C	onnecticut Depa	rtment of	Public	: Health	Drin	king	Wate	er Se	ction	
	Water Qual					0				
PWS ID PV	VS Name		O		Classifi	cation	Populati	on Ow	ner Type	Primary Source
CT0670024 BL	ACKLEDGE COUNTRY CLUE	3			N	С	25		Р	GW
Local Address (whe	re applicable)		Service	Resident	tial Cor	mmercia	al Indus	trial	Combined	d Agricultura
180 WEST STREET			Connectio	ons		1				
Towns Served: HEB	RON									
		Monit	oring Re	quireme	nts					
Water System Fac	cility: DISTRIBUTION SY	(STEM (WSFI	D: 00600)							
Total Coliform (3100)							1 rou	utine (RT)	per quarter
Sampling Poin	nt (Sampling Point ID)			Monitorii	n <mark>g Per</mark> io	od Co	ollection	Period	Comp	liance Status
Select from Inv	ventory of Active Sampling	Points		10/1/23 -	12/31/2	23			C	omplete
				1/1/24 -	3/31/24	4				
				4/1/24 -	6/30/24	4				
				7/1/24 -	9/30/24	4				
Physical Parame										per quarter
	nt (Sampling Point ID)	.		Monitori	-		ollection	Period		liance Status
Select from Inv	ventory of Active Sampling	Points		10/1/23 -					C	omplete
				1/1/24 -						
				4/1/24 -						
		(CE ID: 00700)		7/1/24 -	9/30/24	4				
	cility: ENTRY POINT (W	/SF ID: 00700)								~=\
Nitrate And Nitri	• •			Manitavi	na Daula		llestion		-	RT) per year
	nt (Sampling Point ID)			Monitorii	-		ollection	Perioa		liance Status
ENTRY POINT	(5)			1/1/23 - 1 1/1/24 - 1					U	omplete
				1/1/24 -					. <u></u>	
		Other C	omolion							
Compliance Cohody		Other C	ompiian	ce Sched			4.0	hiowod	Derte	
Compliance Schedu RESPOND TO SANIT					Due Dat	-	AC	hieved	Date	
RESPOND TO SANTI					/12/202					
	Water Sy	/stem Facili	ity and S	Sampling	Point		-			
Water System Water S	ystem Facility	Sampling Point	Sampling	Doint				ad and opper		Stago
Facility ID	ystem ruenty	ID	Descriptio		Stat				Asbestos	Stage WQP 2 DBPI
	UTION SYSTEM	4		ION SYSTEM		lus	Y			
		DOWNSTREAM					-			
		UPSTREAM		SERVICE CON						
00700 ENTRY P	OINT	3	ENTRY PO		A					
21131 WELL		2	WELL		A					
	IENT PLANT									
		Con	tact Info	ormation						
Name			rganization						Job Title	
Mr. William E. And	erson		•	ountry Club II	nс.		Manag	er	305 1110	
Mailing Address Lin		Mailing Addres					City	C1	State	Zip Code
180 West Street						Hebron			CT	06248
Business Phone	Extension Fax	Mohi	le Phone	Emergency	Phone					
860-228-1044							ackledge	cc.com		
	dministrative Contact, Leg	al Contact. Owr	ner	1						
	has been provided to help owner			systems maintai	n complia	ance with	drinking w	ater aua	lity monitori	na requirements
	mas seen provided to held OWIER	J AND OPEI ALOIS OF	NUDIC WULCI S	y sterns munitur	n compila	THE WILL	armining W	urci yuu		IN ICHUN CINCINS

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0670024	BLACKLEDGE COUNTRY CLUB			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
180 WEST STREE	T	Connections		1			
Towns Served: H	IEBRON			·	·	·	

Please note the following:

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

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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	Сс	onnectic	*					0			ction	
		Wa	ter Qua	lity Mor	nitoring	and Cor	nplian	ce Sc	hedu	le		
PWS ID		'S Name					Classifica	ation Po	pulation	n Owi	ner Type P	rimary Sour
СТ0670054		Y CITY STATE	PARK/PICN	IC AREA WEL			NC		33		S	GW
		e applicable)			Service	Resider	ntial Com	mercial	Industr	rial	Combined	Agricultur
ROUTE 85					Connect	ions 1						
Towns Serv	ved: HEBF	RON										
				Mor	nitoring R	equireme	ents					
Water Sys	stem Fac	ility: DISTR	IBUTION S	YSTEM (WS	6F ID: 00600)						
Total Col	iform (3	100)								1 rou	itine (RT)	per quarte
Samp	ling Point	t (Sampling P	oint ID)			Monitor	ing Period	l Coll	ection Pe	eriod	Compl	iance Status
Select	from Inv	entory of Act	ive Sampling	g Points			- 6/30/24					
						7/1/24	- 9/30/24					
Physical												per quarte
	_	t (Sampling P	-				ing Period	Coll	ection Pe	eriod	Compl	iance Status
Select	t from Inv	entory of Act	ive Sampling	g Points			- 6/30/24					
					·	7/1/24	- 9/30/24					
		ility: ENTR	Y POINT (V	NSF ID: 007	00)							
Nitrate A		• •									•	RT) per yea
	-	t (Sampling P	oint ID)				ing Period		ection Pe			iance Status
ENTR	Y POINT (3)					12/31/23		4/1-9/30		Co	omplete
							12/31/24		4/1-9/30			
							12/31/25		4/1-9/30)		
				Other	[·] Complia	nce Scheo	dules					
Complianc	e Schedu	le Activity					Due Date	_	Achi	eved	Date	
SEASONAL	START U	P COMPLETIO	N				4/1/2024					
			Water S	ystem Fa	cility and	Sampling	g Point	Invent	tory			
Water								Tota	l Lead	d and		
	Water Sy	stem Facility		Sampling Po	int Sampling			Colifo		oper		Stag
Facility ID				ID	Descripti		Statı		e Rule	e Tier	Asbestos	WQP 2 DBI
00600	DISTRIBU	TION SYSTEM	1	101		'S BATHROON		Y				
				102		ATHROOM	Α	Y				
				103		R FAUCET	A	Y				
				4		ITION SYSTEM		Y				
					AM WITHIN S							
00-0-				UPSTREAN		5 SERVICE CO						
	ENTRY PO	JINI		3	ENTRY P	JINI	A					
21132	WELL			2	WELL		A					
				C	ontact In	formation	า					
Name					Organizatio						Job Title	
Mr. David	Cooley			-	Deep-Engin				Supv Civi	il Engi	neer	
Mailing Ad		e One		Mailing Add	ress Line Two)			City		State	Zip Code
163 Great								ortland			СТ	06480
	DI I	Extensions.			obile Phone	Emergenc	Dhama	mail Ada	trocc			
Business 860-342		Extension	Fax 860-344-		50-205-7552	860-424		lavid.coo				

PWS ID	PWS Name			Class	sification	Population	Owner Type	Prim	nary Source
СТ0670054	GAY CITY STATE PARK/PICNIC AREA WELL				NC	33	S		GW
Local Address (v	vhere applicable)	Service	Residen	tial (Commerci	al Industri	al Combine	ed A	Agricultural
ROUTE 85 NORT	Ή	Connections	1						
Towns Served: H	IFBRON								

Please note the following:

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

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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		ut Departme				0			
		ter Quality M	ionitoring a	and Con					
PWS ID	PWS Name						-	wner Type P	
CT0670074		EGATIONAL CHURCH	Comico	Desider	I	NC	25	P	GW
	where applicable)		Service Connectio	Resider	itial C	ommercial	Industrial	Combined	Agricultura
672 GILEAD RO			connectie	/15		1			
Towns Served:		•		•					
			Ionitoring Re	quireme	ents				
		RIBUTION SYSTEM	(WSF ID: 00600)				-	(27)	
Total Coliforn Sampling	n (3100) Point (Sampling P	Point ID)		Monitor	ing Per	riod Col	1 r lection Perio	outine (RT) od Compli	per quarter ance Status
Select from	n Inventory of Act	ive Sampling Points		10/1/23	- 12/31	/23		Со	mplete
				1/1/24	- 3/31/	24		Co	mplete
				4/1/24	- 6/30/	24			
				7/1/24	- 9/30/	24			
Physical Para	meters (PPS)						1 r	outine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)		Monitor	ing Per	riod Col	lection Perio	od Compli	ance Status
DISTRIBUT	ION SYSTEM (4)			10/1/23	- 12/31	/23		Со	mplete
				1/1/24	- 3/31/	24		Со	mplete
				4/1/24					
				7/1/24	- 9/30/	24			
Water System	Facility: ENTR	Y POINT (WSF ID: (0700)						
Nitrate And N	Nitrite (NOX)							1 routine (R	T) per year
Sampling	Point (Sampling P	Point ID)		Monitor	ing Per	riod Col	lection Perio	od Compli	ance Status
ENTRY POI	INT (3)			1/1/23 -				Со	mplete
				1/1/24 -				Co	mplete
				1/1/25 -	12/31,	/25			
		Publi	c Notification	n Require	emer	nts			
			Compliance	Notice	?	Public Not	ification	PN Cert	ification
Violation/Situa	tion		Period	Tier	R	equired	Performed	Due to DPH	Received
Total Coliform I			7/1/11 - 9/30/2			15/2011		9/25/2011	
Total Coliform I	MCL Violation		7/1/12 - 9/30/2			/11/2012		11/21/2012	
		Water System	Facility and S	Sampling	; Poir	nt Inven	tory		
Water						Tote	al Lead ar	nd	
	er System Facility		Point Sampling			Colifo			Stage
Facility ID		ID				atus Rul		er Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM			ION SYSTEN		A Y			
			TREAM WITHIN 5			A			
		UPSTR		SERVICE CO	N	A			
	RY POINT	3		INI		A			
21134 WEL	L	2				Α			
			Contact Info	ormatior	1				
Name			Organization					Job Title	
Gilead Society	Of								
Mailing Address	s Line One	Mailing	Address Line Two				City	State	Zip Code
672 Gilead Stre	et					Hebron		СТ	06248
	ne Extension	Fax	Mobile Phone	Emergenc	/ Phone	Email Ad	dress		
Business Pho	LACENSION	Tax	Mobile I Holle	Lineigene	1 11011		01000		

				0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0670074	GILEAD CONGRI	GATIONAL (CHURCH				NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	ial Industri	al Combin	ed Agricultural
672 GILEAD ROA	D			Connectior	าร		1			
Towns Served: H	EBRON									
Contact Role(s):	Owner									
Name				Organization					Job Titl	e
Mr. Greg Brand										
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code
6 Woodward Rd							Colum	bia	СТ	06237
Business Phone	e Extension	Fax	M	obile Phone	Emergenc	y Phon	e Email /	Address		
			86	0-977-7987			febtwo	o83@gmail.c	om	
Contact Role(s):	Administrative	Contact, Leg	al 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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	Connecticut Dep	partment	t of Public H	ealth I	Drinking	g Water	Section	
	Water Qı	ality Mo	nitoring and	d Comp	oliance	Schedule	e	
PWS ID	PWS Name			C	lassification	Population (Owner Type	Primary Source
СТ0670094	HEBRON CHURCH OF HOP	PE			NC	25	Р	GW
	where applicable)		Service	Residentia		cial Industria	I Combined	d Agricultural
1 MAIN STREET			Connections		1			
Towns Served:	HEBRON			•	-			
			nitoring Requ	irement	ts			
	n Facility: DISTRIBUTION	I SYSTEM (W	/SF ID: 00600)					
Total Colifor								per quarter
	Point (Sampling Point ID)	lin - Deinte		Monitoring		Collection Peri	-	liance Status
Select from	m Inventory of Active Sampl	ing Points		10/1/23 - 12				omplete
				1/1/24 - 3/ 4/1/24 - 6/			U	omplete
				7/1/24 - 9/				
Physical Para	ameters (PPS)			, , 1, 24 - 3)	, 30, 24	1	routine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring	Period	L Collection Peri		liance Status
	m Inventory of Active Sampl	ling Points		10/1/23 - 12			-	omplete
	,	0		1/1/24 - 3/				omplete
				4/1/24 - 6				· · · · · · · · · · · · · · · · · · ·
				7/1/24 - 9,	/30/24			
Water System	n Facility: ENTRY POINT	(WSF ID: 007	700)					
Nitrate And I	Nitrite (NOX)						1 routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Peri	iod Compl	liance Status
ENTRY PO	0INT (3)			1/1/23 - 12	2/31/23		C	omplete
				1/1/24 - 12			C	omplete
				1/1/25 - 12	2/31/25			
	n Facility: WELL (WSF ID): 21136)						
E. Coli (3014	•							per quarter
	Point (Sampling Point ID)			Monitoring		Collection Peri		liance Status
WELL (2)				10/1/23 - 12				omplete
				1/1/24 - 3			C	omplete
				4/1/24 - 6/ 7/1/24 - 9/				
		Dublis						
		Public	Notification R	-				
Violation/Situa	rtion		Compliance Period	Notice Tier		<u>Iotification</u>		<u>tification</u>
Total Coliform			7/1/14 - 9/30/14	2	<i>Required</i> 12/25/201		Due to DPH 1/4/2015	I Received
	eters M&R Violation		7/1/14 - 9/30/14	3	11/25/201		12/5/2015	
		System Er	acility and Sar	_			12, 3, 2013	
Mator	vvaler	System Fo	active and Sal	inpling P		fotal Lead o	und	
	ter System Facility	Sampling P ID	oint Sampling Poi Description	nt	Со	liform Copp	er	Stage WQP 2 DBPR
Facility ID					514143			
	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	Y		
	TRIBUTION SYSTEM		DISTRIBUTION EAM WITHIN 5 SER		A A	Y		
	TRIBUTION SYSTEM		EAM WITHIN 5 SER	VICE CON		Y		
00600 DIST	TRIBUTION SYSTEM	DOWNSTRE	EAM WITHIN 5 SER	VICE CON	А	Y		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID **PWS Name HEBRON CHURCH OF HOPE** Ρ СТ0670094 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **1 MAIN STREET** 1 Towns Served: HEBRON **Contact Information** Organization Job Title Name Pastor Kevin Zufall Pastor Mailing Address Line One Mailing Address Line Two State Zip Code City 1 Main Street Hebron CT 06248 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-228-3011 pastor.kevin@hebronchurchofhope.org Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following:

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

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

PWS ID	Water Quality Moni		A					Primary Sou
T0670144	CAMP HEMLOCKS - EASTER SEALS (CORE W	/ELT)	Cid	NC	25		P	GW
	(where applicable)	Service	Residential			strial	Combine	
5 JONES STR		Connections	Residential	1		50101	combine	
owns Served				-				
		toring Requ	irements					
Vater Syste	m Facility: DISTRIBUTION SYSTEM (WSF			•	_		_	
Total Colifo	· · ·	12.00000				1 r	outine (R	T) per mont
	g Point (Sampling Point ID)		Monitoring F	Period	Collection		-	oliance Statu
	om Inventory of Active Sampling Points		11/1/23 - 11/					Complete
	, , ,		12/1/23 - 12/					Complete
			1/1/24 - 1/3					Complete
			2/1/24 - 2/2					Complete
			3/1/24 - 3/3					·
			4/1/24 - 4/3					
			5/1/24 - 5/3	31/24				
			6/1/24 - 6/3	0/24				
			7/1/24 - 7/3	31/24				
			8/1/24 - 8/3	31/24				
			9/1/24 - 9/3	0/24				
			10/1/24 - 10/	/31/24				
Physical Pa	rameters (PPS)					1 r	outine (R	T) per mont
Sampling	g Point (Sampling Point ID)		Monitoring F	Period	Collection	Perio	d Com	oliance Statu
DISTRIBL	JTION SYSTEM (4)		11/1/23 - 11/	/30/23				Complete
			12/1/23 - 12/	/31/23				Complete
			1/1/24 - 1/3	1/24				Complete
			2/1/24 - 2/2	9/24				Complete
			3/1/24 - 3/3	1/24				
			4/1/24 - 4/3	0/24				
			5/1/24 - 5/3	1/24				
			6/1/24 - 6/3	80/24				
			7/1/24 - 7/3	1/24				
			8/1/24 - 8/3					
			9/1/24 - 9/3					
			10/1/24 - 10/	/31/24				
	m Facility: ENTRY POINT (WSF ID: 00700)						
	Nitrite (NOX)							(RT) per yea
	g Point (Sampling Point ID)		Monitoring F		Collection	Perio		oliance Statu
ENTRY P	UINT (3)		1/1/23 - 12/3					Complete
			1/1/24 - 12/3	-				Complete
			1/1/25 - 12/3					
	Other (Compliance	Schedule	es				
-	chedule Activity			Date	Ac	hieve	d Date	
CROSS CONN	ECTION SURVEY REPORT		3/1/	/2024				
	Water System Faci	lity and Sar	mpling Po	oint Inv	entory			
Water					Total Le	ad an	d	

Schedule Generation Date: 4/3/2024

	vval	ter Qual	iity №	10111	toring a	na cor	прпа	ince 5	SCI	ieaui	e		
PWS ID	PWS Name						Classi	fication	Рор	ulation	Ow	ner Type Pr	imary Sourc
СТ0670144	CAMP HEMLOCK	S - EASTER S	EALS (C	ORE WI	ELL)		١	۱C		25		Р	GW
Local Address (w	here applicable)				Service	Reside	ntial Co	ommercia	al	Industria	al	Combined	Agricultura
85 JONES STREE	Г				Connectio	ns		1					
Towns Served: H	IEBRON												
Facility ID			, II	5	Description	n	Ste	atus R	, ule	Rule	Tier	Asbestos	WQP 2 DBF
00600 DISTR	BUTION SYSTEM		4	ŀ	DISTRIBUT	ION SYSTEM			Y				
			DOWNS	TREAM	WITHIN 5 S	SERVICE CO	N	A					
			UPSTE	REAM	WITHIN 5 S	SERVICE CO	N	A					
00700 ENTR	Y POINT		3	3	ENTRY POI	NT		A					
	OSPHERIC TANK VERTED 2012)												
55545 BOOS	TER PUMPS (2)												
61360 WELL	#1A		2)	WELL #1A			A					
61362 WELL	#2		2	2	WELL #2			A					
				Con	ntact Info	ormatio	n						
Name				0	rganization							Job Title	
Easter Seals Con	necticut, Inc												
Mailing Address	Line One		Mailing	Addres	s Line Two				(City		State	Zip Code
120 Holcomb St								Hartfor	ď			СТ	06112
Business Phon	e Extension	Fax		Mob	ile Phone	Emergenc	y Phone	e Email A	ddr	ess			
Contact Role(s):	Owner												
Name				0	rganization							Job Title	
Mr. Chris Tennis	;			Ea	aster Seals C	amp Hemlo	ocks						
Mailing Address	Line One		Mailing	Addres	s Line Two				(City		State	Zip Code
120 Holcomb Str	reet							Hartfor	ď			СТ	06112
Business Phon	e Extension	Fax		Mob	ile Phone	Emergenc	y Phone	e Email A	ddr	ess			
860-242-2274	L .	860-769-6	5565			860-212	-2255	chris.te	ennis	@oakhi	illct.	org	
Contact Role(s):	Administrative	Contact, Leg	al Conta	ict									
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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	Connecticut Depa	rtmen	t of Pu	blic H	lealth	Dri	nking	g W	'ater	Sectio	n	
	Water Qua	lity Mo	onitori	ng an	d Com	plia	ance					
PWS ID	PWS Name						ification			Owner Ty	pe Pi	imary Sourc
СТ0670154	291 CHURCH STREET (GEOR	GIA'S)					NC		25	Р		GW
	where applicable)		Serv		Resident	ial C	Commerc	ial I	ndustria	l Comb	ined	Agricultur
291 CHURCH S			Con	nections			1					
owns Served:	HEBRON											
		Mo	onitorin	g Requ	uireme	nts						
Nater System	Facility: DISTRIBUTION S	YSTEM (V	VSF ID: 00	0600)								
Total Colifor	m (3100)								1	routine	(RT)	per quarte
	Point (Sampling Point ID)				Monitorii	n <mark>g P</mark> el	riod (Collec	tion Per	iod Co	ompli	ance Status
Select from	m Inventory of Active Sampling	g Points			10/1/23 -							mplete
					1/1/24 -						Со	mplete
					4/1/24 -							
					7/1/24 -	9/30/	/24					
-	imeters (PPS)											per quarte
	Point (Sampling Point ID)				Monitorii	-		Collec	tion Per	iod Co		ance Status
Select from	m Inventory of Active Sampling	g Points			10/1/23 -		-					mplete
					1/1/24 -						Со	mplete
					4/1/24 -							
					7/1/24 -	9/30/	/24					
	Facility: ENTRY POINT (NSF ID: 00	700)								-	
	Nitrite (NOX)					_					-	T) per yea
	Point (Sampling Point ID)				Monitori	-		Collec	tion Per	iod Co		ance Status
ENTRY PO	INT (3)				1/1/23 - 1	-						mplete
					1/1/24 - 1 1/1/25 - 1						CO	mplete
		Dublia		-+: F			•					
		Public	Notifica		kequire	mer						
lialation (Citure	ution.		Compl		Notice		Public N					ification
Violation/Situa	M&R Violation		Per		Tier		Required	Pe	erformed			Received
			10/1/11 - 10/1/11 -				/8/2012			4/18/2		
riysical Paralli	eters M&R Violation						/9/2013			3/19/2	.013	
	Water S	ystem F	acility a	and Sa	mpling	Poli	ητ ιηνε	ento	ory			
Water	tor Sustan Encility	Compliant	Doint Com	nling Do				otal	Lead a			<i>c</i> .
System Wat Facility ID	ter System Facility	Sampling I ID		cription	m			liforn Rule			stas	Stag WQP 2 DBI
-	RIBUTION SYSTEM	4		-	N SYSTEM	St	t atus ' A	Y	<i>Nule</i>		3103	
00000 DIST	RIBOTION STSTEIVI	-	REAM WIT				A	I				
		UPSTRE			RVICE CON		A					
00700 ENT	RY POINT	3		RY POINT			A					
21141 WEL		2	WEL				A					
	<u> </u>						~					
			Contac		mation							
Name			Organiz							Jop 1	itle	
Mr. Michael D.		1		Aili's Rest	aurant				anager			
Mailing Addres	s Line One	Mailing A	ddress Line	Two					City	Sta		Zip Code
291 Church St		<u> </u>		I			Amsto			C		06231
Business Pho			Mobile Ph	one E	mergency	Phon	e Email	Addro	ess			
860-228-316	54 860-228-				860-729-2							

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

	-	· · · · ·	-)	0		I ⁻ -			-		
PWS ID F	PWS Name					Classi	fication	Population	Owne	er Type	Primary Source
СТ0670154 2	291 CHURCH STI	REET (GEOR	GIA'S)			1	١C	25		Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	ommerci	al Industri	ial C	ombine	d Agricultural
291 CHURCH STRI	EET			Connectio	ns		1				
Towns Served: HE	BRON										
Contact Role(s):	Administrative	Contact									
Name	I			Organization					J	lob Title	
Zisis Realty LLC											
Mailing Address L	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
291 Church St			C/O Alveras				Amstor	า		СТ	06231-1403
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	e Email A	ddress			
Contact Role(s):	Owner										
Name	·			Organization					J	lob Title	2
Mr. Alveras Zisis				Zisis Realty LL	С			Member			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
713 Middletown I	Rd						Colche	ster		СТ	06315
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	e Email A	ddress			
Contact Role(s):	Legal Contact										
Please note the f	ollowing:										
1. The residual dis	sinfectant concent	ration must b	e measured at	the same location	on and time a	as each t	total colife	orm sample.			

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

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

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

		t Departme er Quality M					-			ection	
PWS ID	PWS Name			0		lassifio	cation Po	opula	ation Ow		rimary Sourc
CT0670184	PARADISE FARMS	PLAZA		Comico	Desidentia	N(25		P	GW
277 CHURCH ST	where applicable)			Service Connection	Residentia	al Cor	nmercial 1	Inc	lustrial	Combined	Agricultura
Towns Served: I							Ŧ				
rowns served. I		D/	lonit	oring Poc	quirement	te					
Mator System					unemen	15	_		_	_	_
Total Coliforn	Facility: DISTRIE		VVSF I	D: 00600)					1	uting (BT)	per quarter
	Point (Sampling Poi	nt ID)			Monitoring	Perio	d Coll	ectio	n Period		iance Status
	n Inventory of Active				10/1/23 - 12						omplete
					1/1/24 - 3/						omplete
					4/1/24 - 6/						•
					7/1/24 - 9/	/30/24	1				
Physical Para	meters (PPS)								1 roi	utine (RT)	per quarter
Sampling I	Point (Sampling Poi	nt ID)			Monitoring	Perio	d Coll	lectic	on Period	Compl	iance Status
Select from	n Inventory of Active	e Sampling Points			10/1/23 - 12					Co	omplete
					1/1/24 - 3/					Co	omplete
					4/1/24 - 6/						
	-				7/1/24 - 9/	/30/24	1				
	Facility: ENTRY	POINT (WSFID: (0700)								1
Nitrate And N		at (D)				Devie	d Call			-	RT) per year
ENTRY POI	Point (Sampling Poi	nt IDj			Monitoring 1/1/23 - 12			ectic	on Period		<i>iance Status</i> omplete
ENTREPO	NT (5)				1/1/23 - 12						omplete
					1/1/25 - 12						mpiete
	V	Vater System	Facil	itv and Sa				torv	/		
Water		•		•			Tota		Lead and		
	er System Facility			Sampling P			Colifo	rm	Copper		Stage
Facility ID		ID		Description		Stat	tus Rul	е	Rule Tier	Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTI		A					
				WITHIN 5 S		A					
00700 ENT		UPSTR	EAM		ERVICE CON	A					
	RY POINT	3		ENTRY POIN		A					
21142 WEL	LATMENT PLANT	2		WELL		A					
57101 TREA			Car								
Nie weere				tact Info	rmation					Lab Tala	
Name Mr. Bruce Gold	stein			rganization aradise Farm	s Plaza			Sune	ervisor	Job Title	
Mailing Address		Mailing		s Line Two	511020			Cit		State	Zip Code
151 Broadway		P O Box					Colcheste		1	CT	06415
Business Phor	ne Extension	Fax		ile Phone	Emergency Pl				;		-
860-537-704	4	860-537-1142			860-537-70		brcgoldst				
		ontact, Legal Conta	-4								

				- 0 -		I -			-		<u> </u>
PWS ID	PWS Name					Clas	sification	Population	Owne	er Type	Primary Source
СТ0670184	PARADISE FARM	S PLAZA					NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al C	ombine	ed Agricultural
277 CHURCH STR	EET			Connection	S		1				
Towns Served: H	EBRON			÷		·					
Name			О	rganization					J	lob Title	ē
Pa Commercial L	LC										
Mailing Address	Line One		Mailing Address	s Line Two				City		State	Zip Code
P. O. Box 175							Colche	ster		СТ	06415-0175
Business Phone	e Extension	Fax	Mobi	le Phone	Emergency	y Phoi	ne Email /	Address			
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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Co	onnectic	ut Departme	ent of	Public	Health	Drir	ıking	Wa	ater Se	ction	
		ter Quality N					0			cuon	
PWS ID PW	/S Name	ter Quality h	101110	or mg a							rimary Source
		COPAL CHURCH				N		2000 2		P	GW
Local Address (when				Service	Residen		mmercia	-	-	Combined	
30 CHURCH STREET				Connectio			1		uustilai	Combined	Agricultural
Towns Served: HEB							1				
Towns Served. HEB			Aonit	oring Re	quireme	nts					
Water System Fac	ility: DISTR	IBUTION SYSTEM			quireine	1105					
Total Coliform (3			(_	1 rou	tine (RT)	per quarter
Sampling Poin	•	oint ID)			Monitori	na Perio	od Co	llecti	on Period		iance Status
		ive Sampling Points			10/1/23 -	-					omplete
	1	1 0			1/1/24 -						omplete
					4/1/24 -						<u>.</u>
					7/1/24 -	9/30/2	4				
Physical Paramet	ers (PPS)								1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llecti	on Period	Compl	iance Status
Select from Inv	entory of Act	ive Sampling Points			10/1/23 -	12/31/	'23			Co	omplete
					1/1/24 -	3/31/2	4			Co	omplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Water System Fac	ility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And Nitri	te (NOX)								1	routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llecti	on Period	Compl	iance Status
ENTRY POINT (3)				1/1/23 -	12/31/2	23			Co	omplete
					1/1/24 -					C(omplete
					1/1/25 -	12/31/2	25				
		Water System	Facili	ity and S	Sampling	Point	t Inver	ntor	'Y		
Water								tal	Lead and		
System Water Sy	stem Facility		ng Point D	Sampling Descriptio			D .		Copper	Ashastas	Stage
						Sta	lus	ıle ,	Rule Her	Aspestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4 STDEANA		TION SYSTEM			ſ			
			REAM		SERVICE CON						
00700 ENTRY P			3	ENTRY PO		• F F					
10904 WELL			2	WELL			۹				
10904 WELL					ormation		1				
Name					Jimation			-		Job Title	
Mr. Austin Marks J				rganization	isconal Chur	ch		Cha	irman	JOD HILE	
Mailing Address Lin		Mailing		s Line Two	iscopal Chur			Cit		State	Zip Code
30 Church Street		ΙνιαιΙΙΙβ	700125	S LINE TWO			Hebrow		- y	CT	06248
Business Phone	Extension	Fax	Mohi	le Phone	Emergency	Phone			s		00240
860-228-3244	Extension	T UA	101001	ie i none	860-428-				r0@gmail.	com	
		Contact Legal Cont	act		000 420		manksut		Se Smail		
Contact Role(s): Ac	aministrative										

		· · · ·		0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0670224	ST. PETERS EPISCO	OPAL CHUR	RCH			NC	25	Р	GW	
Local Address (wh	nere applicable)			Service	Resider	ntial (Commerc	ial Industri	al Combin	ed Agricultural
30 CHURCH STRE	ET			Connection	าร		1			
Towns Served: H	BRON				1			1		
Name				Organization					Job Titl	e
St Peters Episcop	al Church									
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
30 Church Street,	PO Box 513		C/O Building	s And Grounds	Commissio	n	Hebro	n	СТ	06428
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phor	e Email	Address		
860-228-3244										
Contact Role(s):	Legal Contact		I	·						
Please note the f	ollowing:									
1. The residual di	sinfectant concentr	ation must k	e measured at	the same locatio	on and time a	as each	total colif	orm sample.		

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

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

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Connecticut Department of	Public Health I	Drinking	g Water So	ection	
Water Quality Monit					
PWS ID PWS Name	(Classification	Population Ov	vner Type P	rimary Source
CT0670234 TALLWOOD COUNTRY CLUB		NC	25	Р	GW
Local Address (where applicable)	Service Residenti	al Commerc	ial Industrial	Combined	Agricultural
91 NORTH STREET	Connections	1			
Towns Served: HEBRON					
Monito	oring Requiremen	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)				
Total Coliform (3100)			1 ro		per quarter
Sampling Point (Sampling Point ID)	Monitoring	-	Collection Period		iance Status
Select from Inventory of Active Sampling Points	10/1/23 - 1			Co	omplete
	1/1/24 - 3				
	4/1/24 - 6	5/30/24			
	7/1/24 - 9	9/30/24			
Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring	a Period	1 ro Collection Period		per quarter <i>iance Status</i>
			conection Period		
Select from Inventory of Active Sampling Points	10/1/23 - 1			C	omplete
	1/1/24 - 3				
	4/1/24 - 6				
Water System Facility: ENTRY POINT (WSF ID: 00700)	7/1/24 - 9	9/30/24			
Nitrate And Nitrite (NOX)			1	routino /I	
Sampling Point (Sampling Point ID)	Monitoring	a Period (Collection Period	-	RT) per year <i>iance Status</i>
ENTRY POINT (3)	1/1/23 - 12	-	conection renot		omplete
	1/1/23 - 12				mpiete
	1/1/24 - 1/				
Other C					
Compliance Schedule Activity	ompliance Schedu	ue Date	Achieved	Data	
CROSS CONNECTION EXEMPTION		/1/2016	Acmeved	Dule	
			nton		
Water System Facili	ty and Sampling r		otal Lead and	4	
System Water System Facility Sampling Point	Samplina Point		liform Copper		Stage
Facility ID ID	Description				WQP 2 DBP
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION SYSTEM	A	Y		
	WITHIN 5 SERVICE CON	А			
	WITHIN 5 SERVICE CON	A			
00700 ENTRY POINT 3	ENTRY POINT	A			
21147 WELL 1 2	WELL	A			
54026 TREATMENT PLANT					
	tact Information				
				Job Title	
Name Or	ganization		Ownor	JOD HILE	
			Owner		
Mr. Michael McDermott Tw	rin Hills Country Club		City	Stata	Zin Codo
Mr. Michael McDermott Tw Mailing Address Line One Mailing Address	•	Uahra	City	State	Zip Code
Mr. Michael McDermott Tw Mailing Address Line One Mailing Address 91 North St Tw	Line Two	Hebro	n	State CT	Zip Code 06248
Mr. Michael McDermott Tw Mailing Address Line One Mailing Address 91 North St Business Phone Extension Fax Mobil	Line Two e Phone Emergency F	hone Email	n		-
Mr. Michael McDermott Tw Mailing Address Line One Mailing Address 91 North St Tw	Line Two e Phone Emergency F 860-871-0	hone Email	n		-

				0		1				
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0670234	TALLWOOD COU	NTRY CLUB					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
91 NORTH STREE	Т			Connectio	ons		1			
Towns Served: H	EBRON						1			
Name				Organization					Job Titl	e
McDermott Prop	erties LLC									
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
91 North St							Hebro	n	СТ	06248
Business Phone	e Extension	Fax	M	obile Phone	Emergenc	y Phc	one Email	Address	L.	l
Contact Role(s):	Owner									
Diseas wats the f	allautian									

Please note the following:

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

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

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

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

	Connecticut Dep					0		ection	
	Water Qu	ality Moni	toring a	and Com	pliai	nce Sc	hedule		
PWS ID	PWS Name			C	Classific	cation Po	opulation Ow	ner Type F	rimary Source
СТ0670244	TOWN OFFICE BUILDINGS				N	C	25	Р	GW
Local Address (w			Service	Residenti	al Cor	mmercial	Industrial	Combined	Agricultural
15 GILEAD STREE	T		Connectio	ons		1			
Towns Served: H	EBRON								
			•	quiremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Coliform							1 ro	utine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitoring	g Perio	od Coll	ection Period	Compl	iance Status
Select from	Inventory of Active Samplin	ng Points		10/1/23 - 1	2/31/2	23		Co	omplete
				1/1/24 - 3				Co	omplete
				4/1/24 - 6					
				7/1/24 - 9	/30/24	4			
Physical Paran							1 ro		per quarter
	oint (Sampling Point ID)			Monitoring	-		ection Period		iance Status
Select from	Inventory of Active Samplin	ng Points		10/1/23 - 1					omplete
				1/1/24 - 3				Co	omplete
				4/1/24 - 6					
				7/1/24 - 9	/30/24	4			
	Facility: ENTRY POINT	WSF ID: 00700							
Nitrate And N								-	RT) per year
	oint (Sampling Point ID)			Monitoring	-		ection Period	-	iance Status
ENTRY POIN	NT (3)			1/1/23 - 12					omplete
				1/1/24 - 12				Co	omplete
				1/1/25 - 12					
	Water	System Facil	ity and S	Sampling F	oint	Invent	tory		
Water	с		с II			Tota		1	
System Wate Facility ID	r System Facility	Sampling Point ID	Descriptio			01	rm Copper	Achastas	Stage WQP 2 DBPR
		4	-	TION SYSTEM	Stat		e kule Hel	ASDESIUS	WQP 2 DDPK
	IBUTION SYSTEM	4 DOWNSTREAN			A A				
		UPSTREAM		SERVICE CON	A				
00700 ENTR	Y POINT	3	ENTRY PO		A				
21148 WELL		-							
ZII46 VVELL		2	WELL	ormation	A	L			
Nome								Job TH	
Name	all		organization					Job Title	
Mr. William A. B			own of Heb				City	Stata	Zip Codo
Mailing Address 15 Gilead Street		Mailing Addres	S LITE I WO			Hobron	City	State	Zip Code
Business Phon	e Extension Fa	v Mah	ile Phone	Emorgoner		Hebron	tross	СТ	06248
860-228-5971			ne Phone	Emergency P 860-918-09			nebronct.com		
		5-4032		000-319-03	וכנ	uiaiiza@f	iebi ofict.com	1	
Contact Role(S):	Administrative Contact								

				0						
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0670244	TOWN OFFICE B	UILDINGS					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	Commerci	ial Industri	al Combin	ed Agricultural
15 GILEAD STREE	Т			Connectior	าร		1			
Towns Served: H	EBRON				1					I
Name				Organization					Job Tit	е
Hebron										
Mailing Address	Line One		Mailing Add	ess Line Two				City	State	Zip Code
Business Phone	e Extension	Fax	M	obile Phone	Emergency	y Phon	e Email /	Address		
Contact Role(s):	Legal Contact, C	Dwner								

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.

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

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

	Connecticut Departme Water Quality M							ection	
PWS ID	PWS Name	0		*	ication			ner Type	Primary Sourc
СТ0670284	TWIN LAKES CAFE			N	IC	25		Р	GW
Local Address	(where applicable)	Service	Residen	tial Co	mmerc	ial Indust	rial	Combine	d Agricultura
544 CHURCH S	STREET	Connections			1				
Towns Served:	HEBRON								
	Ν	Nonitoring Requ	ireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Colifor Sampling	m (3100) Point (Sampling Point ID)		Monitori	ing Peri	od (Collection P) per quarter <i>liance Status</i>
	m Inventory of Active Sampling Points		10/1/23 -	-					omplete
			1/1/24 -	3/31/2	24				omplete
			4/1/24 -	6/30/2	24				
			7/1/24 -	9/30/2	24				
Physical Para	ameters (PPS)						1 rou	utine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	i <mark>ng Per</mark> i	od (Collection P	eriod	Сотр	liance Status
Select fro	m Inventory of Active Sampling Points	, 	10/1/23 -	· 12/31/	/23			C	omplete
			1/1/24 -	3/31/2	24			C	omplete
			4/1/24 -						
			7/1/24 -	9/30/2	24				
-	m Facility: ENTRY POINT (WSF ID:	00700)							
	Nitrite (NOX)								RT) per year
	Point (Sampling Point ID)		Monitori	-		Collection P	eriod		liance Status
ENTRY PC	DINT (3)		1/1/23 -						omplete
			1/1/24 -						omplete
	Ot	her Compliance	1/1/25 - Sched		25				
Compliance So	chedule Activity			Due Da	te	Ach	ieved	Date	
				3/1/202			crea	2410	
CROSS CONNE	CTION SURVEY REPORT			3/1/201					
	CTION SURVEY REPORT			3/1/201					
CROSS CONNE	CTION SURVEY REPORT		3	3/1/202	20				
CROSS CONNE	CTION SURVEY REPORT		3	3/1/202	21				
CROSS CONNE	CTION SURVEY REPORT		3	3/1/202	22				
CROSS CONNE	CTION SURVEY REPORT		3	3/1/202	23				
CROSS CONNE	CTION SURVEY REPORT			3/1/202	24				
	Publ	ic Notification R	equire	emen	ts				
		Compliance	Notice	<u> </u>	Public N	lotification		PN Ce	rtification
Violation/Situ		Period	Tier	Re	quired	Perform	ed L	Due to DP	H Received
	neters M&R Violation	7/1/22 - 9/30/22	3		3/2024			9/2/2024	
	M&R Violation	7/1/22 - 9/30/22	3		3/2024			9/2/2024	
	neters M&R Violation	1/1/23 - 3/31/23	3		3/2024			9/2/2024	
Total Coliform	M&R Violation	1/1/23 - 3/31/23	3	-	3/2024			9/2/2024	
	Water System	Facility and San	npling	Poin	t Inve	entory			
Water System Wa Facility ID	ter System Facility Samplin II		nt	Sta	Col	liform Co	d and pper e Tier		Stage s WQP 2 DBP

Сс		-	rtment of				0			ion	
		er Qual	ity Monit	oring a	na con						
	/S Name									Type Pi	rimary Sourc
	IN LAKES CAF	E				N	•	25	Р		GW
Local Address (whe				Service	Residen	tial Co	mmercia	l Industri	al Cor	nbined	Agricultura
544 CHURCH STREE				Connection	IS		1				
Towns Served: HEB	RON										
		Water Sy	stem Facili	ty and Sa	ampling	Point	t Inver	ntory			
Facility ID	ystem Facility		Sampling Point ID	Description	1	Sta	lus	orm Cop Ile Rule	per	bestos	Stage WQP 2 DBP
00600 DISTRIBL	JTION SYSTEM		4	DISTRIBUTI			•	(
			DOWNSTREAM								
			UPSTREAM	WITHIN 5 S							
00700 ENTRY P	OINT		3	ENTRY POIN	NT	A					
21151 WELL			2	WELL		A	۸				
			Con	tact Info	rmation)					
Name			Or	ganization					Jol	o Title	
Chasabkim Enterpr	ises										
Mailing Address Lin	e One		Mailing Address	s Line Two				City	S	tate	Zip Code
66 Franklin Avenue							New Bri	tain		СТ	06051
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
860-522-2879											
Contact Role(s): Le	gal Contact, C	wner									
Name			Or	ganization					Jol	o Title	
Mr. Johnny Matute			Hi	deaway Tave	ern						
Mailing Address Lin	e One		Mailing Address	s Line Two				City	S	tate	Zip Code
164 Norwich Ave							Colches	ter		СТ	06415
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
860-303-9181							johnnyr	natute4@g	mail.con	n	
Contact Role(s): Ad	dministrative	Contact									
Please note the foll	lowing:										
1. The residual disin	fectant concent	ration must b	e measured at the	e same locatio	on and time a	as each to	otal colifo	rm sample.			

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

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

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

	Connecticut Dep	partme	nt of	Public	Health	Dr	inki	ng W	ater S	ection	
	Water Qu							0		cetion	
	PWS Name			or nig a			sificatio				rimany Course
PWS ID CT0670334	CHURCH OF THE HOLY FA					Class	NC	-		P	Primary Source GW
	where applicable)	IVIILY		Service	Residen	tial (Comme		ndustrial	Combined	-
185 CHURCH ST				Connectio			1		nuustiiai	combined	Agricultural
Towns Served: I							-				
		N	Ionito	ring Re	quireme	nts					
Water System	Facility: DISTRIBUTION			-	quirente	1105			_	_	
Total Coliforn	n (3100)								1 r	outine (RT)	per quarter
Sampling I	Point (Sampling Point ID)				Monitori	ing Pe	eriod	Collec	tion Perio	d Compl	iance Status
Select fron	n Inventory of Active Sampl	ing Points			10/1/23 -	12/3	1/23			Co	omplete
					1/1/24 -		-			Co	omplete
					4/1/24 -						
					7/1/24 -	9/30	/24				
Physical Para										• •	per quarter
	Point (Sampling Point ID)				Monitori	-		Collec	tion Perio		iance Status
Select fron	n Inventory of Active Sampl	ing Points			10/1/23 -						omplete
					1/1/24 -					Co	omplete
					4/1/24 -						
Motor System			00700)		7/1/24 -	9/30	/24				
	Facility: ENTRY POINT	(WSFID: (00700)							A	
Nitrate And N	Point (Sampling Point ID)				Monitori	ina Da	vriad	Collac	tion Perio	-	RT) per year <i>iance Status</i>
ENTRY POI					Monitori 1/1/23 -	_		Collec	uon Perio		omplete
ENTRITO	NT (5)				1/1/24 -	-					omplete
					1/1/25 -			_			
		Ot	her Co	omplian	ce Sched						
Compliance Sch	edule Activity					Due D	Date		Achieve	d Date	
CROSS CONNEC	TION EXEMPTION					3/1/2	015				
	Water	System	Facilit	ty and S	ampling	Poi	nt In	vento	ory		
Water System Wate	er System Facility	Samplin	g Point	Sampling F	Point		(Total Coliform	Lead an Coppe		Stage
Facility ID		IE	>	Description	n	S	tatus	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUT	ION SYSTEM	1	А	Y			
		DOWNS	TREAM	WITHIN 5 S	SERVICE CON	N	А				
		UPSTR	REAM	WITHIN 5 S	SERVICE CON	N	А				
00700 ENTF	RY POINT	3		ENTRY POI	NT		А				
21156 WEL	L	2		WELL			А				
			Cont	tact Info	ormation						
Name			Org	ganization						Job Title	
Mr. Michael S S	mith			-	Holy Family	/		Ра	stor		
Mailing Address	s Line One	Mailing	Address	Line Two				0	City	State	Zip Code
P. O. Box 146							Heb	ron		СТ	06248
Business Phor	ne Extension F	ах	Mobile	e Phone	Emergency	Phor	ne Ema	ail Addre	ess		
860-228-009	6 860-22	28-1629									
Contact Role(s):	Administrative Contact,	egal Conta	ct								

	· · · · ·						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0670334	CHURCH OF THE HOLY FAMILY			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial Commerci	ial Industri	al Combine	ed Agricultural
185 CHURCH ST	REET	Connections		1			
Towns Served: H	IEBRON	÷		·			

Please note the following:

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

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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С			rtment of ity Monit				U		ction	
PWS ID PV	WS Name			0		Classificat			ner Type	Primary Source
	LACKLEDGE EA	ST LLC				NC		25	P	GW
Local Address (whe	ere applicable)			Service	Residentia			ndustrial	Combined	
171 WEST STREET				Connectio			1			0
Towns Served: HEE	BRON									l
			Monit	oring Re	quiremen	ts				
Water System Fa	cility: DISTR				<u> </u>					
Total Coliform (•							1 rou		per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Period	Collect	ion Period	Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points		10/1/23 - 1	.2/31/23			C	omplete
					4/1/24 - 6	5/30/24				
					7/1/24 - 9	/30/24				
Physical Parame	eters (PPS)							1 rou	ıtine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Period	Collect	ion Period	Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points		10/1/23 - 1	.2/31/23			C	omplete
					4/1/24 - 6	5/30/24				
					7/1/24 - 9	/30/24				
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate And Nitr	ite (NOX)							1	routine (RT) per year
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Period	Collect	ion Period	Comp	liance Status
ENTRY POINT	(3)				1/1/23 - 12	2/31/23	4/1	-12/31	C	omplete
					1/1/24 - 12	2/31/24	4/1	-12/31		
					1/1/25 - 12	2/31/25	4/1	-12/31		
			Other C	omplian	ce Schedu	ıles				
Compliance Sched	ule Activity				Du	ue Date		Achieved	Date	
RESPOND TO SANI	TARY SURVEY				9/:	12/2020				
SEASONAL START U	JP COMPLETIO	N			4/	/1/2024				
CROSS CONNECTIO	ON SURVEY REP	PORT			3/	/1/2025				
		Water Sy	stem Facil	ity and S	Sampling F	Point li	nvento	ry		
Water				Constitution	Delint		Total	Lead and		
System Water S Facility ID	System Facility	2	Sampling Point ID	Sampling Descriptio			Coliform Rule		Achostor	Stage WQP 2 DBPR
-	UTION SYSTEM	n	4			<u>Status</u>	Y	Rule Hei	ASDESIUS	WQF 2 DDFN
UUGUU DISTRIB			4 DOWNSTREAM		ION SYSTEM	A	ř			
						A				
			UPSTREAM		SERVICE CON	A				
00700 ENTRY F			3	ENTRY PO		A				
22813 WELL #1	1		2	WELL #1		A				
Namo					ormation				lob Titl -	
Name				rganization					Job Title	
Mr. William E. And				-	ountry Club Ind	L.		nager	Ctat-	7in Cada
Mailing Address Lin	ne Une		Mailing Addres	s Line Two				ity	State	Zip Code
180 West Street	Extense 1	-		la Dharr	Emerge P		ebron		СТ	06248
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P					
860-228-1044		C				Bil	i@blackle	dgecc.com		
Contact Role(s): A	aministrative	Contact, Lega	ai Contact							

				00		г -					
PWS ID	PWS Name	PWS Name				Classification I		Population	Owner Ty	pe P	Primary Source
СТ0670364	BLACKLEDGE EAST			NC		25	Р		GW		
Local Address (w	here applicable)			Service	Resider	Residential Con		ial Industri	ial Combine		ed Agricultural
171 WEST STREET				Connections	5		1				
Towns Served: H	EBRON			1							I
Name			0	rganization			Job Title				
Blackledge East	LLC										
Mailing Address	Line One		Mailing Addres	ess Line Two				City		te	Zip Code
180 West Street							Hebro	n	СТ	-	06248-1257
Business Phon	e Extension	Fax	Mobi	le Phone E	Emergency	y Phc	one Email	Address			
Contact Role(s):	Owner										
DI	C 11										

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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	Department of			U		ction		
Water	Quality Monit	coring and Co	mplianc	e Sche	edule			
PWS ID PWS Name			Classificat	ion Popu	lation Own	er Type Pr	imary Source	
CT0672044 TOWN OF HEBRON E	AST STREET PARK		NC	3	7	L	GW	
Local Address (where applicable)		Service Reside	ential Comm	nercial In	dustrial (Combined	Agricultural	
150 EAST STREET		Connections	3	3				
Towns Served: HEBRON								
	Monit	oring Requirem	ents					
Water System Facility: DISTRIBU	FION SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)					1 rout	tine (RT) p	er quarter	
Sampling Point (Sampling Point	ID)	Monito	oring Period	Collecti	ion Period	Compliance Status		
Select from Inventory of Active Select	ampling Points	10/1/2	3 - 12/31/23			Cor	nplete	
		1/1/24	4 - 3/31/24					
		4/1/2	4 - 6/30/24					
		7/1/24	4 - 9/30/24					
Physical Parameters (PPS)					1 rout	tine (RT) p	er quarter	
Sampling Point (Sampling Point	ID)	Monito	oring Period	Collecti	ion Period	Complia	ince Status	
Select from Inventory of Active Select	ampling Points	10/1/2	3 - 12/31/23			Cor	nplete	
		1/1/24	4 - 3/31/24					
		4/1/24	4 - 6/30/24					
		7/1/24	4 - 9/30/24					
Water System Facility: ENTRY PO	INT (WSF ID: 00700)	1						
Nitrate And Nitrite (NOX)					1 r	outine (R [.]	T) per year	
Sampling Point (Sampling Point	ID)	Monito	oring Period	Collecti	ion Period	Complia	ince Status	
ENTRY POINT (3)		1/1/23	- 12/31/23			Cor	nplete	
		1/1/24	- 12/31/24					
		1/1/25	- 12/31/25					
	Other C	ompliance Sche	dules					
Compliance Schedule Activity			Due Date		Achieved D	Date		
CROSS CONNECTION SURVEY REPORT			3/1/2015					
CROSS CONNECTION SURVEY REPORT			3/1/2016					
CROSS CONNECTION SURVEY REPORT			3/1/2017					
CROSS CONNECTION SURVEY REPORT			3/1/2018					
CROSS CONNECTION SURVEY REPORT			3/1/2019					
CROSS CONNECTION SURVEY REPORT			3/1/2020					
CROSS CONNECTION SURVEY REPORT			3/1/2021					
RESPOND TO SANITARY SURVEY			3/24/2021					
CROSS CONNECTION SURVEY REPORT			3/1/2022					
CROSS CONNECTION SURVEY REPORT			3/1/2023					
CROSS CONNECTION SURVEY REPORT			3/1/2024					
Wa	ater System Facil	ity and Samplin	g Point Ir	ventor	ту –			
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 DBPF	

System	water system racinty	Sumpling Form	Sumpling Form		Conjorni	copper			Sluge
Facility IL	D	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А					
		DOWNSTREAM	WITHIN 5 SERVICE CON	А					
		MW001	PAINT SHOP SINK	А	Y	3	Y		
		MW002	MENS ROOM	А	Y	3			

			<u> </u>	0		1				
PWS ID	PWS Name					Classi	ification I	Population	Owner Type	Primary Source
СТ0672044	TOWN OF HEBRON E	AST STRE	ET PARK				NC	37	L	GW
Local Address (where applicable)			Service	Resider	tial C	Commercia	I Industria	al Combine	ed Agricultural
150 EAST STRE	ET			Connections			3			

Towns Served: HEBRON

Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Sta
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DE
		MW003	WOOD SHOP SINK	А	Y	3		
		MW004	MAIN GARAGE SINK	А	Y	3		
		MW005	LADIES ROOM	А	Y	3		
		MW006	KITCHEN SINK	А	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT	А				
56384	WELL 101	2	WELL 101	А				
56386	WELL 102	2	WELL 102	А				
56390	ATMOSPHERIC TANK							
56394	PUMP STATION							
56396	TREATMENT PLANT							

Contact Information Organization Job Title Name Mr. Craig Bryant Parks & Rec Director Town of Hebron Mailing Address Line One Mailing Address Line Two Zip Code City State 15 Gilead Street Hebron 06248 СТ Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 860-335-6260 cbryant@hebronct.com Contact Role(s): Administrative 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.

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	Connecticut Departm	ent of Public H	ealth D	rinking	Water	Section	
	Water Quality	Monitoring and	d Comp	liance S	chedule	ę	
PWS ID	PWS Name		Cla	ssification	Population (Owner Type Pr	imary Source
СТ0672064	THE WORSHIP CENTER			NC	25	Р	GW
	where applicable)	Service	Residential	Commercia	al Industria	Combined	Agricultural
99 MARJORIE C		Connections				1	
Towns Served:	HEBRON						
		Monitoring Requ	irements	S			
Water System	n Facility: DISTRIBUTION (WSF II	D: 00600)					
Total Colifor	m (3100)				1	routine (RT)	per month
	Point (Sampling Point ID)		Monitoring l		ollection Peri		ance Status
Select from	m Inventory of Active Sampling Points		1/1/23 - 11/				mplete
		1	12/1/23 - 12/	-		Со	mplete
			1/1/24 - 1/3				
			2/1/24 - 2/2				
			3/1/24 - 3/3				
			4/1/24 - 4/3				
			5/1/24 - 5/3				
			6/1/24 - 6/3 7/1/24 - 7/3				
			8/1/24 - 8/3				
			9/1/24 - 9/3				
			LO/1/24 - 10/				
Physical Para	ameters (PPS)				1	routine (RT)	per month
-	Point (Sampling Point ID)		Monitoring l	Period Co	- ollection Peri		ance Status
	m Inventory of Active Sampling Points		11/1/23 - 11/30/23			-	mplete
		1	2/1/23 - 12,	/31/23		Сог	mplete
			1/1/24 - 1/3	31/24			
			2/1/24 - 2/2	29/24			
			3/1/24 - 3/3	31/24			
			4/1/24 - 4/3	30/24			
			5/1/24 - 5/3	-			
			6/1/24 - 6/3				
			7/1/24 - 7/3				
			8/1/24 - 8/3				
			9/1/24 - 9/3				
Motor Custa			10/1/24 - 10/	/31/24			
-	n Facility: ENTRY POINT (WSF ID	: 00700)				1	T)
	Nitrite (NOX) Point (Sampling Point ID)		Monitoring I	Dariad C	ollection Peri	1 routine (R	T) per year ance Status
ENTRY PO			1/1/23 - 12/				mplete
			1/1/23 - 12/ 1/1/24 - 12/			CO	npiele
			1/1/24 - 12/ 1/1/25 - 12/	-			
	Duh	lic Notification R					
	Puu	Compliance	Notice		otification	PN Cert	ification
Violation/Situa	ation	Period	Tier	Required	Performed		Received
Total Coliform		12/1/22 - 12/31/22	3	2/1/2024	, crjonneu	2/11/2024	necciveu
Total Coliform		11/1/22 - 11/30/22	3	2/1/2024		2/11/2024	
Total Coliform		9/1/22 - 9/30/22	3	2/1/2024		2/11/2024	
							I

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT0672064 THE WORSHIP CENTER NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 99 MARJORIE CIRCLE 1 Towns Served: HEBRON **Public Notification Requirements** Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Reauired Performed Due to DPH Received Total Coliform M&R Violation 10/1/22 - 10/31/22 2/1/2024 3 2/11/2024 Physical Parameters M&R Violation 12/1/22 - 12/31/22 3 2/1/2024 2/11/2024 Physical Parameters M&R Violation 11/1/22 - 11/30/22 3 2/1/2024 2/11/2024 Physical Parameters M&R Violation 3 2/1/2024 2/11/2024 9/1/22 - 9/30/22 10/1/22 - 10/31/22 3 Physical Parameters M&R Violation 2/1/2024 2/11/2024 Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION 4 GENERIC DISTRIBUTION Α DOWNSTREAM 5 SERVICE CONNECTION А Υ UPSTREAM **5 SERVICE CONNECTION** А Y 00700 3 ENTRY POINT ENTRY POINT A WFII 61150 WFII 2 Α **Contact Information** Name Organization Job Title Reverend Mark Santostefano The Worship Center Pastor Mailing Address Line One Mailing Address Line Two State Zip Code City P.O. Box 1435 39 Prentice Hill Road Hebron CT 06248 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-228-4442 theworshipcenter.hebron@gmail.com Contact Role(s): Legal Contact, Owner Name Organization Job Title Mr. George T. Logan Rema Ecological Services, LLC Mailing Address Line One Mailing Address Line Two City State Zip Code 164 East Center Street Suite 8 Manchester CT 06040 Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 860-649-7362 860-883-8690 glogan@remaecological.com Contact Role(s): Administrative Contact Please note the following: The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1. If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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End of schedule