	Department of r Quality Monit				_			
PWS ID PWS Name	1 Quality Monit	oring an						Primary Source
CT0100014 FIRST CHURCH OF E	SETHI FHEM		CI	N(		25	P	GW
Local Address (where applicable)	)	Service	Residentia		nmercial	Industrial	Combined	
21 MAIN STREET SOUTH		Connections		1 001	micreiai	maastriar	2	Agriculturur
Towns Served: BETHLEHEM								
Towns Served. BETTLETTEN	Monite	oring Requ	uiromont	.c				
Water System Facility: <b>DISTRIB</b>			unement	.3				
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Poin	t ID)		Monitoring	Perio	d Coll	ection Perio		iance Status
Select from Inventory of Active	Sampling Points		10/1/23 - 12	2/31/2	23		C	omplete
			1/1/24 - 3/	31/24	1		C	omplete
			4/1/24 - 6/	30/24	1			
			7/1/24 - 9/	30/24	4			
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Poin	t ID)		Monitoring	Perio	d Coll	ection Perio	d Compl	iance Status
Select from Inventory of Active	Sampling Points		10/1/23 - 12	2/31/2	23		C	omplete
			1/1/24 - 3/	/31/24	4		C	omplete
			4/1/24 - 6/	′30/24	4			
			7/1/24 - 9/	30/24	4			
Water System Facility: ENTRY P	OINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (	RT) per year
Sampling Point (Sampling Poin	t ID)		Monitoring	Perio	d Coll	ection Perio	=	iance Status
ENTRY POINT (3)			1/1/23 - 12,	/31/2	3		C	omplete
			1/1/24 - 12	/31/2	4		C	omplete
			1/1/25 - 12,	/31/2	5			<del>-</del>
W	ater System Facili	ity and Sa	mpling Po	oint	Invent	tory		
Water					Tota	l Lead ai	nd	
System Water System Facility	Sampling Point		int		Colifo			Stage
Facility ID	ID	Description		Stat		e Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		Α				
	DOWNSTREAM			Α				
	UPSTREAM	WITHIN 5 SE	RVICE CON	Α	1			
00700 ENTRY POINT	3	ENTRY POINT	Γ	Α	ı			
20191 WELL	2	WELL		A				
	Con	tact Infor	mation					
Name	Oı	rganization					Job Title	
Bethlehem Federated Church								
Mailing Address Line One	Mailing Address	s Line Two				City	State	Zip Code
29 Main Street		1			Bethlehei		СТ	06751
Business Phone Extension	Fax Mobi	le Phone E	Emergency Ph	none	Email Add	dress		
Contact Role(s): Owner					<u>I</u>			
,								

C	Connecticu	ıt Depa	rtment	of Public	Health	ı Drii	nking	Water	Section			
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0100014 F	IRST CHURCH O	F BETHLEHE	M			N	IC	25	Р	GW		
Local Address (wh	ere applicable)		Service	Resider	Residential Con		al Industri	al Combin	ed Agricultural			
21 MAIN STREET S		Connectio	ns				2					
Towns Served: BET	ГНГЕНЕМ											
Name				Organization			Job Title					
Mrs. Mathiah M P	aparazzo			First Church of Bethlehem				Secretary				
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code		
21 Main Street S							Bethleh	nem	СТ	06751		
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	ddress	,			
203-266-7288							firstchurchbethlehem@me.com					
Contact Role(s):	Administrative (	Contact. Les	al Contact				*					

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

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

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

End of schedule

	Connecticut Dep	oartment of	Public H	lealth D	rinki	ing W	ater S	ection		
	Water Qu	ality Monit	oring and	d Comp	lianc	e Sch	edule			
PWS ID	PWS Name			Cl	assificat	ion Pop	ulation O	wner Type	Prin	nary Source
CT0100024	BETHLEHEM SQUARE				NC		28	Р		GW
Local Addr	ess (where applicable)		Service	Residentia	Comm	nercial	ndustrial	Combin	ed	Agricultural
22 EAST ST	REET		Connections		1	L				
Towns Serv	ved: BETHLEHEM									
		Monito	oring Requ	iirement	S					
Water Sys	stem Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)							
<b>Total Col</b>	iform (3100)						1 r	outine (R	T) pe	r quarter
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Com	plian	ce Status
Select	from Inventory of Active Sampli	ng Points	:	10/1/23 - 12	2/31/23				Com	plete
				1/1/24 - 3/	31/24					
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
Physical I	Parameters (PPS)						1 r	outine (R	T) pe	r quarter
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Com	plian	ce Status
Select	from Inventory of Active Sampli	ng Points		10/1/23 - 12	2/31/23				Com	plete
				1/1/24 - 3/	31/24					
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate A	and Nitrite (NOX)							1 routine	(RT)	per year
	ling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio		-	ce Status
ENTR	Y POINT (3)			1/1/23 - 12,	/31/23				Com	plete
				1/1/24 - 12,	/31/24					·
			<del>-</del>	1/1/25 - 12,	/31/25					_
Water Sys	stem Facility: WELL (WSF ID	: 20192)								
E. Coli (3	8014)						1 r	outine (R	T) pe	r quarter
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Com	plian	ce Status
WELL	(2)			10/1/23 - 12	2/31/23				Com	plete
				1/1/24 - 3/	31/24					
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
		Other Co	ompliance	Schedul	les					
Complianc	e Schedule Activity			Du	e Date		Achieve	d Date		
RESPOND 7	TO SANITARY SURVEY			8/3	0/2019					
	Water	System Facili	ty and Sar	mpling Po	oint Ir	vento	ry			
Water						Total	Lead an			
-	Water System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbesto	os W	QP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20192	WELL	2	WELL		Α					

48087

TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Clas	Classification   Population   Owner T		Owner Type	Primary Source				
CT0100024	BETHLEHEM SQUARE				NC	28	Р	GW			
Local Address (where applicable) Service Reside				itial	Commerci	al Industri	al Combine	ed Agricultural			
22 EAST STREET	Connections			1							

Connecticut Department of Public Health Drinking Water Section

			Contact Info	rmation						
Name			Organization			Job Title				
Ms. Eleanor Mayer Real Estate						Owner				
Mailing Address Line One Mailing Address Line Two						City	State	Zip Code		
P.O. Box 244					Newtow	n	CT	06470		
<b>Business Phone</b>	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	dress				
203-426-6330										
Contact Role(s): Le	gal Contact, Ow	ner								
Name Organization							Job Title			
Mr. Jerome A. May	er		Estate of Elear	Administrator						

203-426-9282 203-426-9291 203-770-1049 Contact Role(s): Administrative Contact, Owner

Extension

#### Please note the following:

Mailing Address Line One

**Business Phone** 

22 Main St.

Towns Served: BETHLEHEM

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

P.O. Box 810

Mailing Address Line Two

Mobile Phone

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

Fax

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

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

End of schedule

Zip Code

06470

State

CT

City

jerome.a.mayer@snet.net

Newtown

**Emergency Phone Email Address** 

203-770-1049

	Connecticut De	•						ection	
	Water Q	uality Monit	oring an	d Comp	oliano	e Sch	redule		
PWS ID	PWS Name			Cl	assificat	ion Pop	ulation O	wner Type F	rimary Sourc
CT0100054	FLANDERS CROSSINGS				NC		33	Р	GW
Local Addres	s (where applicable)		Service	Residentia	I Comm	nercial	Industrial	Combined	l Agricultura
3 FLANDERS	ROAD		Connections		1	L			
Towns Serve	d: BETHLEHEM			1					
		Monite	oring Requ	irement	:S				
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Colifo	orm (3100)						1 r	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	d Compl	iance Status
Select fr	om Inventory of Active Sam	pling Points		10/1/23 - 12	2/31/23			C	omplete
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Physical Pa	rameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)				Monitoring	Period	Colle	ction Perio	d Compl	liance Status
Select fr	Select from Inventory of Active Sampling Points			10/1/23 - 12	2/31/23			C	omplete
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	'30/24				
				7/1/24 - 9/	'30/24				
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate And	d Nitrite (NOX)							1 routine (	RT) per year
	g Point (Sampling Point ID)			Monitoring		Colle	tion Perio	d Compl	iance Status
ENTRY F	POINT (3)			1/1/23 - 12,	/31/23			C	omplete
				1/1/24 - 12,				<u></u>	
				1/1/25 - 12,					
		Other C	ompliance	Schedul	les				
Compliance S	Schedule Activity			Due	e Date		Achieve	d Date	
RESPOND TO	SANITARY SURVEY			8/3	1/2022				
CROSS CONN	ECTION SURVEY REPORT			3/1	L/2025				
	Wate	er System Facili	ity and Sai	mpling Po	oint Ir	nvent	ory		
Water						Total	Lead an	d	
•	ater System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
l		BETHCOM001	NICKS MENS	SINK	Α	Υ	2		

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	age OBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BETHCOM001	NICKS MENS SINK	Α	Υ	2		
		BETHCOM002	NICKS KIT SINK	Α	Υ	2		
		BETHCOM003	NICKS BAR SINK	Α	Υ	2		
		BETHCOM004	PHYSICIANS SINK	Α	Υ	2		
		BETHCOM005	KIDS 1 SINK	Α	Υ	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10955	WELL	2	WELL	Α				
51876	STORAGE TANKS							

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification Population			Owner Type	Primary Source				
CT0100054	FLANDERS CROSSINGS				NC	33	Р	GW			
Local Address (	ocal Address (where applicable) Service				Commerci	al Industri	al Combin	ed Agricultural			
3 FLANDERS ROAD		Connections			1						

Connecticut Department of Public Health Drinking Water Section

TOWITS SELVED. DET	ILLIILIVI								
			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. George Kotoul	is								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
3 Flanders Rd						Bethlehe	em	СТ	06751
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Ac	ldress		

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

#### Please note the following:

203-266-7317

Towns Served: RETHIEHEM

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

203-577-9950

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

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

End of schedule

gkotoulis07@yahoo.com

С	onnectic	ut Depar	tment of	Public	Health I	)rin	king	Wa	ater	Sec	tion	
	Wa	ter Quali	ity Monit	oring a	nd Comp	oliai	nce S	Sche	edule	9		
PWS ID P\	VS Name				C	lassific	cation	Popu	lation (	Owne	r Type F	Primary Source
CT0100064 BE	THLEHEM TO	WN HALL AND	LIBRARY			N	2	2	5		L	GW
Local Address (whe	re applicable)			Service	Residentia	l Cor	nmerci	al In	dustria	I Co	ombined	d Agricultural
36 MAIN STREET, S	OUTH			Connection	ns		1					
Towns Served: BET	HLEHEM			1	,			·		,		
			Monito	oring Red	quirement	ts						
Water System Fa	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)								
Total Coliform (	3100)								1	routi	ne (RT)	per quarter
	nt (Sampling P				Monitoring			ollecti	on Peri	iod	Comp	liance Status
Select from In	ventory of Act	ive Sampling F	Points		10/1/23 - 1						C	omplete
					1/1/24 - 3,							
					4/1/24 - 6,							
					7/1/24 - 9,	/30/24	1					
Physical Parame												per quarter
	nt (Sampling P				Monitoring			ollecti	on Peri	iod		liance Status
Select from In	ventory of Act	ive Sampling F	Points		10/1/23 - 1						C	omplete
					1/1/24 - 3,	-						
					4/1/24 - 6,	-						
					7/1/24 - 9,	/30/24	1					
Water System Fa	-	Y POINT (W	SF ID: 00700)									
Nitrate And Nitr	• •										=	RT) per year
	nt (Sampling P	oint ID)			Monitoring			ollecti	on Peri	iod		liance Status
ENTRY POINT	(3)				1/1/23 - 12						C	omplete
					1/1/24 - 12					<del></del>	_	
					1/1/25 - 12							
		Water Sy	stem Facili	ity and Sa	ampling P	oint	Inve	ntor	У			
Water								tal	Lead a			
	ystem Facility	S	ampling Point					form	Copp			Stage
Facility ID			ID	Description		Stat	us	ule	Kule I	ier A	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		4		ON SYSTEM	A		Υ				
		L	OWNSTREAM			A						
00700 FNTDV	OINT		UPSTREAM		ERVICE CON	A						
00700 ENTRY F	OINT		3	ENTRY POIN	VI	A						
20196 WELL			2	WELL		Α	•					
			Con	tact Info	rmation							
Name				rganization						J	ob Title	
Mr. Leonard Assar		T		wn of Bethle	ehem				t Select	man		
Mailing Address Lir		1	Mailing Address	s Line Two				Ci	ty		State	Zip Code
36 Main Street Sou							Bethleh				СТ	06751
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email A	ddres	SS			

lassard@bethlehemct.org

203-266-7510

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

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

	Water Quarty Monne	or mig and	a don	ipmanee i	Jeneau		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0100064	BETHLEHEM TOWN HALL AND LIBRARY	NC	25	L	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
36 MAIN STREE	Connections		1				
Towns Served: E	BETHLEHEM						

## Please note the following:

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

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

End of schedule

	Connecticut D	epartment o	f Public	Health	Drin	nking	Wat	ter S	ection	
	Water (	Quality Monit	toring ai	nd Con	ıplia	ince S	chec	dule		
PWS ID	PWS Name				Classif	ication	Popula	tion Ov	vner Type I	Primary Source
CT0100114	CHRIST EPISCOPAL CHU	JRCH			Ν	IC	25		Р	GW
Local Address (	(where applicable)		Service	Residen	tial Co	mmercia	l Indi	ustrial	Combined	d Agricultural
18 MAIN STREE	ET SOUTH		Connection	ıs		1				
Towns Served:	BETHLEHEM									
		Monit	oring Rec	quireme	nts					
Water System	n Facility: DISTRIBUTI	ON SYSTEM (WSF	ID: 00600)							
<b>Total Colifor</b>	m (3100)							1 ro	utine (RT)	per quarter
Sampling	<b>Point (Sampling Point ID</b>	)		Monitori	ng Peri	iod Co	llectio	n Period	d Comp	liance Status
Select fro	m Inventory of Active San	npling Points		10/1/23 -	12/31/	/23			С	omplete
				1/1/24 -	3/31/2	24				
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
<b>Physical Para</b>	ameters (PPS)							1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID	)		Monitori	ng Peri	iod Co	llectio	n Period	d Comp	liance Status
Select fro	m Inventory of Active San	npling Points		10/1/23 -	12/31,	/23			С	omplete
				1/1/24 -	3/31/2	24				
				4/1/24 -						
				7/1/24 -	9/30/2	24				
Water System	n Facility: ENTRY POIN	NT (WSF ID: 00700)								
	Nitrite (NOX)							1	1 routine (	RT) per year
	Point (Sampling Point ID	)		Monitori			llection	n Period		liance Status
ENTRY PO	DINT (3)			1/1/23 -					С	omplete
				1/1/24 -					<u></u>	
				1/1/25 -	12/31/	25				
	Wat	er System Facil	ity and Sa	ampling	Poin	t Inve	ntory	'		
Water		c " c '						ead and		
System Water Facility ID	ter System Facility	Sampling Point ID	Sampling Popularies Description					Copper		Stage WQP 2 DBPR
	TDIDLITION SYSTEM	4	DISTRIBUTION			itus	Y	tule He	ASDESIUS	VVQF Z DBFN
00000 DIST	TRIBUTION SYSTEM	DOWNSTREAM				A `	ĭ			
		UPSTREAM	WITHIN 5 SI			A				
00700 ENT	RY POINT	3	ENTRY POIN			A A				
		2		N I						
20200 WEI	LL		WELL			A				
			ntact Info	rmation						
Name		С	rganization						Job Title	
Christ Episcopa										
Mailing Addres		Mailing Addres	ss Line Two				City		State	Zip Code
35 Harris Road					D.I.	Avon			СТ	06001
Business Pho Contact Role(s)		Fax Mob	ile Phone	Emergency	Phone	Email A	ddress			

C	Connectic	ut Depa	rtment	of Public	Health	ı Drii	nking	Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classif	fication	Population	Owner Type	Primary Source	
CT0100114 C	HRIST EPISCOPA	AL CHURCH				N	1C	25	Р	GW	
Local Address (who	ere applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combin	ed Agricultural	
18 MAIN STREET S	OUTH			Connection	ns		1				
Towns Served: BET	ГНГЕНЕМ										
Name				Organization					Job Titl	e	
Mr. Greg Douglas				Christ Episcopal Church				Senior Warden			
Mailing Address Li	ne One		Mailing Add	ress Line Two				City	State	Zip Code	
18 Main St.							Bethlel	nem	СТ	06751	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email A	ddress			
203-266-5982					203-605	-5800	gjcjasd	ouglas@ear	thlink.net		
Contact Role(s):	Administrative (	Contact	,	,							

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Mo	nitoring and	d Con	npl	iance S	Schedul	e					
PWS ID	PWS Name		Classification		Population	Owner Type	Pri	Primary Source				
CT0100184	PAINTED PONY RESTAURANT			NC		25	Р		GW			
Local Address	(where applicable)	Residen	ntial Commerc		al Industri	al Combin	ed	Agricultural				
70 MAIN STRE	ET SOUTH	Connections			1							

70 MAIN STREET SOUTH	Lonnections		
Towns Served: BETHLEHEM			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	Date
RESPOND TO SANITARY SURVEY	8/31/2022		

KESPUND	TO SANTIARY SURVEY		8	/31/2022									
	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	I A									
		UPSTREAM	WITHIN 5 SERVICE CON	I A									
00700	ENTRY POINT	3	ENTRY POINT	Α	·	·	<u>'</u>						

Α

WELL

2

20206 WELL

54054 TREATM	ENT PLANT									
			Co	ntact Inf	ormation					
Name				Organization	l		Job Title			
Mr. Christos Gogas						Own	er			
Mailing Address Lin	e One		Mailing Addr	ress Line Two City State						
77 Hidden Brook Dr						Southbury	СТ	06488		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	e Email Address				
203-560-9591						cgogas@aol.c	om			
Contact Role(s): A	dministrative C	ontact, Leg	al Contact, O	wner						

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

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

	Water Quarry 1.11	omitoring am	a don	npmamee	Dellead	10	
PWS ID	PWS Name	Classificatio	Population	Owner Type	Primary Source		
CT0100184	PAINTED PONY RESTAURANT		NC	25	Р	GW	
Local Address (	Local Address (where applicable)			ntial Comme	cial Industr	ial Combin	ed Agricultural
70 MAIN STRE	ET SOUTH	Connections		1			
Tauras Canradi					'		

Towns Served: BETHLEHEM

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

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

End of schedule

	Connecticut De	partment o	of Public H	<b>I</b> ealth	Drinki	ng Water S	Section
	Water Oi	iality Moni	itoring an	d Com	pliance	e Schedule	
PWS ID	PWS Name		8				Owner Type Primary Source
CT0100234	15 MAIN STREET				NC	25	P GW
Local Addres	ss (where applicable)		Service	Residen	tial Comme	ercial Industrial	Combined Agricultural
15 MAIN STI	<u> </u>		Connections	3	1		
Towns Serve	ed: BETHLEHEM						
		Moni	toring Requ	uireme	nts		
Water Syst	em Facility: <b>DISTRIBUTION</b>	N SYSTEM (WSF	ID: 00600)				
<b>Total Colif</b>	orm (3100)					1 r	outine (RT) per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ng Period	Collection Perio	od Compliance Status
Select f	from Inventory of Active Samp	ling Points		10/1/23 -	12/31/23		Complete
				1/1/24 -	3/31/24		
				4/1/24 -	6/30/24		
				7/1/24 -	9/30/24		
Physical Pa	arameters (PPS)					1 r	outine (RT) per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ng Period	Collection Perio	od Compliance Status
Select f	from Inventory of Active Samp	ling Points		10/1/23 -	12/31/23		Complete
				1/1/24 -	3/31/24		
				4/1/24 -	6/30/24		
				7/1/24 -	9/30/24		
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700	0)				
Nitrate An	d Nitrite (NOX)						1 routine (RT) per year
Sampli	ng Point (Sampling Point ID)			Monitori	ng Period	Collection Perio	od Compliance Status
ENTRY	POINT (3)			1/1/23 -	12/31/23		Complete
				1/1/24 -	12/31/24		
				1/1/25 -	12/31/25	_	
		Other	Compliance	Sched	ules		
Compliance	Schedule Activity		-		Due Date	Achieve	ed Date
RESPOND TO	O SANITARY SURVEY			2	/25/2023		
		Public No	tification F	Require	ments		
			Compliance	Notice	Publi	c Notification	PN Certification
Violation/Si			Period	Tier	Require		Due to DPH Received
Physical Par	ameters M&R Violation		1/22 - 9/30/22	3	9/28/20		10/8/2024
Total Colifor	m M&R Violation	7/	1/22 - 9/30/22	3	9/28/20	)24	10/8/2024
	Water	System Faci	ility and Sai	mpling	Point In	ventory	
Water						Total Lead a	nd
-	Vater System Facility	Sampling Poin	t Sampling Poi	nt	(	Coliform Coppe	
Facility ID		ID	Description		Status	Rule Rule Ti	ier Asbestos WQP 2 DBPR
00600 D	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			Υ	
		DOWNSTREAM	M WITHIN 5 SEF	RVICE CON	l A		
		UPSTREAM	WITHIN 5 SEF	RVICE CON	l A		
00700 E	NTRY POINT	3	ENTRY POINT	•	Α		
20210 V	VELL	2	WELL		Α		

 Contact Information

 Name
 Organization
 Job Title

 Ms. Theodora Hatzikostas
 Kmmt LLC.
 Owner

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

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

(	Connectici	ut Depa	irtment of	Public	Health	Drir	iking	, Water	Sect	tion	
	Wat	er Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classifi	cation	Population	Owner	Туре	Primary Source
CT0100234	15 MAIN STREET				NO		С	25	P		GW
Local Address (wh	nere applicable)			Service	Residen	itial Co	mmerci	al Industri	al Co	mbine	d Agricultural
15 MAIN STREET				Connection	ns 3	3					
Towns Served: BE	THLEHEM								'		
15 Main Street So	outh						Bethle	nem		CT	06751
Business Phone	Extension	Mobil	le Phone	Phone Emergency Phone Email Address							
203-266-5558		203-266-	6620		203-266-	266-6318 olivacafe@optonline					
Contact Role(s):	Administrative (	Contact									
Name			Or	ganization					Jo	b Title	
Kmmt LLC											
Mailing Address L	ine One		Mailing Address	s Line Two				City		State	Zip Code
15 Main St S							Bethle	nem		СТ	06751
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Legal Contact, O	wner									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectio	ut Depa	rtment of	Public	Health	Drii	nkin	g W	ater	Se	ction		
		Wa	ter Qua	lity Monit	oring ar	nd Con	plia	nce	Sch	edul	le			
PWS ID	PW	'S Name					Classif	fication	Popu	ulation	Owi	ner Type	Primary	/ Source
CT010028	4 CH	URCH OF THI	NATIVITY				١	NC		25		Р	G'	W
Local Addı	ress (wher	e applicable)			Service	Residen	tial Co	ommero	cial I	ndustri	al	Combine	d Agri	cultural
48 EAST S	TREET				Connection	S		1						
Towns Ser	ved: BETH	ILEHEM												
				Monit	oring Req	uireme	nts							
Water Sy	stem Fac	ility: DISTE	RIBUTION SY	YSTEM (WSF I	D: 00600)									
	liform (3	-								1	l rou	itine (RT)	per q	uarter
Samp	oling Poin	t (Sampling F	Point ID)			Monitori	ng Peri	iod (	Collect	tion Pe	riod	Comp	liance :	Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -						С	omplet	:e
						1/1/24 -								
						4/1/24 -								
_						7/1/24 -	9/30/2	24						
-		ers (PPS)										itine (RT)		
		t (Sampling F				Monitori			Collect	tion Pe	riod		liance :	
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -						C	omplet	e
						1/1/24 -								
						4/1/24 -								
VA / - 1 C		111	V 50111 /11			7/1/24 -	9/30/2	24						
		•	Y POINT (W	VSF ID: 00700)										
		te (NOX)	Doint (D)			Manitari	na Dou	ind (	Callag	tion Do		routine (		-
-	RY POINT (	t <b>(Sampling F</b> o\	יטוווניוטן			<i>Monitori</i> 1/1/23 -	_		Conec	tion Pe	riou		<i>liance :</i> omplet	
LININ	AT POINT (	3)				1/1/23 -							ompiei	.E
						1/1/25 -								-
			Water S	ystem Facil	ity and Sa				anto	rv				
Water			vvater 5	ystein i acii	ity and 36	ampinig	FUIII		Total	Lead	and			
System	Water Sv	stem Facility	,	Sampling Point	Samplina Po	oint		-	liform					Stage
Facility ID	_	,		ID	Description		Sto		Rule			Asbesto	WQP	_
00600	DISTRIBU	TION SYSTEN	1	4	DISTRIBUTIO	ON SYSTEM		A	Υ					
				DOWNSTREAM	WITHIN 5 SE	ERVICE CON	١ .	Α						
				UPSTREAM	WITHIN 5 SE	ERVICE CON	1	Α						
00700	ENTRY PO	TNIC		3	ENTRY POIN	IT		A						
23055	WELL #1			2	WELL #1			A						
61007	ATMOSP	HERIC STORA	GE TANK											
				Con	tact Info	rmation								
Name				0	rganization							Job Title		
Church of	The Nativ	rity												
Mailing Ad				Mailing Addres	s Line Two				C	City		State	Zip (	Code
48 East St								Bethle	ehem			СТ		751
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email	Addre	ess				
Contact Ro	ole(s): Le	gal Contact,	Owner	1										
	ζ-,	//	=											

(	Connecticu	t Depa	rtmen	t of Publi	с Не	ealth	Drin	ıking	Water	Section		
	Wate	er Qua	lity Mo	nitoring	and	Com	plia	nce S	chedul	e		
PWS ID F	WS Name						Classifi	cation	Population	Owner Type	Primary Source	
CT0100284	HURCH OF THE N	IATIVITY					N	С	25	Р	GW	
Local Address (wh	ere applicable)			Service	R	Resident	ial Co	mmercia	al Industri	al Combine	ed Agricultural	
48 EAST STREET	Connect	ions			1							
Towns Served: BE	THLEHEM			,			'					
Name				Organizatio	n					Job Title	9	
Mr. Donald Banks	5			Church of T	Church of The Nativity Business Manager							
Mailing Address L	ine One		Mailing Ad	dress Line Two	)			City		State	Zip Code	
48 East Street			P.O. Box 50	001 Woodbury	, CT 06	798		Bethlehem		СТ	06751	
Business Phone	Business Phone Extension Fax Mo			Mobile Phone	Eme	ergency	ergency Phone Email		mail Address			
203-263-2008	17							secreta	ry.princeof	peace@aohct	.org	
Contact Role(s):	Administrative Co	ontact	,		1							

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

End of schedule

	Connecticut Department of F Water Quality Monito			•	_		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0105063	151 MAIN STREET, LLC.		NC	49	Р	GW	
Local Address (where applicable)		ervice Connections	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
Towns Served	: BETHLEHEM	'		1	1	1	
	Monitor	ing Requ	ireme	nts			
Water Syster	m Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)					

Monitoring Requirements										
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete							
	1/1/24 - 3/31/24		Complete							
	4/1/24 - 6/30/24									
	7/1/24 - 9/30/24									
Physical Parameters (PPS)		1 routine (RT) per quart								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete							
	1/1/24 - 3/31/24		Complete							
	4/1/24 - 6/30/24									
	7/1/24 - 9/30/24									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 routine (RT) per year								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete							
	1/1/24 - 12/31/24									
	1/1/25 - 12/31/25									

# Other Compliance Schedules Compliance Schedule Activity Due Date

CROSS CONNECTION EXEMPTION 3/1/2023

	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	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
58524	WELL 1	2	WELL 1	Α							
61998	TREATMENT PLANT										

**Achieved Date** 

			Co	ontact Inf	ormation				
Name				Organization	Job Title				
Ms. Victoria Loruss	0								
Mailing Address Line One Mailing Ad			Mailing Addr	ess Line Two		City		State	Zip Code
151 Main Street N						Bethlehe	em	СТ	06751
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
203-266-6577						VLORUSSO@CHARTER.NET			
Contact Role(s): A	dministrative C	ontact, Leg	al Contact, O	wner	-				

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Connecticut Department of Public Health		_	•			tion	
Water Quality Monitoring and Con	<u>ıplia</u>	ance S	Sche	dul	e		
DIAGONI	OL :	· C · · ·			_	_	

PWS ID	PWS Name			Classif	ication	Population	Owner Type	Primary Source	
CT0105063	151 MAIN STREET, LLC.			N	IC	49	Р	GW	
Local Address (where applicable)		Service	Resider	ntial Co	mmercia	al Industri	al Combine	d Agricultural	
		Connections					1		

Towns Served: BETHLEHEM

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End of schedule