		Complete
	1.	2/1/23 - 12,	/31/23		Complete
		1/1/24 - 1/3	31/24		Complete
	:	2/1/24 - 2/2	29/24		Complete
		3/1/24 - 3/3	31/24		Complete
	•	4/1/24 - 4/3	30/24		

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PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0081011	BETHANY MOBILE HOME PARK				С	138	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
4TH AVE		Connections	55					

Towns Served: BETHANY			
Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Fluoride (1025)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	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		
Nitrate (1040)		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
	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		
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)			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
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		<u> </u>
	1/1/26 - 12/31/28		

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С	onnecticut Departmer	nt of Public Health Drinki	ng Water Se	ction
	Water Ouality Mo	onitoring and Compliance	e Schedule	
PWS ID PV	WS Name			er Type Primary Source
CT0081011 B	ETHANY MOBILE HOME PARK	С	138	P GW
Local Address (who	ere applicable)	Service Residential Commo	ercial Industrial	Combined Agricultural
4TH AVE		Connections 55		
Towns Served: BET	HANY			
	M	onitoring Requirements		
Water System Fa	cility: ENTRY POINT (WSF ID: 0	0700)		
Organic Chemic	als (VOCS)		1 routine	(RT) per three years
Sampling Poi	nt (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT	(3)	1/1/21 - 12/31/23		Complete
		1/1/24 - 12/31/26		
		1/1/27 - 12/31/29		
Water System Fa	cility: WELL #3 (WSF ID: 60947)			
E. Coli (3014)			1 rou	tine (RT) per quarter
Sampling Poi	nt (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #3 (2)		10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Water System Fa	cility: WELL #4 (WSF ID: 60949)			
E. Coli (3014)			1 rou	tine (RT) per quarter
Sampling Poi	nt (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #4 (2)		10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Water System Fa	icility: WELL #1 (WSF ID: 61095)			
E. Coli (3014)			1 rou	tine (RT) per quarter
Sampling Poi	nt (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)		10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		· · · · · · · · · · · · · · · · · · ·
		7/1/24 - 9/30/24		
Water System Fa	cility: WELL #2 (WSF ID: 61097)			
E. Coli (3014)			1 rou	tine (RT) per quarter
Sampling Poi	nt (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #2 (2)		10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
	Monthly Water System	Facility (WSF) Level Monitoria	ng Requiremen	nts
	month, traits, eyetem	2010, (1131, 2010) 111011110111	qu ci.i.ci	

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0081011	BETHANY MOBILE HOME PARK			С	138	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	ial Combin	ed Agricultural
4TH AVE		Connections	55				

Towns Served: BETHANY

Water System Facility:	ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	t	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2	MG/L	Daily
Start Date: 1/1/2005	Compliance	e History:	Operating Limit	Monitoring
	Monitoring	Monitoring Period Compliance S		
	11/1/2023 -	- 11/30/2023		
	12/1/2023 -	- 12/31/2023		
	1/1/2024 -	1/31/2024		
	2/1/2024 - :	2/29/2024		
	3/1/2024 - :	3/31/2024		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2019							
RESPOND TO SANITARY SURVEY	7/4/2021							
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							

011000 00	THILECTION EXEMIN TION			1,2020				
	W	ater System Facili	ty and Sampling P	oint Ir	ventor	у		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		U-10	UNIT #10	Α	Υ	N		
		U-15	UNIT #15	Α	Υ	N		
		U-16	UNIT #16	Α	Υ	N		
		U-18	UNIT #18	Α	Υ	N		
		U-31	UNIT #31	Α	Υ	N		
		U-42	UNIT 342	Α	Υ	N		
		U-45	UNIT #45	Α	Υ	N		
		U-46	UNIT #46	Α	Υ	N		
		U-48	UNIT #48	Α	Υ	N		
		U-53	UNIT #53	Α	Υ	N		Υ
		U-8	UNIT #8	Α	Υ	N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10826	TREATMENT PLANT							
60947	WELL #3	2	WELL #3	Α				
60949	WELL #4	2	WELL #4	Α				
61095	WELL #1	2	WELL #1	Α				

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Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Ov	wner Type	Primary Source	
CT0081011	CT0081011 BETHANY MOBILE HOME PARK				С	138		Р	GW	
Local Address	Service	Resider	ntial	Commerci	al Industr	ial	Combine	ed Agricultural		
4TH AVE		Connections	55							

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHANY

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
61097	WELL #2	2	WELL #2	Α					
61099	ATMOSPHERIC STORAGE TANK								
61101	BOOSTER PUMPS								

			Cer	tified	Operate	or Informatio	n			
Water System Fac	ility: TREAT	MENT PLA	NT (W	SF ID:	10826)					
Facility Classification: CLASS 1 TREATMENT PLANT										Certification
Operator Name Operator				perator Type		Certification(s)				Expiration
HURLBUT, PAUL CHIEF OPI				OPERAT	PERATOR WATER TREATMENT PLA			OPERATOR - (12/31/2025	
				Coı	ntact Inf	ormation				
Name					Organization			Job Title		1
Mr. Richard K. Freedman					Garden Homes Management Corp. President					
Mailing Address Line One Mailing Add					ddress Line Two			City	State	Zip Code
29 Knapp Street						Stamford CT				06907
Business Phone	Extension	Fax	Fax		ile Phone	Emergency Phone Email Address				
203-348-2200	2475	203-967-8372				203-219-1971 richard(@gardenhomesmanagem		ent.com
Contact Role(s): Le	gal Contact, C)wner								
Name					Organization			Job Title		

Garden Homes Management Corp

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mailing Address Line One

Mr. Glenn Freer

29 Knapp Street

Business Phone

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

PO Box 4401

Mailing Address Line Two

Mobile Phone 845-453-1147

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.

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

06907

Regional Manager

State

CT

City

glennfreer@yahoo.com

Stamford

Emergency Phone Email Address