Connecticut Depart				0	ection	
Water Qualit	y Monitoring an	d Comp	oliance	Schedule		
PWS ID PWS Name		С	lassification	Population O	wner Type Pri	mary Source
CT0260014 CAMP HAZEN YMCA WELL #1			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	al Commerc	cial Industrial	Combined	Agricultural
204 WEST MAIN STREET	Connections		1			
Towns Served: CHESTER						
	Monitoring Requ	iiremen	ts			
Water System Facility: DISTRIBUTION SYST	EM (WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Po	ints	10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3	/31/24			
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Po	ints	10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3	/31/24			
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
Water System Facility: ENTRY POINT (WSF	: ID: 00700)					
Nitrate (1040)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio		ınce Status
ENTRY POINT (3)		10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3	/31/24			
		4/1/24 - 6	/30/24			_
		7/1/24 - 9	/30/24			
Nitrite (1041)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio	d Complia	ınce Status
ENTRY POINT (3)		1/1/23 - 12	2/31/23		Cor	nplete
		1/1/24 - 12	2/31/24			
		1/1/25 - 12	2/31/25			
	Other Compliance	Schedu	les			
Compliance Schedule Activity		Du	ie Date	Achieve	d Date	
SEASONAL START UP COMPLETION		3/1	12/2024			
CROSS CONNECTION SURVEY REPORT			1/2026			
P	ublic Notification R	equiren	nents			
	Compliance	Notice		Notification Notification	PN Certi	fication
Violation/Situation	Period	Tier	Required	-	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR)	4/21/22 - 5/13/22	3	10/15/202	-	10/25/2024	
Water Sys	tem Facility and Sar	npling P	oint Inv	entory		
Mater 945	.c asinty and sai		3	Total Lond and	- d	

Water System Facility and Sampling Point Inventory									
Water System Water Syst Facility ID	tem Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
00600 DISTRIBUTI	ION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

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

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0260014	CAMP HAZEN YMCA WELL #1			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
204 WEST MAI	N STREET	Connections		1			

Towns Served: CHESTER

	Water System Facility and Sampling Point Inventory										
Water System Facility IE	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00700	ENTRY POINT	3	ENTRY POINT	A							
20509	WELL #1	2	WELL	А							
ST01	HYDROPNEUMATIC TANK #1										
ST02	HYDROPNEUMATIC TANK #2										
TP01	TREATMENT PLANT #1										

Contact Information											
Name				Organ	Organization				Job Title		
Ms. Denise P. Learned				Camp	Camp Hazen YMCA			Executive Director			
Mailing Address Lin	e One		Mailing	Address Lin	ress Line Two			City	State	Zip Code	
204 West Main Stre	et						Chester		СТ	06412	
Business Phone	Extension	Fax		Mobile P	hone	Emergency Phone	Email Ad	ldress			
860-526-9529		860-526-9	9520				office@camphazenymca.org				

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

End of schedule

Page 2

Conne	ecticut Department	of Public H	lealth D	rinki	ng W	ater S	ection	
	Water Quality Mor				_			
PWS ID PWS Nam		meoring an					wner Tyne	Primary Source
	AZEN YMCA WELL #3		0.0	NC	-	25	P	GW
Local Address (where appl		Service	Residentia			ndustrial	Combine	
204 WEST MAIN STREET		Connections	residential	1		- Tadati Tai	Combine	7.8.104144141
Towns Served: CHESTER								
	Mor	nitoring Requ	uirement	:S				
Water System Facility:	DISTRIBUTION SYSTEM (WS							
Total Coliform (3100)						1 rc	outine (RT)	per quarter
Sampling Point (Sam	pling Point ID)		Monitoring	Period	Collect	tion Perio	d Comp	liance Status
Select from Inventory	y of Active Sampling Points		4/1/24 - 6/	30/24				
			7/1/24 - 9/	30/24				
Physical Parameters (I	PPS)					1 rc	outine (RT)	per quarter
Sampling Point (Sam	pling Point ID)		Monitoring	Period	Collect	tion Perio	d Comp	liance Status
Select from Inventory	of Active Sampling Points		4/1/24 - 6/	30/24				
			7/1/24 - 9/	30/24				
Water System Facility:	ENTRY POINT (WSF ID: 0070	00)						
Nitrate And Nitrite (N	OX)						1 routine (	RT) per year
Sampling Point (Sam	pling Point ID)		Monitoring	Period	Collect	tion Perio	d Comp	liance Status
ENTRY POINT (3)			1/1/23 - 12,	/31/23			С	omplete
			1/1/24 - 12,	/31/24				
			1/1/25 - 12,	/31/25				
Мо	nthly Water System Fa	cility (WSF)	Level Mo	nitori	ng Red	quirem	ents	
Water System Facility:	ENTRY POINT (WSFID: 0070	0)						
Analyte	Monitoring Requirement (Sun	nmary Type)	Operat	ing Limit	t		Samples I	Req/Month
рН	Entry Point pH Monitoring (PH	HRD)	Minimu	um: 7.0 l	PH			4
<b>Start Date:</b> 9/1/2020		Complia	ance History	:	Operati	ng Limit	Monito	oring
		Monitor	ring Period		Complia	ance Statu	ıs: Compli	ance Status:
		11/1/20	23 - 11/30/2	2023				
		12/1/20	23 - 12/31/2	2023				
		1/1/202	4 - 1/31/202	24				
		2/1/202	4 - 2/29/202	24				
		3/1/202	4 - 3/31/202	24				
	Other	<sup>r</sup> Compliance	Schedul	les				
Compliance Schedule Acti	vity			e Date		Achieve	d Date	
SEASONAL START UP COM	IPLETION		6/1	L/2024				
	Water System Fac	cility and Sai	mpling Po	oint In	vento	ry		
Water					Total	Lead an		
System Water System		int Sampling Poi	int		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Kule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION		DISTRIBUTIO		A	Y			
		AM WITHIN 5 SEF		A				
	UPSTREAN			A				
00700 ENTRY POINT	3	ENTRY POINT	-	Α				
20511 WELL	2	WELL		Α				

TP01

TREATMENT PLANT

	donnecticat Department of	I abiic ii	Carti	ים		, vvacci	Deceron		
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary S	ource
CT0260034	CT0260034 CAMP HAZEN YMCA WELL #3					25	Р	GW	
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combin	ed Agricu	ıltural
204 WEST MA	IN STREET	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: CHESTER

			Contact Inf	ormation				
Name				1		Job Title		
Ms. Denise P. Learned				YMCA	Executive Director			
e One		Mailing	Address Line Two		City	State	Zip Code	
et					Chester		СТ	06412
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
	860-526-9	9520			office@camphazenymca.org			
(	e One et	e One et Extension Fax	e One Mailing et	Organization  Led Camp Hazen  e One Mailing Address Line Two  et  Extension Fax Mobile Phone	e One Mailing Address Line Two et  Extension Fax Mobile Phone Emergency Phone	Organization  camp Hazen YMCA  e One Mailing Address Line Two  et Chester  Extension Fax Mobile Phone Emergency Phone Email Ac	Organization  Led Camp Hazen YMCA Executive De One Mailing Address Line Two City  Let Chester  Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title  led Camp Hazen YMCA Executive Director  e One Mailing Address Line Two City State  et Chester CT  Extension Fax Mobile Phone Emergency Phone Email Address

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

## Please note the following:

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

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End of schedule

	Connecticut Department				Ŭ			
	Water Quality Mor	nitoring an	d Con	ıpl	iance S	chedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0260084	GUEST HOUSE RETREAT & CONFERENCE	CENTER			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial	Commercia	al Industria	al Combin	ed Agricultura
318 WEST MAI	N STREET	Connections			1			
Towns Served:	CHESTER							
	Mor	itoring Requ	uireme	nts				
Water System	n Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)						
Total Colifor	m (3100)					1	routine (R	Γ) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod Co	ollection Per	iod Com	pliance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/3	31/23			Complete
			1/1/24 -	3/3	1/24			
			4/1/24 -	6/30	0/24			
			7/1/24 -	9/30	0/24			
<b>Physical Para</b>	ameters (PPS)					1	routine (R	Γ) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod Co	ollection Per	iod Com	pliance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/3	31/23			Complete
			1/1/24 -	3/3	1/24			
			4/1/24 -	6/30	0/24			

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	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		
	1/1/25 - 12/31/25	_	_

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2027								

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		UPSTREAM	WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20516	WELL #1	2	WELL	Α							
52291	WELL #2	2	WELL #2	Α							
62156	WATER SOFTENERS										

				Contact Inf	formation				
Name		Organization	า		Job Title				
Ms. Saralyn J. Kerrigan Ten Directions, Inc. Executive Director									
Mailing Address Lin	e One		Mailing A	Address Line Two		City State Zi <sub>l</sub>			Zip Code
318 West Main Stre	et					Chester		СТ	06412
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-322-5770	155	860-322-	5744		860-319-1479	saralyn@guesthousecenter.org			

(	Connecticu	t Depa	rtment o	f Public	Health	Dri	nking	Water	Section	
	Wate	er Qua	lity Moni	toring ar	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0260084	GUEST HOUSE RET	TREAT & CO	ONFERENCE CEI	NTER		NC		25	Р	GW
ocal Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
318 WEST MAIN	STREET			Connection	S		1			
Towns Served: C	HESTER							"		
Contact Role(s):	Administrative Co	ontact, Leg	al Contact							
Name			С	Organization					Job Title	9
Ten Directions, I	nc.									
Mailing Address	Line One		Mailing Addres	ss Line Two				City	State	Zip Code
318 W Main St							Cheste	r	СТ	06412
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address		
860-322-5770										
Contact Role(s)	Owner									

# Please note the following:

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

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

End of schedule

	<b>Connecticut Depart</b>	ment	of Public F	<b>lealth</b>	Dr	rinkin	g W	ater S	Section	
	Water Qualit	v Mor	nitoring an	d Con	npl	iance	Sch	edule		
PWS ID	PWS Name	<i></i>	<u> </u>		_					Primary Source
CT0260114	BRUSHMILL BY THE WATERFALL					NC		25	P	GW
Local Address (\	where applicable)		Service	Residen	tial	Commerc	cial I	ndustrial	Combin	ed Agricultura
129 WEST MAIN	N STREET		Connections			1				
Towns Served: 0	CHESTER		·		·		·			
		Mor	nitoring Requ	uireme	nts					
Water System	Facility: DISTRIBUTION SYST	EM (WS	SF ID: 00600)							
<b>Total Coliforn</b>	n (3100)							1 r	outine (R	Γ) per quarter
Sampling I	Point (Sampling Point ID)			Monitori	ing P	eriod	Collec	tion Perio	od Com	pliance Status
Select fron	n Inventory of Active Sampling Po	ints		10/1/23 -	- 12/3	31/23				Complete
				1/1/24 -	3/3	1/24	-			Complete
				4/1/24 -	- 6/3	0/24				
				7/1/24 -	9/3	0/24				
<b>Physical Para</b>	• •							1 r	-	Γ) per quarter
	Point (Sampling Point ID)			Monitori	_		Collec	tion Perio		pliance Status
Select fron	n Inventory of Active Sampling Po	ints		10/1/23 -						Complete
				1/1/24 -						Complete
				4/1/24 -		-				
	- 11:		1	7/1/24 -	- 9/3	0/24				
-	Facility: ENTRY POINT (WSF	ID: 007	00)							<i>i</i>
Nitrate And N	•						<b>.</b>			(RT) per year
	Point (Sampling Point ID)			Monitori			Collec	tion Perio		pliance Status
ENTRY POI	N1 (3)			1/1/23 -		-				Complete
				1/1/24 -						Complete
		041		1/1/25 -						
		Other	· Compliance	Sched	lule	es				
Compliance Sch						Date		Achieve	ed Date	
CROSS CONNEC	TION SURVEY REPORT					2025				
	P	ublic N	lotification F	Require	eme	ents				
			Compliance	Notice	?	<u>Public I</u>				<u>ertification</u>
Violation/Situa			Period	Tier		Required		rformed	Due to Di	
	eters M&R Violation		7/1/22 - 9/30/22	3		9/12/2024			9/22/202	
Total Coliform N			7/1/22 - 9/30/22	3		9/12/2024			9/22/202	24
	Water Syst	em Fa	cility and Sai	mpling	Po	int Inve	ento	ry		
Water	an Contain Fa 199	!: =	to a constitution of				Total	Lead ar		_
	er System Facility San	npling Po ID	int Sampling Poil Description	int			oliform			Stage os WQP 2 DBPI
Facility ID	DIDITION SYSTEM			NI CVCTER		Jiulus	Rule	Kule II	er Asbest	US WYCE Z DBPI
00600 DIST	RIBUTION SYSTEM	4 WNSTRE	DISTRIBUTION  AM WITHIN 5 SEF			A A	Υ			
	ЪО	VALICAIAA	AIVI VVIITIIN 3 SEI	VICE COI	V	A				

WITHIN 5 SERVICE CON

**ENTRY POINT** 

WELL

WELL 2

Α

Α

Α

Α

UPSTREAM

3

2

2

00700 ENTRY POINT

WELL 2

59493 AMOSPHERIC STORAGE TANK

20519 WELL 1

56825

Connecticut Department of Public Health	Drinki	ng	Water	Se	ction	ì
Water Quality Monitoring and Con	npliance	e S	chedu	le		

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0260114	BRUSHMILL BY THE WATERFALL				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
129 WEST MAI	N STREET	Connections			1			

Towns Served: CHESTER

				Contact Inf	ormation				
Name		Organization	l		Job Title				
Mr. Jason L'italien		L'italien Prop	L'italien Property LLC						
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
24 Youngs Apple Or	chard Road					Northfo	rd	СТ	06472
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
858-336-3786				858-336-3786		jlitalien8	35@gmail.co	n	

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

## Please note the following:

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

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0261113	HONEYCONE CREAM COMPANY, LLC				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
9 WATER STREE	Т	Connections					1	

Towns Served: CHESTER			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	12/1/23 - 12/31/23		Out of Service
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	4/1/24 - 4/30/24		Out of Service
	5/1/24 - 5/31/24		Out of Service
	6/1/24 - 6/30/24		Out of Service
	7/1/24 - 7/31/24		Out of Service
	8/1/24 - 8/31/24		Out of Service
	9/1/24 - 9/30/24		Out of Service
	10/1/24 - 10/31/24		Out of Service
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	12/1/23 - 12/31/23		Out of Service
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	4/1/24 - 4/30/24		Out of Service
	5/1/24 - 5/31/24		Out of Service
	6/1/24 - 6/30/24		Out of Service
	7/1/24 - 7/31/24		Out of Service
	8/1/24 - 8/31/24		Out of Service
	9/1/24 - 9/30/24		Out of Service
	10/1/24 - 10/31/24		Out of Service
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Out of Service
	1/1/24 - 3/31/24		Out of Service
	4/1/24 - 6/30/24		Out of Service
	7/1/24 - 9/30/24		Out of Service
Water System Facility: WELL (WSF ID: 62539)	., -,		
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/1/23 - 11/30/23	Concentration	Out of Service
WLLL (2)	12/1/23 - 12/31/23		Out of Service
	12/1/23 - 12/31/23		Out Of Jet VICE

	Water Quality Mor	nitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0261113	HONEYCONE CREAM COMPANY, LLC				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
9 WATER STREET Connections							1	

Connecticut Department of Public Health Drinking Water Section

Towns Served: CHESTER

Monitoring Requirements									
Water System Facility: WELL (WSF ID: 62539)									
E. Coli (3014)	1 routine (RT) per m								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
	1/1/24 - 1/31/24		Out of Service						
	2/1/24 - 2/29/24		Out of Service						
	3/1/24 - 3/31/24		Out of Service						
	4/1/24 - 4/30/24		Out of Service						
	5/1/24 - 5/31/24		Out of Service						
	6/1/24 - 6/30/24		Out of Service						
	7/1/24 - 7/31/24		Out of Service						
	8/1/24 - 8/31/24		Out of Service						
	9/1/24 - 9/30/24		Out of Service						
	10/1/24 - 10/31/24		Out of Service						

Water System Facility and Sampling Point Inventory													
Water					Total	Lead and							
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage				
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ								
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ								
00700	ENTRY POINT	3	ENTRY POINT	Α									
62539	WELL	2	WELL	Α									

Contact Information											
Name				Organization				Job Title			
Mrs. Heather Riebold				High End Chester, LLC			Property Manager				
Mailing Address Line One				Mailing Address Line Two			City		Zip Code		
28 Denlar Drive						Chester		СТ	06412		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	mail Address				
860-526-3983		860-526-4	1495			heather@arthandling.org					
Contact Bolo/c): A		^	-l Ct	t O	<u> </u>	1					

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

#### Please note the following:

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

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

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

End of schedule