	Connectic	ut Depa	rtmen	t of	Public	Health I	Dri	nkir	ng W	ater	Se	ction	
	Wa	ter Qual	ity Mo	nito	oring ar	nd Com	plia	ance	e Sch	edul	e		
PWS ID	PWS Name					(	Classi	ificatio	n Popu	ulation	Owr	ner Type P	rimary Sourc
СТ0080044	667 AMITY ROA	D						NC		25		Р	GW
Local Address (	where applicable)				Service	Residenti	al C	Comme	rcial I	ndustri	al	Combined	Agricultura
667-687 AMITY	' ROAD				Connection	S		1					
Towns Served:	BETHANY												
			Мо	nito	oring Req	luiremen	ts						
Water System	Facility: DISTR	<b>IBUTION SY</b>	STEM (W	/SF IC	D: 00600)								
<b>Total Coliform</b>	m (3100)									1	. rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitorin	g Pei	riod	Collect	tion Pe	riod	Compl	iance Status
Select fror	m Inventory of Act	ive Sampling	Points			10/1/23 - 1	2/31	1/23				Co	omplete
						1/1/24 - 3						Co	omplete
						4/1/24 - 6							
						7/1/24 - 9	)/30/	/24					
•	meters (PPS)												per quarter
	Point (Sampling P	-				Monitorin	_		Collect	tion Pe	riod		iance Status
Select fror	m Inventory of Act	ive Sampling	Points			10/1/23 - 1		-					omplete
						1/1/24 - 3						Co	omplete
						4/1/24 - 6							
						7/1/24 - 9	9/30/	24					
	Facility: ENTR	Y POINT (W	SF ID: 00	/00)							_	/	
	Nitrite (NOX)	aint (D)				Manitaria	- 0-	ut a d	College	tion Do		-	RT) per year
	Point (Sampling P	oint IDJ				Monitoring	-		Collect	tion Pe	rioa		iance Status
ENTRY PO	111 (3)					1/1/23 - 1 1/1/24 - 1							omplete omplete
						1/1/24 - 1 1/1/25 - 1			-				Inpiete
		Mator S	istom E	acilii	tu and Ca				<i>i</i> onto	<b>K</b> \ /			
144 4		Water Sy	SLEINF	aciii	ty and Se	amping r	-011	IL III		-			
Water System Wat	er System Facility		Samplina P	Doint	Sampling Po	oint		~	Total Coliform	Lead			Staae
Facility ID	.cr system racinty		ID		Description	51110	C+	tatus	Rule			Asbestos	WQP 2 DBP
-	RIBUTION SYSTEM	1	4		DISTRIBUTIO	ON SYSTEM	51	A	Y				
	RY POINT		3		ENTRY POIN			А					
20150 WEL			2		WELL			А					
					tact Info	rmation							
Name					ganization							Job Title	
	OS				<u> </u>								
			Mailing Ad	dress	Line Two				C	City		State	Zip Code
Mr. Matt Micro	s Line One		0		-			Strat	tford	'		СТ	06614
Mr. Matt Micro Mailing Addres								Sulai					00014
Mr. Matt Micro Mailing Addres 242 Whippoorv Business Pho	will Lane	Fax		Mobil	e Phone	Emergency F	hon			ess		CI	00014
Mr. Matt Micro Mailing Addres 242 Whippoorv	will Lane ne Extension			Mobil	e Phone	Emergency F	hon	e Ema			om	CI	

			- )	0		<b>F</b>			-	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0080044	667 AMITY ROAI	D					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultural
667-687 AMITY F	ROAD			Connectio	าร		1			
Towns Served: B	ETHANY			· ·	ż					
Name				Organization					Job Tit	le
Mr. Joseph Napl	les III			667 Amity LLC	,					
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code
P.O. Box 686							Plainvi	lle	СТ	06062
Business Phon	e Extension	Fax	М	obile Phone	Emergency	y Phon	e Email /	Address		
860-747-3781		860-747-	3782		860-949	-2084	dorie.a	ugur@then	aplesco.com	
Contact Role(s):	Administrative	Contact, Le	gal 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

(	Conne	cticut Departmen					<u> </u>		ection	
		Water Quality Mo	onitoring an							
PWS ID	PWS Nam	e			Cla	ssification	Pc	pulation Ov	vner Type Pr	imary Source
СТ0080064	BETHANY	TOWN HALL				NC		25	L	GW
Local Address (w	here appli	cable)	Service	Resident	ial	Commerc	cial	Industrial	Combined	Agricultural
40 PECK ROAD			Connections			2				
Towns Served: Bl	ETHANY									
		Mo	onitoring Requ	iiremer	nts	;				
Water System F	Facility:	<b>DISTRIBUTION SYSTEM - T</b>	OWN HALL (WSF	ID: 0060	0)					
<b>Total Coliform</b>	(3100)							1 ro	outine (RT) p	per quarter
Sampling Po	oint (Sam <sub>l</sub>	oling Point ID)		Monitorin	ng P	Period	Coll	ection Period	d Complie	ance Status
Select from	Inventory	of Active Sampling Points		10/1/23 -	12/	31/23			Co	mplete
				1/1/24 -	3/3	1/24			Со	mplete
				4/1/24 -	6/3	0/24				
				7/1/24 -	9/3	0/24				
Lead And Copp	per (PBC	U)						10	0 routine (R	T) per year
Sampling Po	oint (Sam	oling Point ID)		Monitorin	ng P	Period	Coll	ection Period	d Complie	ance Status
Select from	Inventory	of Active Sampling Points		1/1/23 - 1	12/3	31/23		6/1-9/30	Со	mplete
<b>Physical Param</b>	neters (P	PS)						1 ro	outine (RT) p	per quarter
Sampling Po	oint (Sam	oling Point ID)		Monitorin	ng P	Period	Coll	ection Period	d Complie	ance Status
Select from	Inventory	of Active Sampling Points		10/1/23 -	12/	31/23			Со	mplete
				1/1/24 -	3/3	1/24			Со	mplete
				4/1/24 -	6/3	0/24				
				7/1/24 -	9/3	0/24				
Water System F	Facility:	ENTRY POINT - TOWN HAI	L (WSF ID: 00700	)						
Nitrate And Ni	itrite (NC	DX)						2	1 routine (R	T) per year
Sampling Po	oint (Sam <sub>l</sub>	oling Point ID)		Monitorin	ng P	Period	Coll	ection Period	d Complie	ance Status
EP-TOWN H	IALL (3)			1/1/23 - 1	12/3	31/23			Co	mplete
				1/1/24 - 1	12/3	31/24				
				1/1/25 - 1	12/3	31/25				
Pesticides, Her	r <mark>bicid</mark> es a	nd PCBs - Phase II & V (SC	DCS)					1 routir	ne (RT) per t	hree years
Sampling Po	oint (Sam	oling Point ID)		Monitorin	ng P	Period	Coll	ection Period	d Complie	ance Status
EP-TOWN H	IALL (3)			1/1/22 - 1	12/3	31/22	-	1/1-12/31		
Organic Chemi	icals (VO	CS)						1 ro	outine (RT) p	oer quarter
-	-	oling Point ID)		Monitorin	ng P	Period	Coll	ection Period		ance Status
EP-TOWN H	IALL (3)			10/1/23 -	12/	31/23			Со	mplete
	Mor	nthly Water System F	acility (WSF) I	evel M	lor	nitoring	g Ro	equireme	ents	
Water System F	Facility:	ENTRY POINT - TOWN HAL	L (WSFID: 00700)							
Analyte		Monitoring Requirement (S	ummary Type)	Oper	atir	ng Limit			Samples Re	q/Month
Phosphate (a	s PO4)	Entry Point Phosphate Moni	toring (PHOS)	Maxi	mu	m: 10 MG	i/L		2	
Start Date: 2	2/1/2008		Complia	nce Histo	ry:	0	per	ating Limit	Monitor	ing
			Monitor	ing Perioc	ł		-	oliance Statu		nce Status:
			11/1/20	23 - 11/30	)/20					
			12/1/20	23 - 12/31	/20	)23				
			1/1/202	4 - 1/31/2	024	Ļ				
			2/1/202	4 - 2/29/2	024	Ļ				
				4 - 3/31/2						
			3/1/202	4 - 3/31/2	024	ł				

PWS ID	Water Qua	ality Monit	oring and	10					
PWS ID	PWS Name		or mg and	d Comp	oliance	e Sch	edule	e	
				C	lassificatio	on Pop	ulation	Owner Type	Primary Source
CT0080064	BETHANY TOWN HALL				NC		25	L	GW
Local Address (wh	nere applicable)		Service	Residentia	al Comme	ercial I	ndustria	l Combine	d Agricultura
40 PECK ROAD			Connections		2				
Towns Served: BE	THANY								
		Other Co	ompliance	Schedu	les				
Compliance Sche	dule Activity			Du	ie Date		Achiev	ved Date	
CROSS CONNECTI	ION SURVEY REPORT			3/	1/2025				
	Water	System Facili	itv and Sar	npling P	oint In	vento	rv		
Water		,				Total	Lead a	and	
	System Facility	Sampling Point	Sampling Poir	nt	(	Coliform			Stage
Facility ID		ID	Description		Status	Rule			s WQP 2 DBPI
00600 DISTRI HALL	BUTION SYSTEM - TOWN	4	DISTRIBUTION	I SYSTEM	А	Y			
		B1	B1 BATHROOI	М	I	Y	Ν		
		B10	B10 BATHROO		I	Y	Ν		
		B11	B11 BATHROO	DM	I	Y	Ν		
		B12	B12 BATHROC	DM	I	Y	N		
		B13	B13 BATHROO	M	I	Y	N		
		B14	B14 BATHROC	M	I	Y	N		
		B15	B15 BATHROO	M	I	Y	Ν		
		B16	B16 BATHROC	M	I	Y	Ν		
		B17	B17 BATHROC	M	I	Y	N		
		B18	B18 BATHROC	M	I	Y	Ν		
		B19	B19 BATHROC	M	I	Y	Ν		
		B2	B2 BATHROOI	M	I	Y	Ν		
		B20	B20 BATHROC	M	I	Y	Ν		
		B21	B21 BATHROC	M	I	Y	N		
		B22	B22 BATHROC	M	I	Y	Ν		
		B23	B23 BATHROC	M	I	Y	N		
		B24	B24 BATHROC	M	I	Y	Ν		
		B25	B25 BATHROC	M	I	Y	N		
		B3	B3 BATHROOI	M	I	Y	N		
		B4	B4 BATHROOI	M	I	Y	N		
		B5	B5 BATHROOI	M	I	Y	N		
		B6	B6 BATHROOI	M	I	Y	Ν		
		B7	B7 BATHROOI	M	I	Y	N		
		B8	B8 BATHROOI		I	Y	N		
		B9	<b>B9 BATHROOI</b>	М	I	Y	Ν		
		C-37	ART ROOM		I		N		
		DOWNSTREAM			A		-		
		GYM-SINK	GYM OFFICE S		1	Y	N		
		KTHHS	KIT TN HALL H		A	Y	N	Y	
		KTHMS	KIT TN HALL N		A	Y	N		
		MRLL	MEN RM TH L		A	Y	N		
		MRUL	MEN RM TH U	JP LEVEL	A	Y	N		
		NURS-SINK	NURSES SINK		I	Y	N	Y	

		C C	0		1				
PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
СТ0080064	<b>BETHANY TOWN HAL</b>	.L				NC	25	L	GW
Local Address (v	vhere applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
40 PECK ROAD			Connections			2			
Towns Served: I	BETHANY								

	Water S	System Facili	ity and Sampling Po	oint Ir	ventor	Y			
Water					Total	Lead and			
System	Water System Facility		Sampling Point		Coliform	Copper			Stag
acility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DB
		RM105	ROOM 105	I	Y	Ν			
		RM106	ROOM 106	I.	Y	Ν			
		RM110	ROOM 110	I	Y	Ν			
		RM112	ROOM 112	I.	Y	Ν			
		RM115	ROOM 115	I	Y	Ν			
		RM116	ROOM 116	I.	Y	Ν			
		RM122	GYM OFFICE SINK	I.	Y	Ν			
		RM130	TEACHERS LOUNGE	I	Y	Ν			
		RM138	ART ROOM	I	Y	Ν			
		RM144	ROOM 144	I	Y	Ν			
		RM148	ROOM 148	I	Y	Ν			
		RM207	ROOM 207	I	Y	Ν			
		RM208	ROOM 208	I	Y	Ν			
		RM301	ROOM 301	I	Y	Ν			
		RM306	ROOM 306	I	Y	Ν			
		RM55	ROOM 55	I.	Y	Ν			
		RM56	ROOM 56	I	Y	Ν			
		RM58	ROOM 58	I.	Y	Ν			
		RM60	ROOM 60	I.	Y	Ν			
		RM71	ROOM 71	I.	Y	Ν			
		RM73	ROOM 73	I	Y	Ν			
		SRLL	SENIOR RM TH LOW LEV	А	Y	Ν			
		TEACH LNG	TEACHERS LOUNGE	I.	Y	Ν			
		UPSTREAM	WITHIN 5 SITES UPSTR	А					
		WRLL	WOM RM TH LOW LEVEL	А	Y	Ν			
		WRUL	WOM RM TH UP LEVEL	А	Y	3			
00700	ENTRY POINT - TOWN HALL	3	EP-TOWN HALL	А					
10939	WELL #1 - TOWN HALL	2	WELL	А					
53285	TOWN HALL TREATMENT PLANT								
62918	EMERGENCY INTERCONNECTION								
		Certified	<b>Operator Informat</b>	ion					
Water Sy	stem Facility: TOWN HALL TRI		-						

Facility Classification: CLASS 1 TF	REATMENT PLANT		Certification
Operator Name	<b>Operator Type</b>	Certification(s)	Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID **PWS Name BETHANY TOWN HALL** СТ0080064 NC 25 L GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 40 PECK ROAD 2 Towns Served: BETHANY **Contact Information** Organization Name Job Title Ms. Paula Cofrancesco Town of Bethanv First Selectwoman Mailing Address Line One Mailing Address Line Two City State Zip Code 40 Peck Road Bethanv 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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

Coni	necticut Depa	rtment of	Public	Health I	Drin	ıking V	Vater Se	ection	
	Water Qua	lity Monit	oring a	nd Comr	oliai	nce Scl	hedule		
PWS ID PWS N								ner Type P	rimary Source
	ICE CREAM & MARKE	TPLACE			N		35	P	GW
Local Address (where ap	plicable)		Service	Residentia	al Cor	mmercial	Industrial	Combined	Agricultural
742 AMITY ROAD			Connection			1			
Towns Served: BETHAN	Y								
		Monito	oring Rec	quiremen	ts				
Water System Facility	DISTRIBUTION S	STEM (WSF II	D: 00600)	-					
Total Coliform (3100		•					1 ro	utine (RT)	per quarter
Sampling Point (Sa	•			Monitoring	a Perio	od Colle	ction Period		iance Status
	ory of Active Sampling	Points		10/1/23 - 1					omplete
	- ,			1/1/24 - 3					omplete
				4/1/24 - 6					
				7/1/24 - 9					
<b>Physical Parameters</b>	(PPS)			771724 5,	75072-	-	1 ro	utine (RT)	per quarter
Sampling Point (Sa				Monitoring	n Perio	nd Colle	ction Period		iance Status
DISTRIBUTION SYS				10/1/23 - 1			0/1-12/1		omplete
DISTRIBUTION STS				1/1/24 - 3			0/112/1		omplete
				4/1/24 - 6					mpiece
				7/1/24 - 9					
Water System Facility	ENTRY POINT (W	(SF ID: 00700)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 30, 2	•			
Nitrate And Nitrite (	•						1	routine (I	RT) per year
Sampling Point (Sa				Monitoring	n Perio	nd Colle	ction Period	-	iance Status
ENTRY POINT (3)				1/1/23 - 12			1/1-12/1		omplete
				1/1/24 - 12			1/1-12/1		omplete
				1/1/25 - 12			1/1-12/1		
	Water Sv	ystem Facili	ty and Sa						
Water	Tracer o		cy and ot	8 <b>b</b> 9.	0	Total	-	1	
System Water Syster	m Facility	Sampling Point	Sampling P	oint			m Copper		Stage
Facility ID		ID	Description		Stat	Dula		Asbestos	WQP 2 DBPR
00600 DISTRIBUTIO	N SYSTEM	4	DISTRIBUTI	ON SYSTEM	A				
		DOWNSTREAM			А	<b>\</b>			
				ERVICE CON	А	1			
00700 ENTRY POINT	 Г	3	ENTRY POIN		А	١			
20154 WELL		2	WELL		A				
		Con	tact Info	rmation					
Name		Or	ganization					Job Title	
Mr. Robert J. Cerilli			<u> </u>						
Mailing Address Line On	ie	Mailing Address	Line Two				City	State	Zip Code
83 North Hill Road						North Hav		СТ	06473
	tension Fax	Mobil	e Phone	Emergency P	hone				
203-915-5496	203-239-3			- 0		cerillia@ya			
Contact Role(s): Admir			er						
		· · · · · · · · · · · · · · · · · · ·							

PWS ID	PWS Name			Classification	n Pop	ulation	Owner Type	Primary Source
СТ0080084	BILLY'S ICE CREAM & MARKETPLACE			NC		35	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial Commer	cial I	Industria	al Combine	ed Agricultural
742 AMITY ROA	D	Connections		1				
Towns Served: E	ETHANY			·				

### Please note the following:

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

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

	Connectic	<b>*</b>					<u> </u>				n	
		ter Qual	lity Moni	toring ai	nd Com							
PWS ID	PWS Name					Classifi					e Pi	rimary Source
СТ0080094	FIRST CHURCH C	OF CHRIST CC	NGREGATION			N		2		Р		GW
	where applicable)			Service	Residen	tial Co		al In	dustrial	Combi	ned	Agricultural
511 AMITY ROA				Connection	S		1					
Towns Served: I	BETHANY											
			Monit	oring Req	Juireme	nts						
Water System	Facility: DISTR	IBUTION S	STEM (WSF	ID: 00600)								
<b>Total Coliforn</b>	n (3100)								11	routine (I	RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Perio	od Co	ollecti	ion Peri	od Col	mpli	ance Status
Select from	n Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23				Со	mplete
					1/1/24 -	3/31/2	4				Со	mplete
					4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
<b>Physical Para</b>	• •								1 1	routine (I	RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Perio	od Co	ollecti	ion Peri	od Col	mpli	ance Status
Select from	n Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23				Со	mplete
					1/1/24 -	3/31/2	4				Со	mplete
					4/1/24 -							
					7/1/24 -	9/30/2	4					
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700									
Nitrate And N											-	T) per year
	Point (Sampling P	oint ID)			Monitori	-		ollecti	ion Peri	od Col	mpli	ance Status
ENTRY POI	NT (3)				1/1/23 -						Со	mplete
					1/1/24 -							
					1/1/25 -	12/31/2	25					
		Water Sy	stem Faci	ity and Sa	ampling	Point	t Inve	ntor	'Y			
Water								tal	Lead a			
	er System Facility		Sampling Point		oint			form	Coppe			Stage
Facility ID			ID	Description		Sta	lus	ule	Rule I	ier Asbes	τος	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4				-	Y				
			DOWNSTREAM									
00700 51175			UPSTREAM	WITHIN 5 SI								
	RY POINT		3	ENTRY POIN	11	4						
20155 WEL			2	WELL		A	4					
	TMENT PLANT											
57148 HYDI	ROPNEUMATIC TA	NK										
			Со	ntact Info	rmation							
Name			C	rganization						Job Ti	tle	
Mr. Jim Strein			F	irst Church of	Christ Con	g.		Trus	stee			
Mailing Address	s Line One		Mailing Addres	ss Line Two				Ci	ty	Stat	e	Zip Code
511 Amity Road	I						Bethan	у		СТ		06524
Business Phor	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddres	SS			
203-393-311	6						info@b	ethar	nyfirstch	urch.org		
Contact Role(s):	Administrative	Contact, Leg	al Contact									

	• •						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0080094	FIRST CHURCH OF CHRIST CONGREGATIONA	L		NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	itial Commerci	al Industri	al Combine	ed Agricultural
511 AMITY ROA	D	Connections		1			
Towns Served:	BETHANY			1			

### Please note the following:

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

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

Coni		: Departme r Quality N						0			tion	
		I Quality I	10111	Juning a							Tura	
PWS ID PWS N								-				rimary Source
	EPISCOPAL	CHURCH		c ·			١C	2	-	F		GW
Local Address (where ap	oplicable)			Service Connectior	Resident		ommei	rciai in	dustria		ombined	Agricultural
526 AMITY ROAD	~			connection	15		1					
Towns Served: BETHAN	Ŷ		-	• -								
Water System Facility					quiremer	nts						
Total Coliform (3100			(00511	D. 000007					1	routi	no (PT)	per quarter
Sampling Point (Sco	•	( תו			Monitorin	na Dori	iod	Collecti				ance Status
Select from Invento		-			10/1/23 -	-		concert	onren	ou		mplete
Select nom invento	ory of Active	Sampling Fornes			1/1/24 - 1							mplete
					4/1/24 -							mpiete
					7/1/24 -							
Physical Parameters	(PPS)				,, 1, 24 -	5, 50, 2	- 7		1	routi	ne (RT)	per quarter
Sampling Point (So	• •	t ID)			Monitorin	na Peri	ind	Collecti				ance Status
Select from Invento					10/1/23 -	-		conceth		04		mplete
		Samping Fornes			1/1/24 - 1							omplete
					4/1/24 -							p.ete
					7/1/24 - 1							
Water System Facility	ENTRY P	OINT (WSFID:	00700)		, ,	- , ,						
Nitrate And Nitrite (										1 ro	utine (R	RT) per year
Sampling Point (So	•	t ID)			Monitorin	na Peri	iod	Collecti	on Peri		-	iance Status
ENTRY POINT (3)		,			1/1/23 - 1	-						mplete
					1/1/24 - 1							mplete
					1/1/25 - 1							
	W	ater System	<b>Facil</b>	ity and S				ventor	y			
Water								Total	Lead a	Ind		
System Water System	m Facility	Sampliı	ng Point	Sampling P			С	oliform				Stage
Facility ID		I	D	Description		Sto	atus	Rule	Rule T	Tier A	sbestos	WQP 2 DBPR
00600 DISTRIBUTIO	N SYSTEM		4		ON SYSTEM		A	Y				
					SERVICE CON		A					
		UPST	REAM	WITHIN 5 S	SERVICE CON		A					
00700 ENTRY POINT	Г		3	ENTRY POI	NT		A					
20159 WELL			2	WELL			A					
				ntact Info	rmation							
Name				rganization							ob Title	
Ms. Diane Prall		I		hrist Episcop	al Church				ce Man	-		
Mailing Address Line Or	ne			s Line Two				Ci	ty		State	Zip Code
Office Manager			nity Road				Beth				СТ	06524
	tension	Fax	Mobi	ile Phone	Emergency	Phone	_					
203-393-3399	• • • • •						offic	e@christ	tchurch	betha	iny.org	
Contact Role(s): Admir	histrative Co	ntact										

	· · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	mey monte		a don	-pina		oncau			
PWS ID	PWS Name					Classifi	cation	Population	Own	ner Type	Primary Source
СТ0080144	CHRIST EPISCOP	L CHURCH				N	C	25		Р	GW
Local Address (w	nere applicable)			Service	Residen	tial Co	mmercia	al Industri	al	Combine	d Agricultural
526 AMITY ROAD				Connections			1				
Towns Served: B	THANY				1						
Name			Or	ganization						Job Title	5
Mr. Matt Baker			Ch	rist Episcopal	Church			Junior Wa	arden		
Mailing Address I	ine One		Mailing Address	Line Two				City		State	Zip Code
526 Amity Rd							Bethan	У		СТ	06524
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email A	ddress			
203-393-3399					203-644	-7551	office@	christchurc	hbet	hany.org	
Contact Role(s):	Legal Contact		1								
Please note the f	ollowing:										

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

Connecticut D	epartment of	f Public Health I	Drinki	ng Wa	ater Se	ction	
	-	coring and Comp		-			
PWS ID PWS Name		C	lassificati	on Popu	lation Owr	ner Type P	rimary Source
CT0080154 119 AMITY ROAD			NC	2	8	Р	GW
Local Address (where applicable)		Service Residentia	al Comm	ercial In	dustrial	Combined	Agricultura
GRAND AVE PIZZA		Connections	2				
Towns Served: BETHANY							
		oring Requiremen	ts				
Water System Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou		per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		iance Status
Select from Inventory of Active Sam	pling Points	10/1/23 - 1					omplete
		1/1/24 - 3				Co	omplete
		4/1/24 - 6					
		7/1/24 - 9	/30/24				
Physical Parameters (PPS)							per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		iance Status
Select from Inventory of Active Sam	pling Points	10/1/23 - 1					omplete
		1/1/24 - 3				Co	omplete
		4/1/24 - 6					
		7/1/24 - 9	/30/24				
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)						-	RT) per year
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		iance Status
ENTRY POINT (3)		1/1/23 - 12				Co	omplete
		1/1/24 - 12	-				
		1/1/25 - 12	2/31/25				
Water System Facility: WELL (WSF	ID: 20160)						
E. Coli (3014)				<b>.</b>		• •	per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		iance Status
WELL (2)		10/1/23 - 1				C	omplete
		1/1/24 - 3					
		4/1/24 - 6					
	- ·	7/1/24 - 9		_			
Wate	er System Facil	ity and Sampling P	oint In	ventor	Г <b>у</b>		
Water				Total	Lead and		
System Water System Facility	Sampling Point ID	Sampling Point Description		Coliform	Copper	Achastas	Stage
		•	Status	Rule	Rule Her	Aspestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		WITHIN 5 SERVICE CON	A				
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	A				
20160 WELL	2	WELL	A				
48183 TREAMENT PLANT							
		tact Information					
Name		rganization				Job Title	
Mr. Erwin A. Sickinger		19 Rt 63 Associates LLC	I		nager		
Mailing Address Line One	Mailing Addres	s Line Two		Ci	ty	State	Zip Code
45 Ranner Dr NOTE: This information has been provided to help Any inaccuracies contained herein will not relieve			compliance				06460 og requirements
Schodula Constation Data: 1/2/2021							Paga

Schedule Generation Date: 4/3/2024

						P					
PWS ID	PWS Name					Clas	sification	Population	Owner Type	e Pr	imary Source
СТ0080154	119 AMITY ROAI	D					NC	28	Р		GW
Local Address (w	here applicable)			Service	Reside	ential	Commerc	ial Industr	rial Combir	ned	Agricultural
GRAND AVE PIZZ	A			Connectio	ons		2				
Towns Served: Bl	ETHANY				I				1		
							iviiii Oi	u			00-00
Business Phone	e Extension	Fax	Мо	bile Phone	Emergen	cy Pho	ne Email	Address			
203-878-6524			203	3-710-2700			banne	rsys@aol.co	om		
Contact Role(s):	Legal Contact, C	Owner									
Name				Organization	1				Job Tit	le	
Mr. Guido Rodrig	guez			Apizza Grand	le			Manager			
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	State	ž	Zip Code
119 Amity Road							Betha	ny	СТ		06524
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	cy Pho	ne Email	Address			
203-691-8045					203-61	9-373	7 apizza	grandebeth	any@gmail.c	om	
Contact Role(s):	Administrative	Contact			- 1						

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

Connecticut Departmer Water Quality M				0			
PWS ID PWS Name	onitoring all		lassificatio	on Popula	ation O	wner Type Pr	
CT0080204 TEDDY BS	- ·		NC	25		P	GW
Local Address (where applicable)	Service Connections	Residentia		ercial Ind	dustrial	Combined	Agricultural
136 AMITY ROAD	connections		1				
Towns Served: BETHANY			_				
	Ionitoring Requ	irement	ts				
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)				_		
Total Coliform (3100)						outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		Collectio	on Perio	-	ance Status
Select from Inventory of Active Sampling Points		.0/1/23 - 12					mplete
		1/1/24 - 3,				Co	mplete
		4/1/24 - 6,	/30/24				
		7/1/24 - 9,	/30/24				
Physical Parameters (PPS)						outine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring	-	Collectio	on Perio	_	ance Status
Select from Inventory of Active Sampling Points		.0/1/23 - 12					mplete
		1/1/24 - 3,				Co	mplete
		4/1/24 - 6,					
		7/1/24 - 9,	/30/24				
Water System Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate (1040)					1 r	outine (RT) p	per quarter
Sampling Point (Sampling Point ID)	1	Monitoring	g Period	Collectio	on Perio	d Complie	ance Status
ENTRY POINT (3)	1	.0/1/23 - 12	2/31/23			Co	mplete
		1/1/24 - 3,	/31/24			Co	mplete
		4/1/24 - 6,	/30/24				
		7/1/24 - 9,	/30/24				
Nitrite (1041)						1 routine (R	T) per year
Sampling Point (Sampling Point ID)	I	Monitoring	g Period	Collectio	on Perio	d Complie	ance Status
ENTRY POINT (3)		1/1/23 - 12	2/31/23			Со	mplete
		1/1/24 - 12	2/31/24			Со	mplete
		1/1/25 - 12	2/31/25				
Oth	ner Compliance	Schedu	les				
Compliance Schedule Activity	•		ie Date		Achieve	d Date	
RESPOND TO SANITARY SURVEY		7/1	L3/2016				
RESPOND TO SANITARY SURVEY			28/2021				
	c Notification R						
	Compliance	Notice	1	c Notifica	tion	PN Cert	ification
Violation/Situation	Period	Tier	Require		ormed	Due to DPH	Received
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/12/20		Sincu	11/22/2004	necciteu
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	11/12/20			11/22/2004	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/18/20			8/28/2005	
	Facility and San				V	3, 20, 2003	
	racinty and San	iping P	ontin		-		
Water System Easility Sampling	Doint Compling Doin	+			Lead an		Chara-
System Water System Facility Sampling Facility ID ID	Point Sampling Poin Description	it.		Coliform Rule	Coppe Rule Ti	r er Asbestos	Stage
	-	CVCTEN4	<u>Status</u>	Y	Aute II		
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		A				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ СТ0080204 **TEDDY BS** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 136 AMITY ROAD 1 Towns Served: BETHANY Water System Facility and Sampling Point Inventory Lead and **Total** Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae Description ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT ENTRY POINT Α 3 2 20164 WELL WELL Α UV TREATMENT 62101 **Contact Information** Organization Job Title Name Mr. Andv Kambo Teddy B's Owner Mailing Address Line One Mailing Address Line Two Zip Code City State 136 Amity Road Bethanv 06524 CT **Business Phone** Extension Emergency Phone Email Address Fax **Mobile Phone** 203-393-1525 203-598-8238 kambogezim@sbcglobal.net Contact Role(s): Administrative Contact, Owner Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connecticut Dep	artment of	Public He	alth D	rinki	ng W	Vater Se	ction	
	Water Qua	ality Monit	oring and	Compl	lianc	e Sch	nedule		
PWS ID	PWS Name	5	0	Cla	ssificati	on Pop	ulation Owr	ner Type P	rimary Source
СТ0080214	WOODHAVEN COUNTRY C	LUB			NC		25	Р	GW
Local Address (	where applicable)		Service F	Residential	Comm	ercial	Industrial	Combined	Agricultural
275 MILLER RC	AD		Connections		1				
Towns Served:	BETHANY						1		
		Monito	oring Requi	rements	5				
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1 rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		м	onitoring F	Period	Collec	ction Period		iance Status
Select fro	m Inventory of Active Samplir	ng Points	10	/1/23 - 12/	/31/23			Co	omplete
			1	/1/24 - 3/3	1/24			Сс	omplete
			4	/1/24 - 6/3	0/24				
			7	/1/24 - 9/3	0/24				
<b>Physical Para</b>	ameters (PPS)						1 rou	tine (RT)	per quarter
	Point (Sampling Point ID)		M	onitoring <b>F</b>	Period	Collec	ction Period	Compl	iance Status
Select fro	m Inventory of Active Samplir	ng Points		/1/23 - 12/					omplete
				/1/24 - 3/3				Co	omplete
				/1/24 - 6/3	-				
			7	/1/24 - 9/3	0/24				
	n Facility: ENTRY POINT	WSF ID: 00700)							
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)			onitoring F		Collec	ction Period		iance Status
ENTRY PO	INT (3)			/1/23 - 12/3					omplete
				/1/24 - 12/3				Co	omplete
				/1/25 - 12/3					
		Other Co	ompliance S	chedule	es				
	hedule Activity				Date		Achieved	Date	
CROSS CONNE	CTION SURVEY REPORT			3/1/	/2020				
CROSS CONNE	CTION SURVEY REPORT			3/1/	/2021				
CROSS CONNE	CTION SURVEY REPORT			3/1/	2022				
CROSS CONNE	CTION SURVEY REPORT			3/1/	2023				
CROSS CONNE	CTION SURVEY REPORT			3/1/	2024				
	Water	System Facili	ity and Sam	pling Po	oint In	vento	ory		
Water						Total	Lead and		
	ter System Facility		Sampling Point			Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION S		A	Y			
			WITHIN 5 SERVI		A				
00700 5117		UPSTREAM	WITHIN 5 SERVI	CE CON	A				
	RY POINT	3	ENTRY POINT		A				
20165 WEI	_L	2	WELL		A				
		Con	tact Inform	ation					
Name			rganization					Job Title	
Mr. Paul Falco			oodhaven Count	ry Club					
Mailing Addres		Mailing Address	s Line Two				City	State	Zip Code
343 Miller Roa	ld				Bet	hany		СТ	06524
NOTE: This inform	ation has been provided to help own	ners and operators of	public water system	s maintain coi	mpliance	with drin	king water qual	ity monitorin	g requirements.

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0080214	WOODHAVE	N COUNTRY CI	LUB			NC	25	Р	GW
Local Address (w	here applica	ble)		Service	Residen	itial Commerc	cial Industri	al Combine	ed Agricultural
275 MILLER ROA	D			Connections	5	1			
Towns Served: B	ETHANY			÷					
Business Phon	e Extensi	on Fai	x Mob	ile Phone E	mergency	/ Phone Email	Address		
203-393-3230	)					wood	havengolf27	5@gmail.com	
Contact Role(s):	Administrat	ive Contact, Le	egal Contact, Ow	ner		·			
Plaasa noto tha	following								

#### Please note the following:

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

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

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

Connecticut Depa	irtment of	Public	Health D	rink	ing W	ater Se	ction	
Water Qua					0		ction	
PWS ID PWS Name		oring a					ner Type P	rimary Source
CT0081084 COUNTRY CORNER DINER LI	.c			NC		32	P	GW
Local Address (where applicable)		Service	Residentia	-		ndustrial	Combined	
756 AMITY ROAD		Connectio			1			0
Towns Served: BETHANY								
	Monite	oring Re	quirement	S				
Water System Facility: DISTRIBUTION S	YSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compl	iance Status
Select from Inventory of Active Sampling	; Points		10/1/23 - 12	/31/23			Co	omplete
			1/1/24 - 3/	31/24			Co	omplete
			4/1/24 - 6/	30/24				
			7/1/24 - 9/	30/24				
Physical Parameters (PPS)						1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compl	iance Status
Select from Inventory of Active Sampling	; Points		10/1/23 - 12					omplete
			1/1/24 - 3/				Co	omplete
			4/1/24 - 6/					
			7/1/24 - 9/	30/24				
Water System Facility: ENTRY POINT (N	VSF ID: 00700)							
Nitrate And Nitrite (NOX)							-	RT) per year
Sampling Point (Sampling Point ID)			Monitoring		Collect	ion Period		iance Status
ENTRY POINT (3)			1/1/23 - 12,					omplete
			1/1/24 - 12,				Co	omplete
Motor 6	ystem Facili	ity and S	1/1/25 - 12,		nvonto	<b>F</b> 1/		
	ystem racin	ity and S				-		
	Sampling Point	Sampling F	Point		Total Coliform	Lead and Copper		Stage
Facility ID	ID	Description	า	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	ION	А				
	DOWNSTREAM			А				
	UPSTREAM	WITHIN 5 S	SERVICE CON	А				
00700 ENTRY POINT	3	ENTRY POI	NT	Α				
52012 WELL 1	2	WELL 1		Α				
	Con	tact Info	ormation					
Name		rganization					Job Title	
Mr. Syrja T. Topciu		ountry Corne	er Diner					
Mailing Address Line One	Mailing Address	s Line Two				ity	State	Zip Code
756 Amity Rd			_		ethany		СТ	06524
Business Phone Extension Fax		le Phone	Emergency Ph					
203-393-1489 203-393-			203-509-99	64 qa	zit2018@	gmail.com		
Contact Role(s): Administrative Contact, Leg	gal Contact, Owr	ner						

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0081084	COUNTRY CORNER DINER LLC			NC	32	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
756 AMITY ROAI	)	Connections		1			
Towns Served: B	ETHANY			·	·	·	

#### Please note the following:

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

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

	Connecticut Dep						0		ection	
		ality Monit	oring an	d Com						
PWS ID	PWS Name									Primary Source
СТ0081094	EVAN'S DELI				-	NC		L02	P	GW
	(where applicable)		Service	Residen	tial Co	omme	rcial I	ndustrial	Combined	Agricultura
710 AMITY RO			Connections			1				
Towns Served	: BETHANY									
Mator Custor			oring Requ	ireme	nts					
Total Colifor	m Facility: DISTRIBUTION		D: 00600)					1 m	utino (PT	) per month
	Point (Sampling Point ID)			Monitori	ina Peri	ind	Collec	tion Period	-	iance Status
	om Inventory of Active Sampli	ng Points		11/1/23 -	_		conce			omplete
501000 110	in inventory of Active Sample			12/1/23 -		-				omplete
				1/1/24 -						omplete
				2/1/24 -						omplete
				3/1/24 -						omplete
				4/1/24 -					C	Simplete
				5/1/24 -						
				6/1/24 -						
				7/1/24 -						
				8/1/24 -						
				9/1/24 -						
				10/1/24 -						
Physical Par	ameters (PPS)			10/1/21	10,01,	/_ !		1 rc	outine (RT	) per month
•	Point (Sampling Point ID)			Monitori	ing Peri	iod	Collec	tion Period	-	iance Status
	om Inventory of Active Sampli	ng Points		11/1/23 -	-					omplete
	· ·	-		12/1/23 -						omplete
				1/1/24 -	1/31/2	24				omplete
				2/1/24 -	2/29/2	24			C	omplete
				3/1/24 -	3/31/2	24			C	omplete
				4/1/24 -						
				5/1/24 -	5/31/2	24				
				6/1/24 -						
				7/1/24 -	7/31/2	24				
				8/1/24 -	8/31/2	24				
				9/1/24 -	9/30/2	24				
				10/1/24 -	10/31,	/24				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1	routine (	RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ing Peri	iod	Collec	tion Period	Comp	iance Status
ENTRY PC	DINT (3)			1/1/23 -	12/31/	/23			C	omplete
				1/1/24 -					C	omplete
				1/1/25 -						
	Water	System Facili	ity and Sar	npling	Poin	it Inv	/ento	ry		
Water							Total	Lead and	1	
	iter System Facility	Sampling Point		nt		C	oliform			Stage
Facility ID		ID	Description			atus	Rule	Rule Tiel	Asbestos	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			A				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N .	А				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ СТ0081094 EVAN'S DELI NC 102 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 710 AMITY ROAD 1 Towns Served: BETHANY Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status UPSTREAM WITHIN 5 SERVICE CON Δ 00700 ENTRY POINT 3 ENTRY POINT A 2 WELL 1 А WELL 1 52303 **Contact Information** Job Title Organization Name Mr. Raymond Wiley State Mailing Address Line One Mailing Address Line Two City Zip Code 708 Amity Rd СТ 06524 Bethany **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:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connecticut De Water Or	partment of uality Monit					U		ection	
PWS ID	PWS Name	addieg Florint	or ing und	A 0011					vner Type	Primary Source
СТ0081104		RE DEPT HO			Ciu	NC		25	I	GW
	ess (where applicable)		Service	Residen	tial		ercial	Industrial	Combine	
765 AMITY			Connections	nesiden	ciui	1	lioiai	maastriar	Combine	
	ved: BETHANY					-				
		Monit	oring Requ	iromo	ntc					
Water Sys	stem Facility: <b>DISTRIBUTIO</b>		·	neme	1113	•				
Total Col	iform (3100) ling Point (Sampling Point ID)			Monitorii	na P	Period	Colle	1 rc		per quarter liance Status
-	t from Inventory of Active Samp	ling Points		LO/1/23 -	-		cone			omplete
Jelect	t nom inventory of Active Samp			1/1/24 -						omplete
				4/1/24 -						ompiete
				7/1/24 -		-				
Physical I	Parameters (PPS)			771724	575	0/24		1 rc	utine (RT)	per quarter
-	ling Point (Sampling Point ID)			Monitori	na P	Period	Colle	ction Perio	• •	liance Status
-	t from Inventory of Active Samp	ling Points		10/1/23 -	-					omplete
				1/1/24 -						omplete
				4/1/24 -					-	
				7/1/24 -						
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)		<u> </u>	,					
Nitrate A	and Nitrite (NOX) Nord Nitrite (Sampling Point ID)			Monitorii	na D	Deriod	Colla	ction Period	-	RT) per year <i>liance Status</i>
-	Y POINT (3)			1/1/23 -	-		Cone			omplete
LINIIN				1/1/24 -					C	ompiete
				1/1/25 -			_			
		Other C	ompliance							
Complianc	e Schedule Activity					Date		Achieved	d Date	
RESPOND	TO SANITARY SURVEY			8	/22/	/2012				
RESPOND	TO SANITARY SURVEY			8	/13/	/2017				
RESPOND	TO SANITARY SURVEY			3	/18/	/2023				
	Wate	r System Facili	ity and San	npling	Ро	int In	vent	ory		
Water		•	•				Total	-	d	
System	Water System Facility	Sampling Point	Sampling Poir	nt		(	Colifor	m Copper		Stage
Facility ID		ID	Description			Status	Rule	Rule Tie	er Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	004	DSR			А	Y			
		4	DISTRIBUTION			А				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	А				
		UPSTREAM	WITHIN 5 SER	VICE CON	J	А				
00700	ENTRY POINT	3	ENTRY POINT			А				
53256	WELL 1	2	WELL 1			А				
62684	ATMOSPHERIC STORAGE									
62686	TREATMENT SYSTEM									
		Con	tact Inform	nation						
Name			rganization						Job Title	
	Cofrancesco		own of Bethany				F	irst Selectw		
	dress Line One	Mailing Addres	•				1*1*	City	State	Zip Code
	formation has been provided to help o	_		ms maintai	in cor	npliance v	vith drir	•		

	-	· · · · ·	- )	-	- 0 -	-		1				-	1	
PWS ID	PWS Name							Clas	sification	Po	opulation	Owner Type	Prir	mary Source
СТ0081104	BETHANY VOLU	NTEER FIRE I	DEPT HQ						NC		25	L		GW
Local Address (w	here applicable)				Service	R	esiden	tial	Commerc	ial	Industri	al Combin	ed	Agricultural
765 AMITY ROAD	)				Connectio	ons			1					
Towns Served: B	ETHANY													
40 Peck Road									Bethar	ny		СТ		06524
Business Phone	e Extension	Fax	1	Mobil	le Phone	Eme	rgency	/ Pho	ne Email /	Ado	dress			
203-393-2100	1100					20	)3-915-	5625	pcofra	nce	esco@Bet	hany-ct.com		
Contact Role(s):	Legal Contact, (	Owner											-	
Name	·			Or	ganization							Job Titl	e	
Mr. Rod White				То	wn of Beth	nany					Fire Marsl	hall		
Mailing Address	Line One		Mailing Ad	dress	s Line Two						City	State		Zip Code
40 Peck Road									Bethar	ny		СТ		06524
Business Phone	e Extension	Fax	1	Mobil	le Phone	Eme	rgency	Pho	ne Email /	Ado	dress			
203-393-2100	1119								firema	rsh	al@betha	any-ct.com		
Contact Role(s):	Administrative	Contact	·											
	<u>, , , , , , , , , , , , , , , , , , , </u>													

#### 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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	Connecticut Dep Water Ou	ality Moni				0		
WS ID	PWS Name		toring and	<b>I</b>		Population O		imary Source
T0081124	VETERANS MEMORIAL PA				NC	25	L	GW
	where applicable)		Service	Residentia			Combined	Agricultura
65 BEACON R			Connections	Residentia	1		combined	Agriculture
owns Served:					-			
owno oerreur		Moni	toring Requ	uirement	ts			
Vater System	Facility: DISTRIBUTION		<u> </u>					
Total Colifor						1 r	outine (RT) p	per quarter
	Point (Sampling Point ID)			Monitoring	Period	<b>Collection Perio</b>		nce Status
Select from	m Inventory of Active Sampl	ng Points		10/1/23 - 10	)/31/23			nplete
Total Colifor	· · ·	-				1	routine (RT)	per month
	Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ance Status
	m Inventory of Active Sampl	ng Points		5/1/24 - 5/				
	,	<u> </u>		6/1/24 - 6/				
				7/1/24 - 7/				
				8/1/24 - 8/				
				9/1/24 - 9/				
				10/1/24 - 10				
Physical Para	meters (PPS)					1 r	outine (RT) p	oer quarter
•	Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ance Status
	m Inventory of Active Sampl	ng Points		10/1/23 - 10		10/1-10/31		nplete
	meters (PPS)	0					routine (RT)	
•	Point (Sampling Point ID)			Monitoring	Period	Collection Perio		nce Status
	m Inventory of Active Sampl	ng Points		5/1/24 - 5/				
	<u> </u>	0		6/1/24 - 6/				
				7/1/24 - 7/				
				8/1/24 - 8/				
				9/1/24 - 9/	/30/24			
				10/1/24 - 10	)/31/24			
Vater System	Facility: ENTRY POINT	(WSF ID: 00700	))					
	Nitrite (NOX)						1 routine (R	T) per vea
	Point (Sampling Point ID)			Monitoring	Period	<b>Collection Perio</b>	=	ance Status
ENTRY PO				1/1/23 - 12				nplete
	( )			1/1/24 - 12				•
				1/1/25 - 12				
		Other	Compliance	Schedu	les			
Compliance Sci	hedule Activity				e Date	Achieve	d Date	
	ANITARY SURVEY			-	7/2021			
	RT UP COMPLETION				1/2024			
		Public No	otification R		•			
			Compliance	Notice		Notification	PN Cert	ification
/iolation/Situa			Period	Tier	Required			Received
Physical Param	eters M&R Violation	5/	1/18 - 5/31/18	3	9/11/2019	)	9/21/2019	
	Water	System Fac	lity and Sar	mpling P	oint Inve	entory		
Water						Total Lead a		
	ter System Facility	Sampling Poin	nt Sampling Poi Description	nt		liform Coppe	r er Asbestos	Stage
acility ID		11)				Rule Rule Ti	an Babaataa	

Schedule Generation Date: 4/3/2024

	Water Qua	inty monit	<u>or ing al</u>		рпа	nce s	ulleuu	16		
PWS ID PV	VS Name				Classif	ication	Population	Ow	ner Type	Primary Sour
CT0081124 VE	TERANS MEMORIAL PARK	PAVILLION			N	С	25		L	GW
Local Address (whe	re applicable)		Service	Resident	ial Co	mmercia	al Industr	ial	Combine	ed Agricultur
265 BEACON ROAD			Connection	IS		1				
Towns Served: BET	HANY		÷		·		·	·		
00600 DISTRIBU	JTION SYSTEM	4	, DISTRIBUTIO	ON SYSTEM		4				
						۰. ۹				
		UPSTREAM	WITHIN 5 SI			۰. ۹				
00700 ENTRY P	ΟΙΝΤ	3	ENTRY POIN			۹.				
57720 WELL 1		2	WELL 1	•••		۰. ۹				
37720 11222					,	<u>.</u>				
			tact Info	rmation						
Name		Or	rganization						Job Title	9
Town of Bethany						1				
Mailing Address Lin	e One	Mailing Address	s Line Two				City		State	Zip Code
40 Peck Rd						Bethan	У		СТ	06524
<b>Business Phone</b>	Extension Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
Contact Role(s): O	wner									
Name			rganization						Job Title	9
Ms. Paula Cofrance	SCO		own of Betha	ny		1	First Sele	ctwc	oman	
Mailing Address Lin	e One	Mailing Address	s Line Two				City		State	Zip Code
40 Peck Road						Bethan	У		СТ	06524
<b>Business Phone</b>	Extension Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
203-393-2100	1100		203-915-5625 pcofrancesco@Bethany-ct.com							
Contact Role(s): A	dministrative Contact, Leg	al Contact								
Please note the fol	lowing:									

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

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	Connecticut Dep	artment o ality Moni				0					
	PWS Name		toring a	na con	1				Drimany Course		
PWS ID CT0081134	BETHANY MART				Classifi		100	P	Primary Source GW		
	where applicable)		Service	Residen		mmercial					
6 SARGENT DR			Connectior			1	Industrial		Agricultural		
Towns Served:			connection	10		T					
Towns Served.	DETTANT	<b>N A a a b</b>	tavina Dav								
Water Systen	Facility: DISTRIBUTION		toring Red ID: 00600)	quireme	nts		_	_	_		
<b>Total Colifor</b>	m (3100)						1	routine (RT)	per quarter		
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection Peri	od Comp	liance Status		
Select fro	m Inventory of Active Sampli	ng Points		10/1/23 -	12/31/	23		C	omplete		
				1/1/24 -	3/31/2	4		C	omplete		
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
<b>Physical Para</b>	ameters (PPS)						1	routine (RT)	per quarter		
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection Peri	od Comp	<b>Compliance Status</b>		
Select fro	m Inventory of Active Sampli	ng Points		10/1/23 -	12/31/	23		С	Complete		
				1/1/24 -	3/31/2	4		C	omplete		
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
Water Systen	n Facility: ENTRY POINT	WSF ID: 00700	))								
Nitrate And	Nitrite (NOX)							1 routine (	RT) per year		
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection Peri	od Comp	liance Status		
ENTRY PO	INT (3)			1/1/23 -	12/31/2	23		C	omplete		
				1/1/24 -	12/31/2	24		C	omplete		
				1/1/25 -	12/31/2	25					
	Water	System Faci	lity and S	ampling	Point	t Inven	tory				
Water System Wat Facility ID	ter System Facility	Sampling Poin ID	t Sampling P Description		Sta	Tot Colife tus Ru	orm Coppe	er	Stage 5 WQP 2 DBPR		
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM							
		DOWNSTREAM	A WITHIN 5 S	ERVICE CON	N A	4					
		UPSTREAM	WITHIN 5 S	ERVICE COM	N A	4					
00700 ENT	RY POINT	3	ENTRY POI	NT	A	Ą					
59515 WE	LL 1	2	WELL 1		A	4					
		Со	ntact Info	rmation							
Name		C	Organization					Job Title			
Mr. Mukesh Pa	atel										
Mailing Addres	s Line One	Mailing Addre	ss Line Two				City	State	Zip Code		
2 Woodsman H	lill Rd					Wallingfo	ord	СТ	06492		
Business Pho	one Extension Fa	x Mot	bile Phone	Emergency	Phone	Email Ad	dress				
203-284-784	14			203-435-	3730	mike420	59@usa.coi	m			
Contact Role(s	Administrative Contact, L	egal Contact, Ow	vner								

PWS ID	PWS Name Class					Population	Owner Type	Primary Source		
СТ0081134	BETHANY MART			NC		100	Р	(	GW	
Local Address (where applicable)		Service	Residen	tial Com	mercia	l Industria	al Combine	ed Ag	d Agricultural	
6 SARGENT DRIVE		Connections			1					
Towns Served:	BETHANY	·					1			

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(	Connectic	-						<u> </u>			ection		
		ter Quai	ity Monit	or mg a									
	WS Name							on Po		ion 0		Pri	mary Source
		REAM		c ·			NC		25		P		GW
Local Address (wh	iere applicable)			Service Connectio	Resident	tial C	Comme	ercial	Indu	istrial	Combine	d	Agricultura
13 BEAR HILL RD				Connectio	115		1						
Towns Served: BE	THANY												
			Monito	oring Re	quireme	nts							
Water System F	acility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)									
Total Coliform	(3100)									<b>1</b> r	outine (RT	.) b	er quarter
Sampling Po	int (Sampling P	oint ID)			Monitorii	ng Pel	riod	Colle	ection	n Perio	-		nce Status
Select from I	nventory of Act	ive Sampling	Points		10/1/23 -	12/31	1/23					Com	plete
					4/1/24 -	6/30/	/24						
					7/1/24 -	9/30/	/24						
<b>Physical Param</b>	eters (PPS)									<b>1</b> r	outine (R1	.) p	er quarter
-	int (Sampling P	oint ID)			Monitorii	ng Pel	riod	Colle	ection	n Perio	-	•••	nce Status
	nventory of Act		Points		10/1/23 -	-							plete
	·				4/1/24 -		-						
					7/1/24 -	9/30/	/24						
Water System Fa	acility: ENTR	Y POINT (W	/SF ID: 00700)										
Nitrate And Nit			,			_	_	_	_	_	1 routine	(RT	) per year
	int (Sampling P	oint ID)			Monitorii	na Pel	riod	Coll	ection	n Perio		-	nce Status
ENTRY POIN		,			1/1/23 - 1								plete
	. (0)				1/1/24 - 1								plete
					1/1/25 - 1		-						·p·oto
		Mator Su	stom Eacili	ity and S	· ·	-		vont	on				
		water sy	vstem Facili	ity and S	ampiing	POI	nt m		-				
Water	Suctom Encility		Sampling Point	Camplina	Doint			Tota		ead an			Charac
System Water Facility ID	System Facility	-	ID	Description				Colifo Rule		Coppe Sule Ti		ns la	Stage VQP 2 DBP
	BUTION SYSTEM	1	4	-	ION SYSTEM		tatus A	Y			LI ASDESIC	/ <b>5</b> V	
00000 DISTRI	BOTION STSTEN		4 DOWNSTREAM					I					
			UPSTREAM	_	SERVICE CON		A A						
00700 ENTRY	DOINT					4							
	POINT		3	ENTRY POI			A						
62247 WELL			2	WELL			A					_	
			Con	tact Info	ormation								
Name			О	rganization							Job Title	5	
Ms. Wendy Kriz			Kr	iz Farm Ice	Cream			l	egal	Conta	ct		
Mailing Address L	ine One		Mailing Address	s Line Two					City		State		Zip Code
13 Bear Hill Rd.							Betl	hany			СТ		06524
<b>Business Phone</b>	Extension	Fax	Mobi	le Phone	Emergency	Phon	e Ema	ail Ado	lress				
204-915-5534							kriz	farmir	nc@gr	mail.co	m		
Contact Role(s):	Administrative	Contact, Lega	al Contact										
Please note the fo													
	infectant concent	tration must be	e measured at the	e same locati	on and time a	s each	total c	oliforn	n samp	ole.			
2. If a Collection P	eriod is specified,	all water qual	ity samples must	be collected	during the spe	ecified	period	ł.					
	esults, additional								lule is	subject	to change,	and	any related
correspondence	e sent by the DWS				dule will have Drinking Wa							hed	ule.

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End of schedule