			in the r	v 1.1 m	1	<b>.</b>	T	2		
	Connecticut D	•				_			n	
	Water (	Quality Monit	oring an	d Comp	oliano	e Sch	edule	<u> </u>		
PWS ID	PWS Name			С	lassificat	ion Pop	ulation C	wner Typ	e Pr	imary Sourc
CT0650014	BETHANY LUTHERAN B	RETHREN CHURCH W	ELL# 1		NC		50	Р		GW
Local Address	(where applicable)		Service	Residentia	I Comm	nercial	Industrial	Combi	ned	Agricultura
116 WALNUT	HILL ROAD (OLD SECTION)	)	Connections		1	L				
Towns Served	: HARTLAND									
		Monito	oring Requ	uirement	ts					
Water Syste	m Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF I	D: 00600)							
<b>Total Colifo</b>	rm (3100)						1 r	outine (F	RT) p	er quarter
Sampling	g Point (Sampling Point ID	)		Monitoring	Period	Collec	tion Perio	od Cor	nplic	ince Status
Select fro	om Inventory of Active Sam	npling Points		10/1/23 - 12	2/31/23				Cor	nplete
				1/1/24 - 3/	/31/24				Cor	mplete
				4/1/24 - 6/	/30/24					
				7/1/24 - 9/	/30/24					
Physical Par	rameters (PPS)						1 r	outine (F	RT) p	er quarter
Sampling	g Point (Sampling Point ID	)		Monitoring	Period	Collec	tion Perio	od Cor	nplic	nce Status
Select fro	om Inventory of Active Sam	npling Points		10/1/23 - 12	2/31/23				Cor	nplete
				1/1/24 - 3/	/31/24				Cor	nplete
				4/1/24 - 6/	/30/24					
				7/1/24 - 9/	/30/24					
Water Syste	m Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1 routin	e (R	T) per year
Sampling	g Point (Sampling Point ID	)		Monitoring	Period	Collec	tion Perio	od Cor	mplic	nce Status
ENTRY P	OINT #1 (3)			1/1/23 - 12	/31/23				Cor	nplete
				1/1/24 - 12	/31/24				Cor	nplete
				1/1/25 - 12	/31/25					
	Wat	er System Facili	ity and Sai	mpling P	oint Ir	vento	ry			
Water						Total	Lead a	nd		
System Wo	ater System Facility	Sampling Point	Sampling Poi	int		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbes	tos	WQP 2 DBPI
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ				
		4-1	OLD SEC OF C	CHURCH	Α					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α					
		TP#1	WATER TANK	KITCHEN	Α	Υ				
		TP#3	LADIES BATH	ROOM	Α	Υ				
		TP#5	HANDICAPPE	D	Α	Υ				
			BATHROOM							
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α					
00700 51	TDV DOINT	2	ENITOV DOINIT	- 114						

23052 WELL #1				***************************************	Д			
				Contact Inf	ormation			
Name				Organization	1		Job Title	
Ms. Brita Skaret				Bethany Lutl	heran Brethren Chur	Admii	n Assist	
Mailing Address Lin	e One		Mailing Ad	ddress Line Two		City	State	Zip Code
116 Walnut Hill Roa	ad		P.O. Box 2	50		East Hartland	СТ	06027
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-844-0259						blbchartland@	gmail.com	

ENTRY POINT #1

3

00700 ENTRY POINT

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.

С	onnecticu	t Depa	rtment of	Public	Health	Dri	nking	Water	Section	
	Wate	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID P\	NS Name					Classif	ication	Population	Owner Type	Primary Source
CT0650014 BI	ETHANY LUTHER	AN BRETH	REN CHURCH W	ELL# 1		N	IC	50	Р	GW
Local Address (whe	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
116 WALNUT HILL	ROAD (OLD SECT	ION)		Connection	S		1			
Towns Served: HAF	RTLAND									
Contact Role(s): A	dministrative Co	ontact								
Name			O	rganization					Job Titl	e
Mr. Art Olsen			Ве	ethany Luthe	ran Brethr	en Chur		Chair of T	rustees	
Mailing Address Lir	ne One		Mailing Address	s Line Two				City	State	Zip Code
Chair of Trustees			PO Box 250				East Ha	rtland	СТ	06027
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddress		
860-653-2427							olsenah	nect@cox.n	et	
Contact Role(s): L	egal 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 Departme	ent of Public H	ealth [	rinkin	g Water S	Section	
	Water Quality M	Ionitoring and	d Comr	oliance	Schedule	1	
PWS ID	PWS Name	8 -			Population C		rimary Source
CT0650024	6 HARTLAND BOULEVARD			NC	25	P	GW
Local Address	(where applicable)	Service	Residentia	I Commer	cial Industrial	Combined	Agricultural
6 HARTLAND B		Connections		1			
Towns Served:	HARTLAND						
	N	Monitoring Requ	irement	is			
Water Systen	n Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)					
<b>Total Colifor</b>	m (3100)				1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)	1	Monitoring	Period	<b>Collection Perio</b>	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points	1	10/1/23 - 12	2/31/23		Со	mplete
			1/1/24 - 3/	/31/24		Со	mplete
			4/1/24 - 6/	/30/24			
			7/1/24 - 9/	/30/24			
-	ameters (PPS)				1 r	outine (RT)	· ·
	Point (Sampling Point ID)		Monitoring		Collection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points	1	10/1/23 - 12				mplete
			1/1/24 - 3/			Со	mplete
			4/1/24 - 6/				
			7/1/24 - 9/	/30/24			
Water Systen	n Facility: ENTRY POINT (WSF ID:	00700)					
	Nitrite (NOX)					1 routine (R	
	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
ENTRY PC	DINT (3)		1/1/23 - 12	•			mplete
			1/1/24 - 12			Co	mplete
			1/1/25 - 12	/31/25			
Water Systen	n Facility: WELL (WSF ID: 21087)						
E. Coli (3014	•					outine (RT) $ $	•
	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
WELL 1 (2	2)	1	10/1/23 - 12	-			mplete
			1/1/24 - 3/			Со	mplete
			4/1/24 - 6/				
			7/1/24 - 9/				
	Ot	her Compliance	Schedu	les			
Compliance Sc	hedule Activity		Du	e Date	Achieve	ed Date	
RESPOND TO S	SANITARY SURVEY		2/1	5/2021			
	Publ	ic Notification R	equiren	nents			
		Compliance	Notice		<u>Notification</u>		<u>ification</u>
Violation/Situ		Period	Tier	Require		Due to DPH	Received
	M&R Violation	4/1/15 - 6/30/15	-	10/24/20:		11/3/2015	
-	neters M&R Violation	4/1/15 - 6/30/15	3	9/23/201		10/3/2016	
E. Coli M&R Vi		7/1/16 - 9/30/16	3	2/17/201		2/27/2018	
E. Coli M&R Vi	olation	10/1/16 - 12/31/16	3	5/3/2018	5	5/13/2018	

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3

3

6/23/2018

9/14/2018

7/3/2018

9/24/2018

1/1/17 - 3/31/17

4/1/17 - 6/30/17

E. Coli M&R Violation

E. Coli M&R Violation

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0650024	6 HARTLAND BOULEVARD			NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	itial Commerci	al Industri	al Combine	ed Agricultural
6 HARTLAND BO	DULEVARD	Connections		1			

Towns Served: HARTLAND

	W	ater System Facili	ity and Sampling P	oint Ir	ivento	ry			
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	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21087	WELL	2	WELL 1	Α					

			Co	ontact Info	ormation				
Name				Organization				Job Title	
Mr. Labros Vakalis							Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
320 Center Hill Rd						Barkham	nsted	СТ	06063
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress		
860-307-6692					860-738-3571	coachha	rtland@hotr	mail.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.

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Dep						_		ection	
	Water Qu	iality Monit	oring an	d Com	plia	ance	Sche	edule		
PWS ID	PWS Name			(	Classi	fication	Popu	lation Ov	vner Type P	rimary Source
СТ0650114	BETHANY LUTHERAN BRE	THREN CHURCH W	ELL# 2		ſ	NC	5	50	Р	GW
Local Address (	where applicable)		Service	Residenti	al Co	ommer	cial In	ndustrial	Combined	Agricultural
116 WALNUT H	IILL ROAD (NEW SECTION)		Connections						1	
Towns Served:	HARTLAND								1	
		Monito	oring Requ	iiremen	ts					
Water System	Facility: <b>DISTRIBUTION</b>	I SYSTEM (WSF II	D: 00600)							
<b>Total Colifor</b>	m (3100)							1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Per	iod	Collect	ion Perio	d Compli	ance Status
Select from	m Inventory of Active Sampl	ing Points		10/1/23 - 1	12/31	./23			Со	mplete
				1/1/24 - 3	3/31/	24			Со	mplete
				4/1/24 - 6	5/30/	24				
				7/1/24 - 9	9/30/	24				
<b>Physical Para</b>	meters (PPS)							1 rc	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Per	riod	Collect	ion Perio	d Compli	ance Status
Select from	m Inventory of Active Sampl	ing Points		10/1/23 - 1	L2/31	./23			Co	mplete
				1/1/24 - 3	3/31/	24			Co	mplete
				4/1/24 - 6	5/30/	24				
				7/1/24 - 9	9/30/	24				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (104	0)							1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Per	riod	Collect	ion Perio	d Compli	ance Status
ENTRY PO	INT #2 - NEW SECTION (3)			10/1/23 - 1	L2/31	./23			Co	mplete
				1/1/24 - 3	3/31/	24			Co	mplete
				4/1/24 - 6	5/30/	24				
				7/1/24 - 9	9/30/	24				
Nitrite (1041	L)							:	1 routine (F	RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	g Per	riod	Collect	ion Perio	d Compli	ance Status
ENTRY PO	INT #2 - NEW SECTION (3)			1/1/23 - 12	2/31/	/23			Co	mplete
				1/1/24 - 12	2/31/	/24			Co	mplete
				1/1/25 - 12	2/31/	/25				
	Water	System Facili	ty and Sar	mpling F	Poin	it Inv	entoi	ry		
Water							Total	Lead an		
*	ter System Facility	Sampling Point		nt			oliform	Copper		Stage
Facility ID		ID	Description			utus	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION			Α				
		4-2	NEW SEC OF			Α				
		DOWNSTREAM				Α				
		TP#1	WATER TANK	BOILER RN	Λ	Α	Υ			

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WELL #2

**UPPER ROOM SINK** 

**NURSERY WEST SINK** 

WITHIN 5 SERVICE CON

**ENTRY POINT #2 - NEW** 

TP#14

TP#6

**UPSTREAM** 

3

2

00700

2468

**ENTRY POINT** 

WELL #2

Υ

Υ

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Α

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Α

	Water Quality I	Monitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0650114	BETHANY LUTHERAN BRETHREN CH	IURCH WELL# 2			NC	50	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
116 WALNUT I	HILL ROAD (NEW SECTION)	Connections					1	

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	l			Job Title	
Ms. Brita Skaret				Bethany Luth	neran Brethren Chur		Admin Assi	st	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
116 Walnut Hill Roa	ıd		P.O. Box 250	)		East Har	tland	СТ	06027
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress		
860-844-0259						blbchart	land@gmail	.com	
Contact Role(s): Ac	dministrative (	Contact							
Name				Organization	l			Job Title	
Mr. Art Olsen				Bethany Luth	neran Brethren Chur		Chair of Tru	ıstees	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
Chair of Trustees			PO Box 250			East Har	tland	СТ	06027
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress	•	
860-653-2427						olsenah	ect@cox.net		
Contact Role(s): Le	gal Contact		<u>'</u>			1			

## Please note the following:

Towns Served: HARTLAND

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