	Connecticut D	•						<u> </u>			on	
	Water (Quality M	onit	oring an	d Con	nplia	nce	Sche	edule	È		
PWS ID	PWS Name					Classif	icatior	n Popu	lation (Dwner 1	Type P	rimary Source
СТ0080044	667 AMITY ROAD					N	IC	2	25	Р		GW
Local Address	(where applicable)			Service	Residen	itial Co	mmer	cial In	ndustria	l Con	nbined	Agricultural
667-687 AMIT	TY ROAD			Connections			1					
Towns Served	: BETHANY											
		Μ	lonit	oring Req	uireme	nts						
Water Syste	m Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)								
Total Colifo	rm (3100)								1	routine	e (RT)	per quarter
Sampling	g Point (Sampling Point IL)			Monitori	ing Peri	od	Collect	ion Peri	od	Compl	iance Status
Select fro	om Inventory of Active Sar	npling Points			4/1/24 -	6/30/2					Co	omplete
					7/1/24 -	9/30/2	24				Co	omplete
					10/1/24 -	- 12/31/	/24				Co	omplete
					1/1/25 -	- 3/31/2	25					
					4/1/25 -	- 6/30/2	25					
-	rameters(PPS) g Point (Sampling Point IL))			Monitori	ing Peri	od	Collect	1 ion Peri			per quarter <i>iance Status</i>
Select fro	om Inventory of Active Sar	npling Points			4/1/24 -	- 6/30/2	24				Сс	omplete
					7/1/24 -	- 9/30/2	24				Сс	omplete
					10/1/24 -	- 12/31/	/24				Сс	omplete
					1/1/25 -	- 3/31/2	25					
					4/1/25 -	6/30/2	25					
Water Syste	m Facility: ENTRY POII	NT (WSF ID: 0	0700)									
Nitrate And	Nitrite (NOX)									1 rou	tine (I	RT) per year
Sampling	g Point (Sampling Point IL))			Monitori	ing Peri	od	Collect	ion Peri	od	Compl	iance Status
ENTRY P	OINT (3)				1/1/23 -	12/31/2	23				Co	omplete
					1/1/24 -	12/31/2	24				Сс	omplete
					1/1/25 -	12/31/2	25					
	Wat	er System	Facili	ity and Sa	mpling	Poin	t Inv	ento	r y			
Water System Wo Facility ID	ater System Facility	Sampling ID		Sampling Po Description	int	Sta		Total oliform Rule		er	bestos	Stage WQP 2 DBPI
00600 DIS	STRIBUTION SYSTEM	4		DISTRIBUTIO	N SYSTEN	1 /	A	Y				
00700 EN	ITRY POINT	3		ENTRY POIN	Г		Ą					
20150 Wi	ELL	2		WELL			A					
			Con	tact Infor	mation)						
Name			0	rganization						Job	o Title	
Mr. Matt Mic	cros											
Mailing Addre	ess Line One	Mailing /	Addres	s Line Two				Ci	ty	S	tate	Zip Code
242 Whippoo							Strat	ford			СТ	06614
Business Ph	one Extension	Fax	Mobi	le Phone E	mergency	/ Phone	Emai	Addre:	SS	I	I	
203-650-49	963						matt	micros@	@aol.co	m		
Contact Role(s): Legal Contact											

		· · · ·	<i>J</i>		0		1				7
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source
СТ0080044	667 AMITY ROA	D						NC	25	Р	GW
Local Address (w	here applicable)				Service	Reside	ntial	Commerc	ial Industri	ial Combin	ed Agricultural
667-687 AMITY F	OAD				Connectio	ns		1			
Towns Served: B	ETHANY										· · ·
Name				Or	ganization					Job Tit	le
Mr. Joseph Napl	es III			66	7 Amity LLO	2					
Mailing Address	Line One		Mailing A	ddress	s Line Two				City	State	Zip Code
P.O. Box 686								Plainv	ille	СТ	06062
Business Phone	e Extension	Fax		Mobil	le Phone	Emergend	y Pho	ne Email	Address		-
860-747-3781		860-747-	3782			860-949	9-2084	dorie.	augur@then	aplesco.com	
Contact Role(s):	Administrative	Contact, Leg	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.

 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	ecticut Department of Water Quality Monito					0			ction	
		• •	n ing an								ine e mu C e une e
PWS ID	PWS Nam	-			Clas		n PC		Owr	ier Type Pr	imary Source
CT0080064		TOWN HALL	<u> </u>	D 11		NC		25			GW
Local Address (w	vnere appli		Service Connections	Residen	tial	Comme	rcial	Industria		Combined	Agricultural
40 PECK ROAD			connections			2					
Towns Served: E	BETHANY		• -		_				_		
			ring Requ								
		DISTRIBUTION SYSTEM - TOWN	HALL (WSF	ID: 0060)0)						
Total Coliform							~ "				per quarter
		pling Point ID)		Monitori	_		Coll	ection Per	iod	-	ance Status
Select from	n Inventory	of Active Sampling Points		4/1/24 -			-				mplete
				7/1/24 -							mplete
				10/1/24 -						Co	mplete
				1/1/25 -							
	_			4/1/25 -	6/30	0/25					
Lead And Cop	•	-								-	T) per year
		pling Point ID)		Monitori	-			ection Per	iod	-	ance Status
	-	of Active Sampling Points		1/1/23 -	12/3	31/23		6/1-9/30			mplete
Physical Parar	-	-									per quarter
		pling Point ID)		Monitori	-		Coll	ection Per	iod	-	ance Status
Select from	n Inventory	of Active Sampling Points		4/1/24 -							mplete
				7/1/24 -		-					mplete
				10/1/24 -						Co	mplete
				1/1/25 -	3/3:	1/25					
				4/1/25 -	6/30	0/25					
		ENTRY POINT - TOWN HALL (W	SF ID: 00700								
Nitrate And N	-	-								-	T) per year
		pling Point ID)		Monitori	-		Coll	ection Per	iod		ance Status
EP-TOWN H	HALL (3)			1/1/23 -						Co	mplete
				1/1/24 -						Co	mplete
				1/1/25 -	12/3	1/25					
Pesticides, He	erbicides a	ind PCBs - Phase II & V (SOCS)						1 rou	tine	(RT) per t	hree years
Sampling P	Point (Sam	oling Point ID)		Monitori	-		Coll	ection Per	iod	Complie	ance Status
EP-TOWN H	HALL (3)			1/1/22 -	12/3	1/22		1/1-12/31			
	Mor	nthly Water System Facili	ty (WSF) l	.evel N	lon	nitorin	lg R	equirer	nei	nts	
Water System	Facility:	ENTRY POINT - TOWN HALL (WS	FID: 00700)								
Analyte		Monitoring Requirement (Summa	ry Type)	Оре	ratin	ng Limit			:	Samples Re	q/Month
Phosphate (a	as PO4)	Entry Point Phosphate Monitoring	(PHOS)	Max	imur	m: 10 M	IG/L			2	
Start Date:	2/1/2008		Complia	nce Histo	ory:		Oper	ating Limit	t	Monitor	ing
			Monitor	ing Perio	d			oliance Sta			nce Status:
			7/1/202	4 - 7/31/2	2024						
			8/1/202	4 - 8/31/2	2024						
			9/1/202	4 - 9/30/2	2024						
			10/1/20	24 - 10/3	1/20	24					
			11/1/20	24 - 11/30	0/20	24					
		Other Co	mpliance	Sched	ule	es					
Compliance Sch	edule Activ					Date		Achiev	ved I	Date	

	Connecticut Dep					<u> </u>		ection	
		ality Monit	oring and	d Com					
PWS ID	PWS Name					tion Pop		ner Type	rimary Sour
СТ0080064					NC		25	L	GW
	ress (where applicable)		Service	Resident	tial Comr	nercial	Industrial	Combined	Agricultur
10 PECK R	OAD		Connections			2			
owns Ser	ved: BETHANY								
		Other Co	ompliance	Sched	ules				
Compliand	ce Schedule Activity			L	Due Date		Achieved	Date	
CROSS CO	NNECTION SURVEY REPORT			3	3/1/2025				
	Water	System Facili	tv and Sar	npling	Point I	nvento	orv		
Water			·) ·····	- P0		Total	Lead and	1	
System	Water System Facility	Sampling Point	Sampling Poir	nt		Coliforn			Stag
- Facility ID)	ID	Description		Statu	0.1-		Asbestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM - TOWN HALL	4	DISTRIBUTION	I SYSTEM		Y			
		B1	B1 BATHROOM	Л	I	Y	N		
		B10	B10 BATHROC	M	I	Y	N		
		B11	B11 BATHROC	M	I	Y	N		
		B12	B12 BATHROC	M	I	Y	Ν		
		B13	B13 BATHROC	M	I	Y	Ν		
		B14	B14 BATHROC	M	I	Y	Ν		
		B15	B15 BATHROC	M	I	Y	Ν		
		B16	B16 BATHROC	M	I	Y	Ν		
		B17	B17 BATHROC	M	I	Y	Ν		
		B18	B18 BATHROC	M	I	Y	Ν		
		B19	B19 BATHROC	M	I	Y	Ν		
		B2	B2 BATHROO	N	I	Y	Ν		
		B20	B20 BATHROC	M	I	Y	Ν		
		B21	B21 BATHROC	M	I	Y	Ν		
		B22	B22 BATHROC	M	I	Y	Ν		
		B23	B23 BATHROC	M	I	Y	Ν		
		B24	B24 BATHROC	M	I	Y	Ν		
		B25	B25 BATHROC	M	I	Y	Ν		
		В3	B3 BATHROO	N	I	Y	Ν		
		B4	B4 BATHROO	N	I	Y	Ν		
		B5	B5 BATHROO	N	I	Y	Ν		
		B6	B6 BATHROO	N	I	Y	Ν		
		B7	B7 BATHROO	N	I	Y	Ν		
		B8	B8 BATHROO	N	I	Y	Ν		
		В9	B9 BATHROO	N	I	Y	Ν		
		C-37	ART ROOM		I		Ν		
		DOWNSTREAM	WITHIN 5 SITE	S DOWN	S A				
		GYM-SINK	GYM OFFICE S	INK	I	Y	Ν		
		KTHHS	KIT TN HALL H	ANDSINK	A A	Y	Ν	Y	
		KTHMS	KIT TN HALL N	1AINSINK	А	Y	Ν		
		MRLL	MEN RM TH L	OW LEVE	L A	Y	Ν		
		MRUL	MEN RM TH U	IP LEVEL	А	Y	Ν		
		NURS-SINK	NURSES SINK		I	Y	N	Y	

PWS ID	PWS Name			Class	sification	Population (Owner Type	Primary Source
СТ0080064	BETHANY TOWN HALL				NC	25	L	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industria	Combine	d Agricultural
40 PECK ROAD		Connections			2			
Towns Served:	BETHANY		·					

					-			
Water System Facility				-	Lead and Copper	Achastas		tage
·			Status			ASDESIUS	WQF 2	DDr
			1					
			1					
			1					
			1					
			1					
	-							
	_							
			Ì					
			I		Ν			
	RM58		I	Y	Ν			
	RM60		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			
ENTRY POINT - TOWN HALL	3	EP-TOWN HALL	А					
WELL #1 - TOWN HALL	2	WELL	А					
TOWN HALL TREATMENT PLANT								
EMERGENCY INTERCONNECTION								
	ENTRY POINT - TOWN HALL WELL #1 - TOWN HALL TOWN HALL TREATMENT PLANT	ID RM105 RM106 RM101 RM110 RM112 RM115 RM116 RM122 RM130 RM138 RM144 RM148 RM207 RM208 RM301 RM306 RM55 RM56 RM58 RM60 RM71 RM73 SRLL TEACH LNG UPSTREAM WRUL WRUL WRUL 1 RM71 RM73 SRL TEACH LNG UPSTREAM WRUL WRUL WRUL WRUL RM71 RM73	ID Description RM105 ROOM 105 RM106 ROOM 106 RM110 ROOM 110 RM112 ROOM 110 RM115 ROOM 112 RM116 ROOM 115 RM117 ROOM 116 RM122 GYM OFFICE SINK RM130 TEACHERS LOUNGE RM134 ROOM 144 RM144 ROOM 144 RM207 ROOM 207 RM208 ROM 207 RM208 ROM 208 RM301 ROM 301 RM306 ROM 301 RM55 ROM 306 RM55 ROM 55 RM56 ROM 55 RM57 ROM 58 RM60 ROM 71 RM71 ROM 73 SRLL SENIOR RM TH LOW LEV TEACH LING TEACHERS LOUNGE UPSTREAM WITHIN 5 SITES UPSTR WRLL WOM RM TH LOW LEVEL WRUL WOM RM TH LOW LEVEL WRUL WOM RM TH LOW LEVEL	ID Description Status RM105 ROOM 105 I RM106 ROOM 106 I RM106 ROOM 110 I RM112 ROOM 110 I RM112 ROOM 112 I RM115 ROOM 115 I RM116 ROOM 116 I RM116 ROOM 116 I RM117 ROOM 116 I RM118 ROOM 116 I RM112 GYM OFFICE SINK I RM130 TEACHERS LOUNGE I RM144 ROOM 144 I RM144 ROOM 207 I RM207 ROOM 207 I RM208 ROOM 208 I RM301 ROOM 301 I RM55 ROOM 55 I RM56 ROOM 56 I RM57 ROOM 73 I RM71 ROOM 73 I RM71 ROOM 73 I UPSTREAM	Water System Facility Sampling Point ID Sampling Point Description Coliform Rule N R	Water System Facility Sampling Point ID Sampling Point Description Coliform Status Coliform Rule Copper Rule Tier RM105 ROM 105 I Y N RM106 ROM 105 I Y N RM106 ROM 106 I Y N RM110 ROM 110 I Y N RM112 ROM 112 I Y N RM115 ROM 115 I Y N RM116 ROM 116 I Y N RM118 ROM 116 I Y N RM118 ROM 116 I Y N RM130 TEACHERS LOUNGE I Y N RM148 ROM 144 I Y N RM148 ROM 148 I Y N RM180 ROM 207 I Y N RM208 ROM 301 I Y N RM306 ROM 58 <	Water System Facility Sampling Point D Sampling Point D Colliform Status Colliform Rule Copper Rule Copper Rule Ter RM105 ROOM 105 I Y N RM106 ROOM 105 I Y N RM107 ROOM 105 I Y N RM110 ROOM 110 I Y N RM112 ROOM 115 I Y N RM116 ROOM 115 I Y N RM116 ROOM 115 I Y N RM118 ROOM 115 I Y N RM122 GYM OFFICE SINK I Y N RM138 ART ROOM I Y N RM148 ROM 144 I Y N RM207 ROM 208 I Y N RM208 ROM 208 I Y N RM301 ROM 55 I Y N RM55	Water System Facility Sampling Point ID Sampling Point Description Coliform Status Copper Apper S RN105 ROM 105 I Y N RM106 ROM 105 I Y N RM105 ROM 105 I Y N RM110 ROM 110 I Y N RM112 ROM 112 I Y N RM115 ROM 115 I Y N RM116 ROM 116 I Y N RM116 ROM 116 I Y N RM122 GYM OFFICE SINK I Y N RM138 ART ROOM I Y N RM148 ROM 144 I Y N RM207 ROM 207 ROM 207 I Y N RM208 ROM 301 I Y N I RM301 ROM 55 I Y N I

· · · · ·	•	•	
Facility Classification: CLASS 1	TREATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025

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

vva	ici quu	mey mon	ntoring t		mpr	lance	Junu	iic			
PWS Name					Clas	sification	Populatio	n Ow	ner Type	Prim	nary Sourc
BETHANY TOWN	I HALL					NC	25		L		GW
here applicable)			Service	Reside	ential	Commerc	ial Indus	rial	Combine	ed A	Agricultura
			Connectio	ons		2					
ETHANY			I		I						
		C	ontact Info	ormatio	n						
			Organization						Job Title	e	
ncesco			Town of Beth	nany			First Se	ectwo	man		
Line One		Mailing Add	ress Line Two				City		State	Z	ip Code
						Betha	ny		СТ		06524
e Extension	Fax	M	obile Phone	Emergen	cy Pho	ne Email	Address				
) 1100				203-91	5-5625	pcofra	incesco@B	ethan	y-ct.com		
Legal Contact											
			Organization						Job Title	е	
hea			Bethany Tow	n Hall			Pub Wo	rks/Fa	acil Man.		
Line One		Mailing Add	ress Line Two				City		State	Z	ip Code
						Betha	ny		СТ		06524
e Extension	Fax	M	obile Phone	Emergen	cy Pho	ne Email	Address				
) 1169				203-50	9-3883	dshea	@bethany	ct.cor	n		
Administrative	Contact										
following:											
lisinfectant concen	tration must k	be measured at	the same locat	ion and time	e as eac	h total coli	form sample	2.			
	PWS Name BETHANY TOWN where applicable) ETHANY ETHANY E EXtension 0 1100 Legal Contact hea Line One E Extension 0 1169 Administrative following:	PWS Name BETHANY TOWN HALL where applicable) ETHANY ETHANY EXTENSION Fax 1100 Legal Contact hea Line One EXTENSION Fax 1169 Administrative Contact following:	PWS Name BETHANY TOWN HALL here applicable) ETHANY Concessco Line One Extension Legal Contact hea Line One Extension Fax Mailing Addu time One Administrative Contact following:	PWS Name BETHANY TOWN HALL there applicable) ETHANY Contact Info Connection ETHANY Contact Info Organization Town of Beth Line One Extension Fax Mobile Phone O 1100 Legal Contact Organization hea Organization hea D Legal Contact Cont	PWS Name BETHANY TOWN HALL there applicable) Service Connections ETHANY Contact Informatio Organization Town of Bethany Line One Extension I Town of Bethany Line One Extension I Town of Bethany Line One I Town of Bethany Line One I Town of Bethany I Town I Town of Bethany I Town	PWS Name Class BETHANY TOWN HALL Service /here applicable) Service /sETHANY Contact Information /setthany Organization /setthany Town of Bethany /settension Fax /settension Fax /settension Fax /settension Mailing Address Line Two /settension Fax /settension Mailing Address Line Two /settension Fax /settension Settension /settension Fax /settension Sette	PWS Name Classification Residential Commerce Connections Contact Information Organization Residential Commerce Connections Contact Information Organization meesco Town of Bethany Line One Mailing Address Line Two 0 1100 Organization Descent and the second	PWS Name Classification Populatio BETHANY TOWN HALL NC 25 where applicable) Service Residential Commercial Indust Connections 2 Indust 2 Indust SETHANY Connections 2 Indust 2 Indust SETHANY Connections 2 Indust 2 Indust SETHANY Contact Information 2 Indust 2 Indust SETHANY V Organization First Sel Indust Eithany First Sel Line One Mailing Address Line Two City Bethany Email Address Organization Email Address IndustPub Wo Legal Contact Organization Email Address IndustPub Wo Indust Indust Indust Indust Indust IndustIndust Indust In	BETHANY TOWN HALL NC 25 where applicable) Service Connections Residential Commercial Industrial Action Connections 2 Industrial Industrial Action Connections Connections 2 Industrial Action Connections Connections First Selectwork Action Mailing Address Line Two City Email Address Action Fax Mobile Phone Emergency Phone Email Address Action Action Action City Email Address Action Mailing Address Line Two City Email Address Action Fax Mobile Phone Emergency Phone Email Address Action Fax Mobile Phone Emergency Phone Email Address	PWS Name Classification Population Owner Type BETHANY TOWN HALL NC 25 L /here applicable) Service Residential Commercial Industrial Combine ////////////////////////////////////	PWS Name Classification Population Owner Type Print BETHANY TOWN HALL NC 25 L 1 /here applicable) Service Residential Commercial Industrial Combined / // there applicable) Service Residential Commercial Industrial Combined / // there applicable) Service Connections 2 Industrial Combined / // there applicable) Service Residential Commercial Industrial Combined / // there applicable Service Residential Commercial Industrial Combined / // there applicable Organization Job Title Service Service Residential City State Z // the One Fax Mobile Phone Emergency Phone Email Address Dob Title // the One Industrial Organization Job Title Job Title // the One Mobile Phone Emergency Phone

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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	Connecticut Depa	rtme	ent of	Public	Health	Drir	nkin	g Wa	ater	Sec	ction		
	Water Qua							<u> </u>					
PWS ID	PWS Name			01110							er Type F	Primary S	Source
СТ0080084	BILLY'S ICE CREAM & MARKE	TPLACE				N			5		P	GW	
Local Address (w	vhere applicable)			Service	Residen	tial Co	mmerc	ial In	dustria	(Combined	Agricu	ultural
742 AMITY ROAI	D			Connectio	ns		1						
Towns Served: B	BETHANY												
		Γ	Aonito	oring Re	quireme	nts							
Water System	Facility: DISTRIBUTION S												
Total Coliform	n (3100)								1	rout	ine (RT)	per qua	arter
Sampling P	Point (Sampling Point ID)				Monitori	i <mark>ng Peri</mark>	od (Collecti	ion Peri	iod	Compl	iance St	atus
Select from	Inventory of Active Sampling	Points			4/1/24 -	6/30/2	4				C	omplete	
					7/1/24 -	9/30/2	.4				C	omplete	
					10/1/24 -	12/31/	24						
					1/1/25 -	3/31/2	5						
					4/1/25 -	6/30/2	5						
Physical Parar	meters (PPS)								1	rout	ine (RT)	per qua	arter
-	Point (Sampling Point ID)				Monitori	ing Peri	od (Collecti	ion Peri		• •	iance St	
DISTRIBUTI	ON SYSTEM (4)				4/1/24 -	6/30/2	4				C	omplete	
					7/1/24 -	9/30/2	4				C	omplete	
					10/1/24 -	· 12/31/	24	10/:	1-12/1				
					1/1/25 -	3/31/2	5						
					4/1/25 -	6/30/2	5						
Water System	Facility: ENTRY POINT (V	SF ID:	00700)										
Nitrate And N	itrite (NOX)									1 r	outine (RT) per	year
	Point (Sampling Point ID)				Monitori	ing Peri	od (Collecti	ion Peri		-	iance St	-
ENTRY POI	NT (3)				1/1/23 -	12/31/2	23	1/1	-12/1		Co	omplete	
					1/1/24 -	12/31/2	24	1/1	-12/1		Co	omplete	
					1/1/25 -	12/31/2	25	1/1	-12/1				
	Water Sy	ystem	Facili	ity and S	ampling	Point	t Inve	entor	У				
Water							7	otal	Lead a	ind			
	er System Facility		-	Sampling H				liform	Сорр				Stage
Facility ID		I	D	Description	n	Sta	itus ^I	Rule	Rule 1	Tier	Asbestos	WQP 2	DBPR
00600 DISTR	RIBUTION SYSTEM	4	1	DISTRIBUT	ION SYSTEM	1 4	4	Y					
		DOWNS	STREAM	WITHIN 5 S	SERVICE CO	N A	4						
		UPST	REAM	WITHIN 5 S	SERVICE CO	N A	4						
00700 ENTR	Y POINT	3	3	ENTRY POI	NT	ŀ	4						
20154 WELL			2	WELL		4	4						
			Con	tact Info	ormation	1							
Name			01	rganization							Job Title		
Mr. Robert J. Ce	erilli												
Mailing Address	Line One	Mailing	, Address	s Line Two				Ci	ty		State	Zip Co	de
83 North Hill Roa	ad						North	Haven			СТ	0647	'3
Business Phon	e Extension Fax		Mobi	le Phone	Emergency	Phone	Email	Addres	SS				
203-915-5496	5 203-239-	1150					cerillia	a@yah	oo.com				
Contact Role(s):	Administrative Contact, Leg	al Conta	act, Owr	ner									

	C J	0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0080084	BILLY'S ICE CREAM & MARKETPLACE	ETPLACE		NC	35	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
742 AMITY RO	AD	Connections		1			
Towns Served:	BETHANY					1	
Please note th	e following:						
1. The residua	I disinfectant concentration must be measured	d at the same location	and time a	as each total colif	orm sample.		
2. If a Collection	on Period is specified, all water quality sample	s must be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be requ ence sent by the DWS on or after the generati	· · · ·		1 1		0,	

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

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	Connectic	•						0				
	Wat	ter Qua	lity M	onit	oring a	nd Com	*			1		
PWS ID	PWS Name									Ow		rimary Source
СТ0080094	FIRST CHURCH C	OF CHRIST CO	ONGREGA	ATIONA			N	-	25		Р	GW
	where applicable)				Service	Resident	ial Cor	mmercia	Industri	ial	Combined	Agricultura
511 AMITY ROA					Connectior	ıs		1				
Towns Served: E	BETHANY									_		
					oring Rec	quireme	nts					
	Facility: DISTR	IBUTION S	YSTEM	(WSF IL	D: 00600)							
Total Coliform												per quarter
	Point (Sampling P	-				Monitorii	-		llection Pe	riod		iance Status
Select from	n Inventory of Act	ve Sampling	g Points			4/1/24 -						omplete
						7/1/24 -						omplete
						10/1/24 -					Co	omplete
						1/1/25 -						
						4/1/25 -	6/30/25	5				
Physical Para												per quarter
	Point (Sampling P	-				Monitoriı	-		llection Pe	riod		iance Status
Select from	n Inventory of Act	ve Sampling	g Points			4/1/24 -					Co	omplete
						7/1/24 -					Co	omplete
						10/1/24 -	12/31/2	24			Co	omplete
						1/1/25 -	3/31/25	5				
Water System	Facility: ENTR	y point (v	VSF ID: 0	0700)		1/1/25 -						
Water System Nitrate And N		POINT (V	VSF ID: 0	0700)		1/1/25 -				1	routine (I	RT) per year
Nitrate And N			VSF ID: 0	00700)		1/1/25 -	6/30/25	5	llection Pe		-	RT) per year iance Status
Nitrate And N	litrite (NOX) Point (Sampling P		VSF ID: 0	00700)		1/1/25 - 4/1/25 -	6/30/25	5 od Co	llection Pe		Compl	
Nitrate And N Sampling F	litrite (NOX) Point (Sampling P		VSF ID: 0	0700)		1/1/25 - 4/1/25 - Monitorii	6/30/25 ng Peric 12/31/2	5 od Co 23	llection Pe		Compl Co	iance Status
Nitrate And N Sampling F	litrite (NOX) Point (Sampling P		VSF ID: 0	00700)		1/1/25 - 4/1/25 - Monitorin 1/1/23 - 1	6/30/25 ng Peric 12/31/2 12/31/2	5 od Co 23 24	llection Pe		Compl Co	<i>iance Status</i> omplete
Nitrate And N Sampling F	litrite (NOX) Point (Sampling P NT (3)	oint ID)			ity and Sa	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 2 1/1/24 - 2 1/1/25 - 2	6/30/29 ng Perio 12/31/2 12/31/2 12/31/2	5 od Co 23 24 25			Compl Co	<i>iance Status</i> omplete
Nitrate And N Sampling F	litrite (NOX) Point (Sampling P NT (3)	oint ID)			ity and Sa	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 2 1/1/24 - 2 1/1/25 - 2	6/30/29 ng Perio 12/31/2 12/31/2 12/31/2	5 od Co 23 24 25	itory	riod	Compl Co Co	<i>iance Status</i> omplete
Nitrate And N Sampling F ENTRY POI	litrite (NOX) Point (Sampling P NT (3)	oint ID) Water S	ystem	Facili	ity and Sampling P	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 1/1/24 - 1/1/25 - ampling	6/30/29 ng Perio 12/31/2 12/31/2 12/31/2	5 24 25 24 25 24	Itory	eriod and	Compl Co Co	<i>iance Status</i> omplete
Nitrate And N Sampling F ENTRY POI	litrite (NOX) Point (Sampling P NT (3)	oint ID) Water S	ystem	Facili 9 Point	-	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 2 1/1/24 - 2 1/1/25 - 2 ampling	6/30/29 ng Perio 12/31/2 12/31/2 12/31/2	5 od Co 23 24 25 t Inver Colifi	itory al Lead orm Cop	riod and per	Compl Cc Cc	<i>iance Status</i> omplete omplete
Nitrate And N Sampling F ENTRY POI Water System Wate Facility ID	litrite (NOX) Point (Sampling P NT (3)	oint ID) Water S	ystem Sampling	Facili 9 Point	Sampling P Description	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 2 1/1/24 - 2 1/1/25 - 2 ampling	6/30/29 ng Perio 12/31/2 12/31/2 12/31/2 12/31/2 Point	5 24 25 t Inver Colifi tus Ru	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POI Water System Wate Facility ID	litrite (NOX) Point (Sampling P NT (3) er System Facility	oint ID) Water S	ystem Sampling ID 4	Facili Point	Sampling P Description	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 2 1/1/24 - 2 1/1/25 - 2 ampling	6/30/2 ng Perio 12/31/2 12/31/2 12/31/2 Point Stat A	5 23 24 25 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POI Water System Wate Facility ID	litrite (NOX) Point (Sampling P NT (3) er System Facility	oint ID) Water S	ystem Sampling ID 4	Facili g Point	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 2 1/1/24 - 2 1/1/25 - 2 ampling	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point Stat A A	5 23 24 5 5 t Inver Colifi tus Ru	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL Water System Wate Facility ID 00600 DISTR	litrite (NOX) Point (Sampling P NT (3) er System Facility	oint ID) Water S	ystem Sampling ID 4 DOWNST	Facili g Point	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/25 - 4/1/25 - <i>Monitorii</i> 1/1/23 - 1/1/24 - 1/1/25 - ampling <i>Point</i> ON SYSTEM SERVICE CON	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point Stat A A	5 23 24 25 5 5 5 5 5 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL Water System Wate Facility ID 00600 DISTR	Iitrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM	oint ID) Water S	ystem Sampling ID 4 DOWNST UPSTR	Facili g Point TREAM EAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S	1/1/25 - 4/1/25 - <i>Monitorii</i> 1/1/23 - 1/1/24 - 1/1/25 - ampling <i>Point</i> ON SYSTEM SERVICE CON	6/30/25 ng Peric 12/31/2 12/31/2 Point Star A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL ENTRY POIL Water System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL	Iitrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM	oint ID) Water S	ystem Sampling ID 4 DOWNST UPSTR 3	Facili g Point TREAM EAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	1/1/25 - 4/1/25 - <i>Monitorii</i> 1/1/23 - 1/1/24 - 1/1/25 - ampling <i>Point</i> ON SYSTEM SERVICE CON	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL ENTRY POIL System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA	Jitrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L	oint ID) Water Sv	ystem Sampling ID 4 DOWNST UPSTR 3	Facili g Point TREAM EAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	1/1/25 - 4/1/25 - <i>Monitorii</i> 1/1/23 - 1/1/24 - 1/1/25 - ampling <i>Point</i> ON SYSTEM SERVICE CON	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL ENTRY POIL System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L ATMENT PLANT	oint ID) Water Sv	ystem Sampling ID 4 DOWNST UPSTR 3	Facili Point FREAM EAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 1/1/24 - 1/1/25 - ampling Point ON SYSTEM SERVICE CON SERVICE CON NT	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL ENTRY POIL Water System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA 57148 HYDF	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L ATMENT PLANT	oint ID) Water Sv	ystem Sampling ID 4 DOWNST UPSTR 3	Facili Point FREAM EAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL	1/1/25 - 4/1/25 - Monitorii 1/1/23 - 1/1/24 - 1/1/25 - ampling Point ON SYSTEM SERVICE CON SERVICE CON NT	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	itory al Lead orm Cop _l le Rule	riod and per	Compl Cc Cc Asbestos	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL ENTRY POIL Water System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA 57148 HYDR	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L ATMENT PLANT	oint ID) Water Sv	ystem Sampling ID 4 DOWNST UPSTR 3	Facili g Point IREAM EAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL tact Info	1/1/25 - 4/1/25 - Monitorii 1/1/23 - : 1/1/24 - : 1/1/25 - : ampling Point ON SYSTEM ERVICE CON ERVICE CON ERVICE CON	6/30/25 12/31/2 12/31/2 12/31/2 Point Stat A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	Itory al Lead orm Cop le Rule	riod and per	Compl Cc Cc	iance Status omplete omplete Stage
Nitrate And N Sampling F ENTRY POIL ENTRY POIL System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA 57121 TREA 57148 HYDF Name Mr. Jim Strein	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L ATMENT PLANT ROPNEUMATIC TA	oint ID) Water Sv	ystem Sampling ID 4 DOWNST UPSTR 3 2	Facili g Point IREAM EAM Con Fir	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIR WELL tact Info	1/1/25 - 4/1/25 - Monitorii 1/1/23 - : 1/1/24 - : 1/1/25 - : ampling Point ON SYSTEM ERVICE CON ERVICE CON ERVICE CON	6/30/25 12/31/2 12/31/2 12/31/2 Point Stat A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A	itory al Lead orm Cop le Rule	riod and per	Compl Cc Cc Asbestos	iance Status omplete omplete Stage WQP 2 DBP
Nitrate And N Sampling F ENTRY POIL ENTRY POIL Water System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA 57148 HYDF Name Mr. Jim Strein Mailing Address	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RIBUTION SYSTEM RY POINT L ATMENT PLANT ROPNEUMATIC TA	oint ID) Water Sv	ystem Sampling ID 4 DOWNST UPSTR 3 2	Facili g Point IREAM EAM Con Fir	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL tact Info	1/1/25 - 4/1/25 - Monitorii 1/1/23 - : 1/1/24 - : 1/1/25 - : ampling Point ON SYSTEM ERVICE CON ERVICE CON ERVICE CON	6/30/25 ng Perio 12/31/2 12/31/2 12/31/2 Point A A A A A A A A A A A A A	5 od Co 23 24 25 t Inver Tot Colifi tus Ru A	Itory al Lead orm Cop le Rule , Trustee City	riod and per	Compl Co Co Co Co Co Co Co Co Co Co Co Co Co	iance Status omplete omplete Stage WQP 2 DBP
Nitrate And N Sampling F ENTRY POIL ENTRY POIL System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA 57148 HYDF Name Mr. Jim Strein Mailing Address 511 Amity Road	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L ATMENT PLANT ROPNEUMATIC TA	oint ID) Water Sv	ystem Sampling 1D 4 DOWNST UPSTR 3 2	Facili g Point IREAM EAM Con Or Fir Address	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL tact Info rganization rst Church of s Line Two	1/1/25 - 4/1/25 - Monitorii 1/1/23 - : 1/1/24 - : 1/1/25 - : ampling Point ON SYSTEM ERVICE CON ERVICE CON ERVICE CON FRVICE CON	6/30/25 ng Peric 12/31/2 12/31/2 12/31/2 Point A A A A A A A A A A A A A	5 od Co 23 24 25 t Inver Tot Colifi tus Ru N N N N N N N N N N N N N	al Lead form Cop ile Rule	riod and per	Compl Cc Cc Asbestos	iance Status omplete omplete Stage WQP 2 DBP
Nitrate And N Sampling F ENTRY POIL ENTRY POIL Water System Wate Facility ID 00600 DISTR 00700 ENTR 20155 WELL 57121 TREA 57148 HYDF Name Mr. Jim Strein Mailing Address	litrite (NOX) Point (Sampling P NT (3) er System Facility RIBUTION SYSTEM RY POINT L ATMENT PLANT ROPNEUMATIC TA S Line One I ne Extension	oint ID) Water Sv	ystem Sampling 1D 4 DOWNST UPSTR 3 2	Facili g Point IREAM EAM Con Or Fir Address	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIR WELL tact Info	1/1/25 - 4/1/25 - Monitorii 1/1/23 - : 1/1/24 - : 1/1/25 - : ampling Point ON SYSTEM ERVICE CON ERVICE CON ERVICE CON	6/30/25 ng Peric 12/31/2 12/31/2 12/31/2 Point A A A A A A A A A A A A A	5 od Co 23 24 25 t Inver Colifi tus Ru A A A A A A A A A A A A A	al Lead form Cop ile Rule	riod and per Tier	Compl Cc Cc Cc Cc Cc Cc Cc Cc State State CT	iance Status omplete omplete Stage WQP 2 DBP

Contact Role(s): Administrative Contact, Legal Contact

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0080094	FIRST CHURCH OF CHRIST CONGREGATION	AL		NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commer	cial Industr	ial Combin	ed Agricultural
511 AMITY RC	AD	Connections		1			
Towns Served	: BETHANY						
Please note th	ne following:						
1. The residua	I disinfectant concentration must be measured at th	e same location	and time a	as each total col	iform sample.		
2. If a Collecti	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat	1 C C C C C C C C C C C C C C C C C C C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,

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

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	Connecticu	t Departme	ent of	f Public	Health	Drir	ıki	ng Wa	ater Se	ction	
		er Quality M						<u> </u>			
PWS ID	PWS Name	ci Quanty i	101110							er Type	Primary Sourc
СТ0080144	CHRIST EPISCOPA					N			5	P	GW
	s (where applicable)			Service	Resident		mme			Combined	
526 AMITY RO				Connectio			1				
Towns Served	d: BETHANY										
		Ν	/lonit	oring Re	quiremer	nts					
Water Syste	em Facility: DISTRI	BUTION SYSTEM	(WSF I	D: 00600)	-						
Total Colifo	orm (3100)								1 rou	tine (RT)	per quarter
Samplin	g Point (Sampling Po	int ID)			Monitorir	ng Perio	od	Collecti	ion Period	Compl	iance Status
Select fr	om Inventory of Activ	e Sampling Points			4/1/24 -	6/30/2	4			Co	omplete
					7/1/24 -	9/30/2	4			Co	omplete
					10/1/24 -					Co	omplete
					1/1/25 -						
					4/1/25 -	6/30/2	5				
-	rameters (PPS)							Callant			per quarter
	g Point (Sampling Point				Monitorir	-		Collecti	ion Period		iance Status
Select In	om Inventory of Activ	e sampling Points			4/1/24 - 7/1/24 -						omplete omplete
					10/1/24 -						omplete
					1/1/25 -						mpiete
					4/1/25 -						
Water Syste	em Facility: ENTRY	POINT (WSF ID:	00700)	1	, , -	-,,	-				
	d Nitrite (NOX)	•							1	routine (I	RT) per year
	g Point (Sampling Po	int ID)			Monitorir	ng Perio	od	Collecti	ion Period	-	iance Status
ENTRY P	POINT (3)				1/1/23 - 1	.2/31/2	23			Co	omplete
					1/1/24 - 1	.2/31/2	24			Co	omplete
					1/1/25 - 1	2/31/2	25				
	V	Vater System	Facil	ity and S	ampling	Point	t In	ventor	Ъ		
Water			_		_			Total	Lead and		
	ater System Facility	Samplin II	-	Sampling I				Coliform	Copper	Ashastas	Stage
Facility ID				Descriptio		Sta		Rule Y	Rule Her	Aspestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM				ION SYSTEM SERVICE CON	A A		ř			
		UPSTI			SERVICE CON						
00700 EN	NTRY POINT	01511		ENTRY PO							
	ELL	2		WELL		, ,					
20133 11					ormation		•				
Name				rganization	mation					Job Title	
Ms. Diane Pra	all			hrist Episcor	al Church			Offi	ce Manage		
Mailing Addre	-	Mailing		s Line Two				Ci		State	Zip Code
Office Manag		526 Am					Beth	nany		СТ	06524
Business Ph		Fax		ile Phone	Emergency	Phone	-	-	SS		
203-393-33	399								tchurchbet	hany.org	
Contact Role((s): Administrative C	ontact									

		· · · ·	<i>J</i>	0		1				
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0080144	CHRIST EPISCOP	AL CHURCH					NC	25	Р	GW
Local Address (w	here applicable)			Service	Reside	ential	Commerc	ial Industr	ial Combin	ed Agricultural
526 AMITY ROAD				Connect	ions		1			
Towns Served: Bl	THANY			·	·					
Name				Organizatio	n				Job Titl	е
Mr. Matt Baker				Christ Episco	opal Church			Junior W	arden	
Mailing Address I	ine One		Mailing Addr	ress Line Two)			City	State	Zip Code
526 Amity Rd							Betha	ny	СТ	06524
Business Phone	e Extension	Fax	Mo	obile Phone	Emergen	cy Ph	one Email	Address		
203-393-3399					203-64	4-755	1 office(@christchur	chbethany.or	g
Contact Role(s):	Legal Contact									
Please note the f	ollowing:									
1 The residual di	sinfectant concent	ration must h	e measured at	the same loca	tion and time	e as ea	ch total coli	form 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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	Connecticut De	partment of Jality Monit					0			ction	
			or mg and	L COII					1		inners Course
PWS ID CT0080154	PWS Name 119 AMITY ROAD				Clas	sificatio NC	on Pop	30	Uwi	P	imary Sourc GW
	(where applicable)		Service	Resident	tial	Comme	ercial	Industri	ial	Combined	Agricultura
GRAND AVE PI			Connections	Resident	tiai	Comm	erciar	muusti	a	2	Agricultura
Towns Served:										2	
		Monit	oring Requ	iromo	ntc						
Water System	n Facility: DISTRIBUTIO			menne	1113				_		
Total Colifor								1	L rou	itine (RT) j	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points		4/1/24 -	6/30	0/24				Со	mplete
				7/1/24 -	9/30	0/24				Co	mplete
			:	LO/1/24 -	12/3	31/24					
				1/1/25 -	3/31	1/25					
				4/1/25 -	6/30	0/25					
-	ameters (PPS)							1	L rou	• • •	oer quarter
Sampling	Point (Sampling Point ID)			Monitori	_		Colle	ction Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points		4/1/24 -							mplete
				7/1/24 -	9/30	0/24				Со	mplete
			:	10/1/24 -							
				1/1/25 -	3/31	1/25					
				4/1/25 -	6/30	0/25					
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate (104	10)							1	L rou		per quarter
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		ance Status
ENTRY PC	DINT (3)			10/1/24 -						Со	mplete
				1/1/25 -							
				4/1/25 -	6/30	0/25					
Nitrite (104											T) per year
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod	Compli	ance Status
ENTRY PC				1/1/25 - 1	12/3	1/25					
	Nitrite (NOX)									-	T) per year
	Point (Sampling Point ID)			Monitori	_		Colle	ction Pe	riod		ance Status
ENTRY PC	DINT (3)			1/1/23 - 1		-					mplete
				1/1/24 -	9/30	0/24	1	./1-9/30		Со	mplete
	n Facility: WELL (WSF II): 20160)									
E. Coli (3014	-									• • •	per quarter
	Point (Sampling Point ID)			Monitori	_		Colle	ction Pe	riod		ance Status
WELL (2)				4/1/24 -		-					mplete
				7/1/24 -		-				Со	mplete
				10/1/24 -		-					
				1/1/25 -							
				4/1/25 -	-	-					
	Water	System Facil	ity and Sar	npling	Po	int In	vent	ory			
Water				_			Total				
	ter System Facility	Sampling Point		nt			Colifor			A	Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Aspestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A	Y				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS ID PWS Name** Classification Population Owner Type Primary Source Р CT0080154 119 AMITY ROAD NC 30 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections GRAND AVE PIZ7A 2 Towns Served: BETHANY Water System Facility and Sampling Point Inventory Total Water Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT **ENTRY POINT** А 3 WELL 20160 WELL 2 А 48183 TREAMENT 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 State Zip Code City 45 Banner Dr Milford 06460 CT **Business Phone** Extension Emergency Phone Email Address Fax Mobile Phone 203-878-6524 203-710-2700 earlsickinger@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 State City 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.

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

	Connecticut Departn	nent of Public H	ealth	Drink	ng	Water S	Section	
	Water Ouality	Monitoring and	l Con	nplianc	e So	chedule)	
PWS ID	PWS Name	0					wner Type Pr	imary Source
СТ0080204	TEDDY BS			NC		25	P	GW
Local Address	(where applicable)	Service	Residen	tial Comm	ercial	Industrial	Combined	Agricultural
136 AMITY RO	AD	Connections		1				
Towns Served:	: BETHANY	· · ·				1		1
		Monitoring Requ	ireme	nts				
Water Syster	m Facility: DISTRIBUTION SYSTE							
Total Colifor	rm (3100)					1 r	outine (RT) p	oer quarter
Sampling	Point (Sampling Point ID)	I	Monitori	ng Period	Col	lection Perio	od Compli	ance Status
Select fro	om Inventory of Active Sampling Poin	ts	4/1/24 -	6/30/24	_		Co	mplete
			7/1/24 -	9/30/24			Со	mplete
				12/31/24			Со	mplete
				3/31/25				
			4/1/25 -	6/30/25				
-	ameters (PPS)						outine (RT) p	-
	Point (Sampling Point ID)			ng Period	Col	lection Perio		ance Status
Select fro	om Inventory of Active Sampling Poin			6/30/24				mplete
				9/30/24				mplete
				12/31/24			Co	mplete
				3/31/25				
			4/1/25 -	6/30/25				
-	m Facility: ENTRY POINT (WSF I	D: 00700)						
Nitrate (104	-			. Devie d	6-1		outine (RT) p	-
	Point (Sampling Point ID)			ng Period	COI	llection Perio		ance Status
ENTRY PC				6/30/24				mplete
				9/30/24				mplete
				3/31/25			CO	mplete
				6/30/25				
Nitrite (104	1)		4/1/23-	0/30/23			1 routine (R	T) per vear
-	Point (Sampling Point ID)	,	Monitori	ng Period	Col	lection Perio	•	ance Status
ENTRY PC				12/31/23			-	mplete
				12/31/24				mplete
				12/31/25				1
		Other Compliance						
Compliance So	chedule Activity			Due Date		Achieve	ed Date	
RESPOND TO S	SANITARY SURVEY		7	/13/2016				
RESPOND TO S	SANITARY SURVEY			/28/2021				
	Pu	blic Notification R	equire	ements				
		Compliance	Notice	Publ	ic Not	tification	PN Cert	i <u>fication</u>
Violation/Situ		Period	Tier	Requi		Performed		Received
	M&R Violation	1/1/04 - 3/31/04	2	11/12/2			11/22/2004	
	neters M&R Violation	1/1/04 - 3/31/04	3	11/12/2			11/22/2004	
I otal Coliform	M&R Violation	1/1/05 - 3/31/05	2	8/18/2	005		8/28/2005	

		vva	ici Qua	inty monit	or mg an		трпа	nee e		cuuic			
PWS ID		PWS Name					Classif	ication	Popu	lation Ow	ner Type	Primar	y Source
СТ008020	04	TEDDY BS					N	С	2	25	Р	G	iW
Local Add	lress (w	here applicable)			Service	Residen	tial Co	mmercia	al Ir	ndustrial	Combine	ed Agr	icultural
136 AMIT	Y ROAD)			Connections	5		1					
Towns Se	rved: B	ETHANY											
			Water Sy	/stem Facili	ity and Sa	mpling	Poin	t Inve	nto	ry			
Water								Тс	tal	Lead and			
System	Wate	r System Facility		Sampling Point		oint		Coli	form	Copper			Stage
Facility IL	כ			ID	Description		Sta	tus R	ule	Rule Tier	Asbesto	os WQF	• 2 DBPR
00600	DISTR	IBUTION SYSTEM	1	4	DISTRIBUTIC	N SYSTEN	/	4	Y				
				DOWNSTREAM	WITHIN 5 SE	RVICE CO	N A	4					
				UPSTREAM	WITHIN 5 SE	RVICE COI	N A	4					
00700	ENTR	(POINT		3	ENTRY POIN	т	/	٩					
20164	WELL			2	WELL			4					
62101	UV TR	EATMENT											
				Con	tact Infor	mation	1						
Name				01	rganization						Job Title	5	
Mr. Andy	Kambo)		Te	eddy B's				Ow	ner			
Mailing A	ddress	Line One		Mailing Address	s Line Two				C	ity	State	Zip	Code
136 Amity	y Road							Bethan	у		СТ	06	524
Busines	s Phone	e Extension	Fax	Mobi	ile Phone E	Emergency	Phone	Email A	ddre	SS			
203-39	3-1525			203-5	598-8238			kambo	gezim	n@sbcglob	al.net		
Contact R	lole(s):	Administrative	Contact, Ow	ner									
Please no	te the	following:											
1. The re	sidual di	sinfectant concen	tration must b	e measured at the	e same locatior	and time a	is each t	otal colif	orm sa	ample.			
2. If a Co	llection	Period is specified	, all water qua	lity samples must	be collected du	uring the sp	ecified p	eriod.					
		results, additional ce sent by the DW											related
		If you I		stions nlease c	ontact the Dr	inking Ma	itor Soc	tion at l	0601	EUU 2333			

If you have any questions, please contact the Drinking Water Section at (860) 509-7333. http://www.ct.gov/dph/publicdrinkingwater

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS** Name Classification Population Owner Type Primary Source Р CT0080214 WOODHAVEN COUNTRY CLUB NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 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 **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Complete 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 Complete 1/1/25 - 3/31/25 4/1/25 - 6/30/25 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Complete 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 Complete 1/1/25 - 3/31/25 4/1/25 - 6/30/25 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 **Other Compliance Schedules Compliance Schedule Activity** Due Date **Achieved Date** 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

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

		VI Quu				- P -			Ŭ		
PWS ID F	WS Name					Clas	sification	Population	Owner Type	Prima	ary Source
СТ0080214 У	VOODHAVEN CO		UB				NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed A	gricultural
275 MILLER ROAD	I			Connection	IS		1				
Towns Served: BE	THANY									·	
			Со	ontact Info	rmatior	ו					
Name				Organization					Job Tit	е	
Mr. Paul Falcone				Woodhaven Co	ountry Clul	c					
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zi	p Code
343 Miller Road							Bethar	ıy	СТ	(06524
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Pho	ne Email	Address			
203-393-3230							woodh	avengolf27	5@gmail.com	1	
Contact Role(s):	Administrative (Contact, Le	gal Contact, Ov	wner							
Please note the fo	ollowing:										
1. The residual dis	infectant concent	ration must l	be measured at t	the same locatio	n and time a	as eac	h total colif	orm sample.			
2. If a Collection P	eriod is specified,	all water qua	ality samples mu	ist be collected d	luring the sp	oecifie	d 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

	Connectic	ut Depa	rtmei	nt of	Public	Health	Dri	nkin	g W	ater	Sec	ction	
	Wa	ter Qual	litv M	onit	oring a	nd Con	nplia	ance	Sch	edule	е		
PWS ID	PWS Name	V	- 5		- 0-							er Type F	Primary Sourc
СТ0081084	COUNTRY CORN	ER DINER LL	с					NC		32		P	GW
Local Address (w	here applicable)				Service	Residen	tial Co	ommer	cial Ir	ndustria		Combined	Agricultura
756 AMITY ROAI)				Connectio	ns		1					
Towns Served: B	ETHANY					I							
			Μ	onito	oring Re	quireme	nts						
Water System	Facility: DISTR	IBUTION SY	(STEM (WSF I	D: 00600)								
Total Coliform	• •												per quarter
	oint (Sampling P					Monitor	-		Collect	ion Per	iod		iance Status
Select from	Inventory of Act	ive Sampling	Points			4/1/24 -							omplete
						7/1/24 ·							omplete
						10/1/24 -		-				Co	omplete
						1/1/25 -							
						4/1/25 ·	- 6/30/2	25					
Physical Parar	• •												per quarter
	oint (Sampling P					Monitor			Collect	ion Per	iod		iance Status
Select from	Inventory of Act	ive Sampling	Points			4/1/24 -							omplete
						7/1/24 -							omplete
						10/1/24 -		-				C	omplete
						1/1/25							
				0700		4/1/25 -	- 6/30/2	25					
-	Facility: ENTR	Y POINT (M	/SF ID: 0	0700)									1
Nitrate And N	• •								~ u .			-	RT) per year
	oint (Sampling P	oint ID)				Monitor	-		Collect	ion Per	IOd		iance Status
ENTRY POIN	NT (3)					1/1/23 -							omplete
						1/1/24 -						C	omplete
					_	1/1/25 -							
		Water Sy	/stem	Facili	ity and S	ampling	Poin	nt Invo	ento	ry			
Water									Total	Lead a			
	r System Facility	9			Sampling I				liform				Stage
Facility ID			ID		Description			utus	Rule	Rule	lier	Asbestos	WQP 2 DBP
00600 DISTR	IBUTION SYSTEM		4		DISTRIBUT			A					
					WITHIN 5 S			A					
			UPSTRE	EAM				A					
	Y POINT		3		ENTRY POI	NI		A					
52012 WELL	.1		2		WELL 1			A					
				Con	tact Info	ormatior	1						
Name				Oı	rganization							Job Title	
Mr. Syrja T. Top	ciu			Co	ountry Corn	er Diner							
Mailing Address	Line One		Mailing A	Address	s Line Two				С	ity		State	Zip Code
756 Amity Rd								Betha	ny			СТ	06524
Business Phon	e Extension	Fax		Mobi	le Phone	Emergency	/ Phone	e Email	Addre	SS			
203-393-1489)	203-393-1	1525			203-509	-9964	qazit2	018@	gmail.co	om		
Contact Role(s):	Administrative	Contact, Leg	al Contac	t, Owr	ner								

	C J	0		1				
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0081084	COUNTRY CORNER DINER LLC				NC	32	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
756 AMITY RO	AD	Connections			1			
Towns Served:	BETHANY							·
Please note th	e following:							
1. The residual	disinfectant concentration must be measured at the	same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collectio	n Period is specified, all water quality samples must	pe collected dur	ring the sp	pecifie	ed period.			
	on results, additional monitoring may be required (i.e ence sent by the DWS on or after the generation date						0,	,

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

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

		it Departme er Quality N					0			ection	
PWS ID	PWS Name	el Quality I	/101110	lui ilig a	1	<u>.</u>					rimary Source
CT0081094	EVAN'S DELI				C	N(102	Ow	P	GW
	(where applicable)			Service	Residentia		- nmercial	Industri	al	Combined	-
710 AMITY RO				Connectior			1	muustri	ai	combined	Agricultura
Towns Served:					-		1				
	DETTRAT		Aonit	oring Po	quiremen	tc					
Water Syster	m Facility: DISTRI				quiremen	15					
Total Colifor	• •								1 ro		per month
	Point (Sampling Po				Monitoring	-		lection Pe	riod		iance Status
Select fro	om Inventory of Activ	ve Sampling Points			7/1/24 - 7						omplete
					8/1/24 - 8						omplete
					9/1/24 - 9,						omplete
<u> </u>					10/1/24 - 1						omplete
					11/1/24 - 1					Co	omplete
					12/1/24 - 1						
					1/1/25 - 1	/31/25	5				
•	ameters (PPS)										per month
	Point (Sampling Po				Monitoring			lection Pe	riod		iance Status
Select fro	om Inventory of Activ	ve Sampling Points			7/1/24 - 7						omplete
					8/1/24 - 8						omplete
					9/1/24 - 9						omplete
					10/1/24 - 1						omplete
					11/1/24 - 1					LC	omplete
					12/1/24 - 1						
Mator Suctor		DOINT ANSE ID.	00700		1/1/25 - 1	/31/2:	5				
	m Facility: ENTRY		00700						4		
	Nitrite (NOX)	vint (D)			Monitoring	n Doric	d Cal	lection Pe		-	RT) per year <i>iance Status</i>
	Point (Sampling Po				1/1/23 - 12	, 			nou		
ENTRY PC					1/1/23 - 12						omplete omplete
					1/1/25 - 12						mpiete
				the and C	· ·			+ - <i>w i</i>			
		Water System	Ггасш	ity and S	ampling P	oint		-			
Water System Wa	iter System Facility	Sampli	na Doint	Sampling P	Doint		Toto Colifo				Staas
Facility ID	iter system rucinty		D D	Description		Charl	0			Asbestos	Stage WQP 2 DBP
-	TRIBUTION SYSTEM		4	DISTRIBUTI		<u>Stat</u> A	us				
00000 013			-	WITHIN 5 S		A					
			REAM		ERVICE CON	A					
00700 EN	TRY POINT		3	ENTRY POI		A					
			2	WELL 1	•••	A					
32303 WL					rmation	~					
N 1				ntact Info	mation					a di meri di	
Name			0	rganization						Job Title	
Mr. Raymond							1			C L 1	7. 0 1
Mailing Addre	ss Line One	Mailing	g Addres	s Line Two			Dett	City		State	Zip Code
708 Amity Rd							Bethany			СТ	06524
Business Pho		Fax		ile Phone	Emergency P						
203-393-23	26 nation has been provided	to help owners and on		301-2307 f public water sy	203-393-23 Istems maintain					ılitv monitoriı	na requirement

	C J	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0081094	EVAN'S DELI			NC	102	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
710 AMITY RO	AD	Connections		1			
Towns Served	: BETHANY			1			I
,	s): Administrative Contact, Legal Con	tact, Owner					
Please note t 1. The residua	al disinfectant concentration must be meas	ured at the same location	and time a	s each total colif	orm sample.		
2. If a Collect	on Period is specified, all water quality sam	ples must be collected du	ring the sp	ecified period.			
	on results, additional monitoring may be re lence sent by the DWS on or after the gene			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,
	If you have any questions,	please contact the Dri	nking Wa	ter Section at	(860) 509-73	333.	

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	Connecticut Dep	partment of	Public H	ealth	Dr	rinkir	ng W	'ater	Se	ection		
	- -	ality Monit					<u> </u>					
PWS ID	PWS Name		0							ner Type	Prin	nary Source
СТ0081104	BETHANY VOLUNTEER FIR	E DEPT HQ				NC		25		L		GW
Local Address	(where applicable)		Service	Residen	tial	Comme	rcial I	ndustria	al	Combine	ed /	Agricultura
765 AMITY RO	DAD		Connections			1						
Towns Served:	: BETHANY											
		Monit	oring Requ	ireme	nts							
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSFI	D: 00600)									
Total Colifor	rm (3100)							1	rou	utine (RT	.) pe	r quarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Pe	riod	Com	olian	ce Status
Select fro	om Inventory of Active Sampli	ng Points		4/1/24 -	6/3	0/24				(Com	plete
				7/1/24 -	9/3	0/24				(Com	plete
			-	LO/1/24 -	12/	31/24				(Com	plete
				1/1/25 -	3/3	1/25						
				4/1/25 -	6/3	0/25						
Physical Par	ameters (PPS)							1	rou	utine (RT) pe	r quarter
Sampling	y Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Pe	riod	Com	olian	ce Status
Select fro	om Inventory of Active Sampli	ng Points		4/1/24 -	6/3	0/24				(Com	plete
				7/1/24 -	9/3	0/24				(Com	plete
				LO/1/24 -	12/3	31/24				(Com	plete
				1/1/25 -	3/3	1/25						
				4/1/25 -	6/3	0/25						
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)										
	Nitrite (NOX)								1			per year
	y Point (Sampling Point ID)			Monitori	-		Collec	tion Pe	riod			ce Status
ENTRY PC	DINT (3)			1/1/23 -							Com	plete
				1/1/24 -						(Com	plete
				1/1/25 -	12/3	31/25						
		Other C	ompliance	Sched	lule	es						
Compliance So	chedule Activity				Due	Date		Achie	ved	Date		
RESPOND TO S	SANITARY SURVEY			8	8/22/	/2012						
RESPOND TO S	SANITARY SURVEY			8	3/13/	/2017						
RESPOND TO S	SANITARY SURVEY			3	8/18/	/2023						
	Water	System Facili	ity and Sar	npling	Ро	int Inv	vento	ry				
Water							Total	Lead	and			
	iter System Facility	Sampling Point		nt		С	oliform					Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	os W	QP 2 DBP
00600 DIS	TRIBUTION SYSTEM	004	DSR			А	Y					
		4	DISTRIBUTION			А						
		DOWNSTREAM				А						
		UPSTREAM	WITHIN 5 SER	VICE CON	N	А						
00700 EN	TRY POINT	3	ENTRY POINT			А						

62684 ATMOSPHERIC STORAGE 62686 TREATMENT SYSTEM

2

53256

WELL 1

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 12/18/2024 Page 23

WELL 1

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		V	-) -	0		1-			-			
PWS ID PV	PWS Name					Class	ification P	opulation	Owne	er Type P	rimary Source	
СТ0081104 ВЕ	THANY VOLU	NTEER FIRE	DEPT HQ				NC	25		L	GW	
Local Address (whe	re applicable)			Service	Residen	tial C	ommercial	Industri	al C	ombined	Agricultural	
765 AMITY ROAD				Connection	ns		1					
Towns Served: BET	HANY				1			1				
			C	ontact Info	rmation	1						
Name				Organization					J	lob Title		
Ms. Paula Cofrance	esco			Town of Betha	iny			First Selec	twom	an		
Mailing Address Lin	e One		Mailing Add	ress Line Two				City		State	Zip Code	
40 Peck Road							Bethany			СТ	06524	
Business Phone	Extension	Fax	M	lobile Phone	Emergency	/ Phon	e Email Ad	Email Address				
203-393-2100	1100				203-915-	-5625	pcofranc	pcofrancesco@Bethany-ct.com				
Contact Role(s): Le	egal Contact, C	Owner										
Name				Organization		Job Title						
Mr. Rod White				Town of Bethany Fire Marshall								
Mailing Address Lin	e One		Mailing Add	ress Line Two				City		State	Zip Code	
40 Peck Road							Bethany			СТ	06524	
Business Phone	Extension	Fax	M	lobile Phone	Emergency	/ Phon	e Email Ad	dress				
203-393-2100	1119						firemars	hal@betha	any-ct.	com		
Contact Role(s): A	dministrative	Contact										
Please note the fol	lowing:											
1. The residual disin	fectant concent	tration must b	be measured at	t the same locatio	on and time a	as each	total colifor	m sample.				

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

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

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

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

	Connecticut D	•						0			ction	
	Water	Quality M	lonit	oring an	d Com					1		
PWS ID	PWS Name					Clas	sificatio	on Po	-	Ow	ner Type	Primary Source
CT0081124	VETERANS MEMORIA	L PARK PAVILL	ION				NC		25		L	GW
Local Addres	s (where applicable)			Service	Resident	tial	Commo	ercial	Industri	al	Combine	d Agricultura
265 BEACON				Connections			1					
Towns Serve	d: BETHANY											
		Ν	/lonite	oring Requ	uireme	nts						
Water Syste	em Facility: DISTRIBUT	ION SYSTEM	(WSF I	D: 00600)								
Total Colif	orm (3100)									1 ro	utine (R1) per month
Samplin	ng Point (Sampling Point II	D)			Monitori	ng P	eriod	Colle	ection Pe	riod	Сотр	liance Status
Select fr	om Inventory of Active Sa	mpling Points			7/1/24 -	7/3	1/24	_			C	omplete
					8/1/24 -	8/3	1/24					omplete
					9/1/24 -	9/3	0/24				C	omplete
					10/1/24 -	10/	31/24				C	omplete
-	rameters (PPS)										-) per month
Samplin	ng Point (Sampling Point II	D)			Monitori	-		Colle	ection Pe	riod	Comp	liance Status
Select fr	om Inventory of Active Sa	mpling Points			7/1/24 -	7/3	1/24				C	omplete
					8/1/24 -	8/3	1/24				C	omplete
					9/1/24 -	9/3	0/24				Complete	
					10/1/24 -	10/	31/24				C	omplete
Water Syste	em Facility: ENTRY POI	NT (WSF ID:	00700)									
Nitrate And	d Nitrite (NOX)									1	routine (RT) per year
Samplin	ng Point (Sampling Point II	D)			Monitori	ng P	eriod	Colle	ction Pe	riod	Сотр	liance Status
ENTRY F	POINT (3)				1/1/23 - 1	12/3	1/23				C	omplete
					1/1/24 - 1	12/3	1/24				C	omplete
					1/1/25 - 1	12/3	1/25					
		Ot	her C	ompliance	e Sched	ule	es					
Compliance S	Schedule Activity				L	Due	Date		Achie	eved	Date	
RESPOND TO	SANITARY SURVEY				8	/27/	2021					
SEASONAL ST	FART UP COMPLETION					5/1/:	2024					
	Wat	ter System	Facili	ity and Sa	mpling	Ро	int In	vent	ory			
Water								Total	Lead	and		
System W	ater System Facility	Samplin	g Point	Sampling Po	int			Colifor	m Cop			Stage
Facility ID)	Description			Status	Rule	Rule	Tier	Asbesto	WQP 2 DBPI
00600 DI	STRIBUTION SYSTEM	2	Ļ	DISTRIBUTIO	N SYSTEM		Α					
		DOWNS	TREAM	WITHIN 5 SEI	RVICE CON	١	А					
		UPSTI	REAM	WITHIN 5 SE	RVICE CON	١	А					
00700 EN	NTRY POINT	3	}	ENTRY POINT			Α					
57720 W	'ELL 1	2	2	WELL 1			А					
			Con	tact Infor	mation							
Name			0	rganization							Job Title	
Town of Bet	hany											
Mailing Addr	ess Line One	Mailing	Addres	s Line Two					City		State	Zip Code
40 Peck Rd							Bet	hany			СТ	06524
Business Pl	none Extension	Fax	Mobi	le Phone E	mergency	Pho	ne Em	ail Add	ress			
Contact Role	(s): Owner											
L												

		~	<i>.</i>	0							
PWS ID F	WS Name					Cla	ssification	Population	Owner T	ype	Primary Source
СТ0081124	ETERANS MEM		AVILLION				NC	25	L		GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerc	ial Industr	ial Com	bine	d Agricultural
265 BEACON ROA	D			Connection	S		1				
Towns Served: BE	THANY			·	·				·		
Name				Organization					Job	Title	
Ms. Paula Cofran	cesco			Town of Betha	ny			First Sele	ctwoman		
Mailing Address L	ine One		Mailing Add	lress Line Two				City	St	ate	Zip Code
40 Peck Road							Bethar	ту	C	T	06524
Business Phone	Extension	Fax	N	lobile Phone	Emergenc	y Pho	one Email	Address			
203-393-2100	1100				203-915	-562	5 pcofra	ncesco@Be	thany-ct.c	om	
Contact Role(s):	Administrative	Contact, Leg	gal Contact				·				
Please note the fe	ollowing:										
1. The residual dis	infectant concent	ration must b	e measured a	t the same locatio	n and time	as ea	ch total colif	orm 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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	Connectic	.					0			
	Wa	ter Qual	lity Mo	nitoring a	nd Con	nplia	nce So	chedule		
PWS ID	PWS Name					-				Primary Source
CT0081134	BETHANY MART					Ν	IC	100	Р	GW
Local Address ((where applicable)			Service	Residen	itial Co	ommercial	Industrial	Combined	d Agricultural
6 SARGENT DR	IVE			Connectio	ons		1			
Towns Served:	BETHANY									
				nitoring Re	quireme	nts				
	n Facility: DISTR	IBUTION S	(STEM (W	SF ID: 00600)						
Total Colifor	• •									per quarter
	Point (Sampling P	-			Monitor	_		lection Perio	-	liance Status
Select from	m Inventory of Act	ive Sampling	Points		4/1/24 ·					omplete
					7/1/24 -					omplete
					10/1/24 -				C	omplete
					1/1/25					
					4/1/25 -	- 6/30/2	25	_	/	
-	ameters (PPS)				Manth				• •	per quarter
	Point (Sampling P	-	Dointe		Monitor			lection Perio	-	liance Status
Select from	m Inventory of Act	ive sampling	POINTS		4/1/24 -					omplete
					7/1/24 -					omplete
					10/1/24 · 1/1/25 ·				C	omplete
Mator Suctor	n Facility: ENTR			00)	4/1/25 -	0/30/2	<u> </u>			
	•		/JF 1D. 007	00)					1 routine /	
	Nitrite (NOX) <i>Point (Sampling P</i>	oint ID)			Monitor	ing Dori	ind Cal	lection Perio	-	RT) per year <i>liance Status</i>
ENTRY PO					1/1/23 -			ection Perio		omplete
LINIKI PO	///// (3)				1/1/23 -					omplete
					1/1/24 -				C	ompiete
		Water Sv	/stem Fa	cility and S				torv		
Water					86		Tote	-	nd	
	ter System Facility	9	Sampling Po	oint Sampling	Point		Colifo			Stage
Facility ID			ID	Descriptio	n	Sta	atus ^R ul			WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM		A			
			DOWNSTRE	AM WITHIN 5	SERVICE CO	N A	A			
			UPSTREAM	M WITHIN 5	SERVICE CO	N	A			
00700 ENT	RY POINT		3	ENTRY PO	INT		A			
59515 WEI	LL 1		2	WELL 1			A			
			C	Contact Info	ormation	1				
Name				Organization					Job Title	
Mr. Mukesh Pa	atel									
Mailing Addres			Mailing Add	dress Line Two				City	State	Zip Code
2 Woodsman H			<u> </u>				Wallingfo		СТ	06492
Business Pho		Fax	N	1obile Phone	Emergency	/ Phone	-			
203-284-784					203-435			59@usa.con	า	
Contact Role(s)): Administrative	Contact, Leg	al Contact,	Owner	1		1			
	1	. 0	,							

	e y	0						
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0081134	BETHANY MART				NC	100	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
6 SARGENT DRI	VE	Connections			1			
Towns Served:	BETHANY		·					
Please note the	following:							
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	Period is specified, all water quality samples must	be collected dur	ring the sp	pecifie	ed period.			
	n results, additional monitoring may be required (i. nce sent by the DWS on or after the generation dat						-	

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Connecticut Depa					<u> </u>			l
Water Qua	lity Monit	oring a	nd Con	ıplia	nce So	chedul	le	
PWS ID PWS Name	-			Classifi	ication P	opulation	Owner Type	Primary Source
CT0081144 KRIZ FARM ICE CREAM				Ν	С	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Co	mmercial	Industri	al Combin	ed Agricultural
13 BEAR HILL RD		Connection	ns		1			
Towns Served: BETHANY								
			quireme	nts				
Water System Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1	L routine (R [.]	Γ) per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection Pe	riod Com	pliance Status
Select from Inventory of Active Sampling	g Points		4/1/24 -	6/30/2	4			Complete
			7/1/24 -	9/30/2	4			Complete
			10/1/24 -	12/31/	24			Complete
			4/1/25 -	6/30/2	5			
Physical Parameters (PPS)						1	L routine (R [.]	Г) per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection Pe	riod Com	pliance Status
Select from Inventory of Active Sampling	g Points		4/1/24 -	6/30/2	4			Complete
			7/1/24 -	9/30/2	4			Complete
			10/1/24 -	12/31/	24			Complete
			4/1/25 -	6/30/2	5			-
Water System Facility: ENTRY POINT (NSF ID: 00700)							
Nitrate And Nitrite (NOX)				_			1 routine	(RT) per year
Sampling Point (Sampling Point ID)			Monitori	na Perio	od Col	lection Pe		pliance Status
ENTRY POINT (3)			1/1/23 -	-				Complete
			1/1/24 -					Complete
			1/1/25 -					complete
Water S	ystem Facili	ity and S				tory		
Water					Tot	al Lead	and	
System Water System Facility	Sampling Point				Colifa	orm Cop	per	Stage
Facility ID	ID	Descriptior	า	Sta	itus Ru	le Rule	Tier Asbest	os WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTI	ION SYSTEM	I A	A Y			
	DOWNSTREAM	WITHIN 5 S	SERVICE CON	N A	4			
	UPSTREAM	WITHIN 5 S	SERVICE CON	N A	4			
00700 ENTRY POINT	3	ENTRY POI	NT	A	4			
62247 WELL	2	WELL		A	4			
	Con	tact Info	rmation	I				
Name	Or	rganization					Job Tit	e
Ms. Wendy Kriz	Kr	iz Farm Ice (Cream			Legal Con	tact	
Mailing Address Line One	Mailing Address	s Line Two				City	State	Zip Code
13 Bear Hill Rd.					Bethany		СТ	06524
Business Phone Extension Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ldress		
204-915-5534					krizfarm	inc@gmail	l.com	
Contact Role(s): Administrative Contact, Le	gal Contact							

	C 5	0							
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Sourc	
СТ0081144	KRIZ FARM ICE CREAM				NC	25	Р	GW	
Local Address (where applicable)	Service	Residen	ntial (Commerci	ial Industrial Combi		ed Agricultura	
13 BEAR HILL R	D	Connections			1				
Towns Served:	BETHANY	·					1		
Please note the	e following:								
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as each	n total colif	orm sample.			
2. If a Collection	n Period is specified, all water quality samples must	be collected du	ring the sp	oecified	d period.				
3. Depending o	n results, additional monitoring may be required (i.e	e. repeat or conf	irmation s	sample	es). This scl	hedule is subj	ect to change,	and any related	

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