

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0260014	CAMP HAZEN YMCA WELL #1	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
204 WEST MAIN STREET				1			

Towns Served: CHESTER

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

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

<b>Nitrate (1040)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24				
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	3/12/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	4/21/22 - 5/13/22	3	10/15/2024		10/25/2024	

## Water System Facility and Sampling Point Inventory

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0260014</b>	<b>CAMP HAZEN YMCA WELL #1</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
204 WEST MAIN STREET				1			
Towns Served: CHESTER							

## Water System Facility and Sampling Point Inventory

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

## Contact Information

Name			Organization			Job Title		
<b>Ms. Denise P. Learned</b>			Camp Hazen YMCA			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
204 West Main Street						Chester	CT	06412
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-526-9529		860-526-9520			office@camphazenyumca.org			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								

**Please note the following:**

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

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

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

***End of schedule***

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0260034</b>	<b>CAMP HAZEN YMCA WELL #3</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
204 WEST MAIN STREET				1			

Towns Served: CHESTER

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

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

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

## Monthly Water System Facility (WSF) Level Monitoring Requirements

**Water System Facility: ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4	
<b>Start Date:</b> 9/1/2020	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>	<b>Compliance Status:</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>	
	11/1/2023 - 11/30/2023			
	12/1/2023 - 12/31/2023			
	1/1/2024 - 1/31/2024			
	2/1/2024 - 2/29/2024			
	3/1/2024 - 3/31/2024			

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	6/1/2024	

## 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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20511	WELL	2	WELL	A				
TP01	TREATMENT PLANT							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0260034</b>	<b>CAMP HAZEN YMCA WELL #3</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
204 WEST MAIN STREET				1			

Towns Served: CHESTER

## Contact Information

Name		Organization		Job Title		
<b>Ms. Denise P. Learned</b>		Camp Hazen YMCA		Executive Director		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
204 West Main Street				Chester	CT	06412
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-526-9529		860-526-9520			office@camphazenyumca.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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0260084</b>	<b>GUEST HOUSE RETREAT &amp; CONFERENCE CENTER</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
318 WEST MAIN STREET				1			
Towns Served: CHESTER							

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

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

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

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2027	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20516	WELL #1	2	WELL	A				
52291	WELL #2	2	WELL #2	A				
62156	WATER SOFTENERS							

### Contact Information

Name		Organization			Job Title			
Ms. Saralyn J. Kerrigan		Ten Directions, Inc.			Executive Director			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
318 West Main Street						Chester	CT	06412
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-322-5770	155	860-322-5744		860-319-1479	saralyn@guesthousecenter.org			

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0260084</b>	<b>GUEST HOUSE RETREAT &amp; CONFERENCE CENTER</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
318 WEST MAIN STREET				1				
Towns Served: CHESTER								
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								
Name			Organization			Job Title		
<b>Ten Directions, Inc.</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
318 W Main St						Chester	CT	06412
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-322-5770								
Contact Role(s): <b>Owner</b>								

**Please note the following:**

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

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

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

<b><i>End of schedule</i></b>
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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0260114	BRUSHMILL BY THE WATERFALL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
129 WEST MAIN STREET				1			

Towns Served: CHESTER

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

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

### Other Compliance Schedules

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

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	9/12/2024		9/22/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	9/12/2024		9/22/2024	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20519	WELL 1	2	WELL	A				
56825	WELL 2	2	WELL 2	A				
59493	AMOSPHERIC STORAGE TANK							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0260114</b>	<b>BRUSHMILL BY THE WATERFALL</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
129 WEST MAIN STREET				1			
Towns Served: CHESTER							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Jason L'italien</b>			L'italien Property LLC			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
24 Youngs Apple Orchard Road						Northford		CT	06472
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
858-336-3786			858-336-3786		jlitalien85@gmail.com				

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

**Please note the following:**

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

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

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

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0261113</b>	<b>HONEYCONE CREAM COMPANY, LLC</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
9 WATER STREET						1	
Towns Served: CHESTER							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		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		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	10/1/23 - 12/31/23		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)**

<b>E. Coli (3014)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	11/1/23 - 11/30/23		Out of Service		
	12/1/23 - 12/31/23		Out of Service		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0261113</b>	<b>HONEYCONE CREAM COMPANY, LLC</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
9 WATER STREET						1	
Towns Served: CHESTER							

## Monitoring Requirements

Water System Facility: **WELL (WSF ID: 62539)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	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

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

## Contact Information

Name			Organization			Job Title		
<b>Mrs. Heather Riebold</b>			High End Chester, LLC			Property Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
28 Denlar Drive						Chester	CT	06412
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-526-3983		860-526-4495			heather@arthandling.org			
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>								

**Please note the following:**

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

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

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

**End of schedule**

**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.**