

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0080044	667 AMITY ROAD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
667-687 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	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			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	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 Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete	
	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20150	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Matt Micros							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
242 Whippoorwill Lane					Stratford	CT	06614
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-650-4963					mattmicros@aol.com		
Contact Role(s):	Legal Contact						

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			
CT0080044	667 AMITY ROAD	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
667-687 AMITY ROAD				1				
Towns Served: BETHANY								
Name			Organization			Job Title		
Mr. Joseph Naples III			667 Amity LLC					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 686						Plainville	CT	06062
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-747-3781		860-747-3782		860-949-2084	dorie.augur@thenaplesco.com			
Contact Role(s): Administrative Contact, 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.
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	Classification	Population	Owner Type	Primary Source		
CT0080064	BETHANY TOWN HALL	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
40 PECK ROAD				2			

Towns Served: BETHANY

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM - TOWN HALL (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Lead And Copper (PBCU)		10 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: **ENTRY POINT - TOWN HALL (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP-TOWN HALL (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP-TOWN HALL (3)	1/1/22 - 12/31/22	1/1-12/31	

Organic Chemicals (VOCS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP-TOWN HALL (3)	10/1/23 - 12/31/23		Complete

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - TOWN HALL (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Maximum: 10 MG/L	2
Start Date: 2/1/2008		Compliance History:	Operating Limit
		Monitoring Period	Compliance Status:
		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	

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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		
CT0080064	BETHANY TOWN HALL	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
40 PECK ROAD				2			

Towns Served: BETHANY

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM - TOWN HALL	4	DISTRIBUTION SYSTEM	A	Y			
		B1	B1 BATHROOM	I	Y	N		
		B10	B10 BATHROOM	I	Y	N		
		B11	B11 BATHROOM	I	Y	N		
		B12	B12 BATHROOM	I	Y	N		
		B13	B13 BATHROOM	I	Y	N		
		B14	B14 BATHROOM	I	Y	N		
		B15	B15 BATHROOM	I	Y	N		
		B16	B16 BATHROOM	I	Y	N		
		B17	B17 BATHROOM	I	Y	N		
		B18	B18 BATHROOM	I	Y	N		
		B19	B19 BATHROOM	I	Y	N		
		B2	B2 BATHROOM	I	Y	N		
		B20	B20 BATHROOM	I	Y	N		
		B21	B21 BATHROOM	I	Y	N		
		B22	B22 BATHROOM	I	Y	N		
		B23	B23 BATHROOM	I	Y	N		
		B24	B24 BATHROOM	I	Y	N		
		B25	B25 BATHROOM	I	Y	N		
		B3	B3 BATHROOM	I	Y	N		
		B4	B4 BATHROOM	I	Y	N		
		B5	B5 BATHROOM	I	Y	N		
		B6	B6 BATHROOM	I	Y	N		
		B7	B7 BATHROOM	I	Y	N		
		B8	B8 BATHROOM	I	Y	N		
		B9	B9 BATHROOM	I	Y	N		
		C-37	ART ROOM	I		N		
		DOWNSTREAM	WITHIN 5 SITES DOWNS	A				
		GYM-SINK	GYM OFFICE SINK	I	Y	N		
		KTHHS	KIT TN HALL HANDSINK	A	Y	N	Y	
		KTHMS	KIT TN HALL MAINSINK	A	Y	N		
		MRL	MEN RM TH LOW LEVEL	A	Y	N		
		MRUL	MEN RM TH UP LEVEL	A	Y	N		
		NURS-SINK	NURSES SINK	I	Y	N	Y	

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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		
CT0080064	BETHANY TOWN HALL	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
40 PECK ROAD				2			

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	Stage WQP 2 DBPR
		RM105	ROOM 105	I	Y	N		
		RM106	ROOM 106	I	Y	N		
		RM110	ROOM 110	I	Y	N		
		RM112	ROOM 112	I	Y	N		
		RM115	ROOM 115	I	Y	N		
		RM116	ROOM 116	I	Y	N		
		RM122	GYM OFFICE SINK	I	Y	N		
		RM130	TEACHERS LOUNGE	I	Y	N		
		RM138	ART ROOM	I	Y	N		
		RM144	ROOM 144	I	Y	N		
		RM148	ROOM 148	I	Y	N		
		RM207	ROOM 207	I	Y	N		
		RM208	ROOM 208	I	Y	N		
		RM301	ROOM 301	I	Y	N		
		RM306	ROOM 306	I	Y	N		
		RM55	ROOM 55	I	Y	N		
		RM56	ROOM 56	I	Y	N		
		RM58	ROOM 58	I	Y	N		
		RM60	ROOM 60	I	Y	N		
		RM71	ROOM 71	I	Y	N		
		RM73	ROOM 73	I	Y	N		
		SRLL	SENIOR RM TH LOW LEV	A	Y	N		
		TEACH LNG	TEACHERS LOUNGE	I	Y	N		
		UPSTREAM	WITHIN 5 SITES UPSTR	A				
		WRLL	WOM RM TH LOW LEVEL	A	Y	N		
		WRUL	WOM RM TH UP LEVEL	A	Y	3		
00700	ENTRY POINT - TOWN HALL	3	EP-TOWN HALL	A				
10939	WELL #1 - TOWN HALL	2	WELL	A				
53285	TOWN HALL TREATMENT PLANT							
62918	EMERGENCY INTERCONNECTION							

Certified Operator Information

Water System Facility: TOWN HALL TREATMENT PLANT (WSF ID: 53285)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

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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		
CT0080064	BETHANY TOWN HALL	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
40 PECK ROAD				2			

Towns Served: BETHANY

Contact Information

Name			Organization			Job Title			
Ms. Paula Cofrancesco			Town of Bethany			First Selectwoman			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
40 Peck Road						Bethany		CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-393-2100	1100			203-915-5625	pcofrancesco@Bethany-ct.com				

Contact Role(s): **Legal Contact**

Name			Organization			Job Title			
Mr. Donald R. Shea			Bethany Town Hall			Pub Works/Facil Man.			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
40 Peck Road						Bethany		CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-393-2100	1169			203-509-3883	dshea@bethany-ct.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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0080084	BILLY'S ICE CREAM & MARKETPLACE	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
742 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	10/1/23 - 12/31/23	10/1-12/1	Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23	1/1-12/1	Complete
	1/1/24 - 12/31/24	1/1-12/1	Complete
	1/1/25 - 12/31/25	1/1-12/1	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20154	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. Robert J. Cerilli								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
83 North Hill Road						North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-915-5496		203-239-1150			cerillia@yahoo.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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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		
CT0080084	BILLY'S ICE CREAM & MARKETPLACE	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
742 AMITY ROAD				1			

Towns Served: BETHANY

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

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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		
CT0080094	FIRST CHURCH OF CHRIST CONGREGATIONAL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
511 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20155	WELL	2	WELL	A				
57121	TREATMENT PLANT							
57148	HYDROPNEUMATIC TANK							

Contact Information

Name		Organization			Job Title			
Mr. Jim Strein		First Church of Christ Cong.			Trustee			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
511 Amity Road						Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-393-3116					info@bethanyfirstchurch.org			
Contact Role(s):		Administrative Contact, Legal Contact						

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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		
CT0080094	FIRST CHURCH OF CHRIST CONGREGATIONAL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
511 AMITY ROAD				1			

Towns Served: BETHANY

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.

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0080144	CHRIST EPISCOPAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
526 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20159	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Ms. Diane Prall			Christ Episcopal Church			Office Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Office Manager			526 Amity Road			Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-393-3399					office@christchurchbethany.org			
Contact Role(s): Administrative Contact								

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			
CT0080144	CHRIST EPISCOPAL CHURCH	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
526 AMITY ROAD				1				
Towns Served: BETHANY								
Name			Organization			Job Title		
Mr. Matt Baker			Christ Episcopal Church			Junior Warden		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
526 Amity Rd						Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-393-3399				203-644-7551	office@christchurchbethany.org			
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.
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	Classification	Population	Owner Type	Primary Source		
CT0080154	119 AMITY ROAD	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
GRAND AVE PIZZA				2			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility: **WELL (WSF ID: 20160)**

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	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 and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20160	WELL	2	WELL	A				
48183	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. Erwin A. Sickinger	119 Rt 63 Associates LLC	Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
45 Banner Dr		Milford	CT	06460

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
CT0080154	119 AMITY ROAD	NC	28	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
GRAND AVE PIZZA			2			

Towns Served: BETHANY

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-878-6524			203-710-2700		bannersys@aol.com

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

Name	Organization	Job Title
Mr. Guido Rodriguez	Apizza Grande	Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
119 Amity Road		Bethany	CT	06524

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-691-8045				203-619-3737	apizzagrandebethany@gmail.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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0080204	TEDDY BS	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
136 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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 Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
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				

Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	7/13/2016	
RESPOND TO SANITARY SURVEY	4/28/2021	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/12/2004		11/22/2004	
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	11/12/2004		11/22/2004	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/18/2005		8/28/2005	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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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		
CT0080204	TEDDY BS	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
136 AMITY ROAD				1			

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	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20164	WELL	2	WELL	A				
62101	UV TREATMENT							

Contact Information

Name		Organization			Job Title			
Mr. Andy Kambo		Teddy B's			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
136 Amity Road						Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-393-1525			203-598-8238		kambogezim@sbcglobal.net			
Contact Role(s):		Administrative Contact, Owner						

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0080214	WOODHAVEN COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
275 MILLER ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20165	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. Paul Falcone		Woodhaven Country Club				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
343 Miller Road				Bethany	CT	06524

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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		
CT0080214	WOODHAVEN COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
275 MILLER ROAD				1			
Towns Served: BETHANY							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-393-3230					woodhavengolf275@gmail.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	Classification	Population	Owner Type	Primary Source		
CT0081084	COUNTRY CORNER DINER LLC	NC	32	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
756 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
52012	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Mr. Syrja T. Topciu			Country Corner Diner					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
756 Amity Rd						Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-393-1489		203-393-1525		203-509-9964	qazit2018@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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		
CT0081084	COUNTRY CORNER DINER LLC	NC	32	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
756 AMITY ROAD				1			

Towns Served: BETHANY

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	Classification	Population	Owner Type	Primary Source		
CT0081094	EVAN'S DELI	NC	102	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
710 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		Complete
	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		

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		Complete
	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)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				

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		
CT0081094	EVAN'S DELI	NC	102	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
710 AMITY ROAD				1			

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	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
52303	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Mr. Raymond Wiley								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
708 Amity Rd						Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-393-2326			475-301-2307	203-393-2326	rwiley@snet.net			

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

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0081104	BETHANY VOLUNTEER FIRE DEPT HQ	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
765 AMITY ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	8/22/2012	
RESPOND TO SANITARY SURVEY	8/13/2017	
RESPOND TO SANITARY SURVEY	3/18/2023	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	004	DSR	A	Y			
		4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53256	WELL 1	2	WELL 1	A				
62684	ATMOSPHERIC STORAGE							
62686	TREATMENT SYSTEM							

Contact Information

Name	Organization	Job Title		
Ms. Paula Cofrancesco	Town of Bethany	First Selectwoman		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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		
CT0081104	BETHANY VOLUNTEER FIRE DEPT HQ	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
765 AMITY ROAD				1			
Towns Served: BETHANY							
40 Peck Road			Bethany		CT	06524	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-393-2100	1100			203-915-5625	pcofrancesco@Bethany-ct.com		
Contact Role(s): Legal Contact, Owner							
Name			Organization		Job Title		
Mr. Rod White			Town of Bethany		Fire Marshall		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
40 Peck Road					Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-393-2100	1119				firemarshal@bethany-ct.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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0081124	VETERANS MEMORIAL PARK PAVILLION	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 BEACON ROAD				1			
Towns Served: BETHANY							

Monitoring Requirements

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

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 - 10/31/23		Complete

Total Coliform (3100) **1 routine (RT) per month**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS) **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 - 10/31/23	10/1-10/31	Complete

Physical Parameters (PPS) **1 routine (RT) per month**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/27/2021	
SEASONAL START UP COMPLETION	5/1/2024	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	9/11/2019		9/21/2019	

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 WOP 2 DBPR	Stage
<p><i>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.</i></p>								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0081124	VETERANS MEMORIAL PARK PAVILLION	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 BEACON ROAD				1			

Towns Served: BETHANY

							Status
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM				A
	DOWNSTREAM WITHIN 5 SERVICE CON						A
	UPSTREAM WITHIN 5 SERVICE CON						A
00700	ENTRY POINT	3	ENTRY POINT				A
57720	WELL 1	2	WELL 1				A

Contact Information

Name		Organization			Job Title		
Town of Bethany							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
40 Peck Rd					Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Name		Organization			Job Title		
Ms. Paula Cofrancesco		Town of Bethany			First Selectwoman		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
40 Peck Road					Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-393-2100	1100			203-915-5625	pcofrancesco@Bethany-ct.com		

Contact Role(s): **Administrative Contact, 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.
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	Classification	Population	Owner Type	Primary Source		
CT0081134	BETHANY MART	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
6 SARGENT DRIVE				1			
Towns Served: BETHANY							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59515	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Mr. Mukesh Patel								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
2 Woodsman Hill Rd						Wallingford	CT	06492
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-284-7844				203-435-3730	mike42059@usa.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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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		
CT0081134	BETHANY MART	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
6 SARGENT DRIVE				1			

Towns Served: BETHANY

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0081144	KRIZ FARM ICE CREAM	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
13 BEAR HILL RD				1			

Towns Served: BETHANY

Monitoring Requirements

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

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
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS) 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
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
62247	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Ms. Wendy Kriz		Kriz Farm Ice Cream			Legal Contact			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
13 Bear Hill Rd.						Bethany	CT	06524
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
204-915-5534					krizfarminc@gmail.com			

Contact Role(s): **Administrative Contact, 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.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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