102	LITTLE DEADS ADVENTUDE SENTED	NITNIC	C 2	_	CVA					
	PWS Name	Classification	Population	Owner Type	Primary Source					
	Water Quality Monitoring and Con	npliance S	Schedul	e						
	Connecticut Department of Public Health Drinking Water Section									

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1130183	LITTLE BEARS ADVENTURE CENTER			1	NTNC	62	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industria	al Combine	ed Agricultural
1255 PORTI ANI	COBALT ROAD	Connections			2			

Towns Served: PORTLAND

Towns Served: PORTLAND			
Monitoring R	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/25	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28	_	

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.

Schedule Generation Date: 4/3/2024 Page 1

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	· · ·							Primary Source			
CT1130183 LITTLE BEARS ADVENTURE CENTER					NTNC	62	Р	GW			
Local Address	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural				

2

Connections

Towns Served: PORTLAND

1255 PORTLAND COBALT ROAD

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION SURVEY REPORT	3/1/2024							
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024							
COMPLETE INITIAL LSL INVENTORY	10/16/2024							

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		LA 001	BH KITCHEN SINK	Р	Υ	1				
		LA 002	BH UL CHILDRENS SINK	Р	Υ	1				
		LA 003	BH LL CHILDRENS SINK	Р	Υ	1				
		LA 004	LH KITCHEN SINK	Р		1				
		LA 005	LH CHILDRENS SINK	Р		1				
		LA001	CLH-1	Α	Υ					
		LA0012	CLH UL BH	Α	Υ					
		LA002	CLH-2	Α	Υ					
		LA003	CLH-3	Α	Υ					
		LA004	CLH-1	Α	Υ					
		LA005	LA005	Α	Υ					
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
10526	WELL	2	WELL	Α						

Certified Operator Information

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

Facility Classification: SMALL WATE	R SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2024

					9/30/2024					
			Co	ntact Inf	ormation					
Name			Organization	า						
Ms. Heather L. Hind	dle			Little Bears A	Adventure Center	nture Center Director				
Mailing Address Lin	e One		Mailing Addr	ng Address Line Two			City		Zip Code	
1255 Portland Coba	ılt Rd					Portland		СТ	06480	
Business Phone Extension Fax		Mo	bile Phone	Emergency Phone	Email Address					
860-342-2273						littlebearsac@outlook.com				
Contact Dala(s).	dunimintuntiva (Comtost	·							

Contact Role(s): Administrative Contact

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(Connectic	ut Depa	rtment (of Public	c Health	i Dri	nking	Water	Section	n	
	Wat	ter Qual	lity Mon	itoring a	and Cor	nplia	ince S	chedul	e		
PWS ID F	PWS Name					Classi	fication P	opulation	Owner Ty	pe P	rimary Sourc
CT1130183 L	ITTLE BEARS AD	VENTURE C	ENTER			N ⁻	ГИС	62	Р		GW
Local Address (wh	nere applicable)			Service	Reside	ntial Co	ommercia	Industri	al Comb	ined	Agricultura
1255 PORTLAND (COBALT ROAD			Connection	ons		2				
Towns Served: PC	RTLAND				'						
Name				Organization	1				Job 7	itle	
Mr. Bilal Saafir				Little Bears A	Adventure Co	enter		Owner			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City			Zip Code
848 Oglethorpe A	ve Sw		Unit 10556	Atla			Atlanta	Atlanta			30310
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	ne Email Address				
860-342-2273							Bilal@mantlepartnersllc.com				
Contact Role(s):	Legal Contact, C	Owner									
Name				Organization				Job Title			
Mr. Walter Scott				Little Bears Adventure Center Owner							
Mailing Address L	ine One		Mailing Addr	ress Line Two			City	Sta	te	Zip Code	
848 Oglethorpe A			Atlanta		G	4	30310				
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email Address		·	·	
860-342-2273							Walter@	mantlepa	rtnersllc.co	m	
Contact Role(s):	Legal Contact, C	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

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