	Connecticut De	partmen	t of Publ	ic He	ealth I	Drinki	ng Wa	ater S	ection			
	Water Qu	-					<u> </u>					
PWS ID	PWS Name		0							rimary Source		
CT1269083	HUNTINGTON CHAPEL					NC	2	25	Р	GW		
Local Addre	ss (where applicable)		Service		Residentia	al Comme	ercial Ir	ndustrial	Combined	Agricultura		
177 RIPTON			Connec	tions	3							
Towns Serve	ed: SHELTON					_						
			onitoring F	-	rement	ts						
	em Facility: DISTRIBUTIOI	N SYSTEIVI (V	VSF ID: 00600	0)				1 r	outing (PT)	per quarter		
	ing Point (Sampling Point ID)			N	Ionitoring	Period	Collect	ion Perio		iance Status		
	from Inventory of Active Samp	ling Points			0/1/23 - 1		concer	ion i che	-	omplete		
Sciect					1/1/24 - 3,					omplete		
					4/1/24 - 6,					mpiece		
					7/1/24 - 9							
Physical P	arameters (PPS)							1 r	outine (RT)	per quarter		
Sampli	ng Point (Sampling Point ID)			N	Ionitoring	Period	Collect	ion Perio	d Compli	iance Status		
Select	from Inventory of Active Samp	ling Points		1(0/1/23 - 12	2/31/23			Co	Complete		
				1	1/1/24 - 3,	/31/24			Co	omplete		
				2	4/1/24 - 6,	/30/24						
				7	7/1/24 - 9,	/30/24						
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00	700)									
	nd Nitrite (NOX)								=	RT) per year		
	ing Point (Sampling Point ID)				Ionitoring		Collect	ion Perio	-	iance Status		
ENTRY	POINT (3)				/1/23 - 12					omplete		
					/1/24 - 12				Cc	omplete		
		. 10574)		1	/1/25 - 12	2/31/25						
	em Facility: WELL (WSF II	J: 10574j						4				
E. Coli (30	J14) ing Point (Sampling Point ID)				louitouine	Devied	Collect	1 r ion Perio		per quarter iance Status		
WELL (1onitoring 0/1/23 - 11		Conect	ion Peric		omplete		
VVELL (2)				1/1/24 - 3					mplete		
					1/1/24 - 3, 1/1/24 - 6,					mpiete		
					7/1/24 - 9,							
		Public	Notificati									
			Compliand	1	Notice	1	: Notifica	ation	PN Cer	tification		
Violation/Si	ituation		Period		Tier	Require	ed Per	formed	Due to DPH	Received		
Distribution	Turbidity MCL Violation		1/1/09 - 3/33	1/09	2	5/15/20	09		5/25/2009			
Distribution	Turbidity MCL Violation		10/1/09 - 12/3	31/09	2	2/25/20	10		3/7/2010			
E. Coli M&R	Violation		7/1/22 - 9/30	0/22	3	11/28/20	024		12/8/2024			
	Water	r System F	acility and	l Sam	pling P	oint In	vento	ry				
Water							Total	Lead a	nd			
-	Vater System Facility		Point Samplin	-	t	(Coliform			Stage		
Facility ID		ID	Descript		0/0751-	Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPI		
00600 E	DISTRIBUTION SYSTEM	4				A	Y					
			EAM WITHIN			A						
		UPSTREA	aivi WITHIN	5 SERV	ICE CON	Α						
00700 E	NTRY POINT	3	ENTRY F			А						

PWS ID PW	/S Name						Classi	fication	Population C	wner Type	Primary Sour			
СТ1269083 НО	INTINGTON CH	APEL						NC	25	P	GW			
Local Address (whe	re applicable)				Service	Reside	ntial C	ommercia	I Industrial	Combine	d Agricultu			
177 RIPTON ROAD					Connection	ns 3								
Towns Served: SHEI	TON					I	I							
	1	Water S	ystem	Facili	ty and S	amplin	g Poir	t Inve	ntory					
Water					•	•			tal Lead a	nd				
				y Point	Sampling P	Point		Colij	orm Coppe	er	Stag			
Facility ID			ID)	Description	ו	St	atus Ri	ile Rule T	ier Asbesto	WQP 2 DB			
10574 WELL			2		WELL			A						
45719 TREATM	ENT PLANT													
				Con	tact Info	rmatio	n							
Name				Or	ganization					Job Title				
Mr. Nelson Rivera				Hu	Huntington Chapel				Church Administrator					
Mailing Address Lin	e One		Mailing	Address	Address Line Two				City	State	Zip Code			
Church Administrat	or		177 Ript	on Roa	n Road			Shelton	Shelton CT 0648					
Business Phone	Extension	Fax		Mobi	le Phone	one Emergency Phone			Email Address					
203-929-1222				203-5	22-3960			huntingtonchapel@gmail.com						
Contact Role(s): Ad	dministrative C	Contact												
Name				Or	rganization					Job Title				
Ms. Lara Sandberg				Ηι	untington Ch	napel			Treasurer					
Mailing Address Lin	e One		Mailing	Address	s Line Two				City	State	Zip Code			
Treasurer			177 Ript	on Roa	d			Shelton		СТ	06484			
Business Phone	Extension	Fax		Mobi	le Phone	Emergend	cy Phone	e Email A	ddress					
203-929-1222				203-6	45-0722			lara.san	dberg@swis	sarmy.com				
Contact Role(s): Le	gal Contact													

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

	Connectic	ut Depa	rtment	of Public	: Health	Drir	nking	Wate	er Se	ection	
		*		itoring a			0				
PWS ID	PWS Name	ter quui	<i>Ity</i> 1.1011			-				ner Type I	Primary Source
CT126004		P./SOUTH WE	LL					367		S	GW
Local Add	ress (where applicable)	•		Service	Resider	ntial Co	ommercia	I Indus	trial	Combined	Agricultural
ROUTE 11				Connectio	ons 5						
Towns Ser	ved: SHELTON										
			Mon	itoring Re	quireme	ents					
Water Sy	stem Facility: DISTR	IBUTION SY	STEM (WS	F ID: 00600)							
Total Co	liform (3100)								1 roι	utine (RT)	per quarter
Samp	oling Point (Sampling P	oint ID)			Monitor	ing Peri	od Co	llection	Period	Comp	iance Status
Selec	t from Inventory of Act	ive Sampling	Points		4/1/24	- 6/30/2	24				
					7/1/24	- 9/30/2	24				
Physical	Parameters (PPS)								1 roι	utine (RT)	per quarter
Samp	oling Point (Sampling P	oint ID)			Monitor	ing Peri	od Co	llection	Period	Comp	iance Status
Selec	t from Inventory of Act	ive Sampling	Points		4/1/24	- 6/30/2	24				
					7/1/24	- 9/30/2	24				
Water Sy	stem Facility: ENTR	Y POINT (W	SF ID: 0070	0)							
	And Nitrite (NOX)									-	RT) per year
	oling Point (Sampling P	oint ID)			Monitor	-		llection	Period		iance Status
ENTR	Y POINT (3)				1/1/23 -					C	omplete
					1/1/24 -						
					1/1/25 -		25				
			Other	Complian	ice Scheo	dules					
Compliand	ce Schedule Activity					Due Da	te	Ac	hieved	Date	
CROSS CO	NNECTION EXEMPTION					3/1/201	17				
SEASONAL	START UP COMPLETIC	N				4/1/202	24				
		Water Sy	stem Fac	ility and S	Sampling	Poin	t Inver	ntory			
Water							Tot	al Le	ad and		
-	Water System Facility	S		nt Sampling			Colif		opper		Stage
Facility ID			ID	Descriptio		Sta	ntus Ru		ıle Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1	101	WOMEN'S		1	A Y				
			102	MEN'S SIN		1	A Y				
			103	EXTERIOR			A Y				
			4		FION SYSTEM		A Y	/			
		[M WITHIN 5			A				
00700			UPSTREAM		SERVICE CO		A				
00700	ENTRY POINT		3	ENTRY PO	INI		A				
22126	VVELL		2	WELL			A				
			Co	ontact Info		1					
Name				Organization						Job Title	
Mr. David				Deep-Engine	ering Unit			Supv Ci	vil Eng		
	ddress Line One		Mailing Addr	ess Line Two				City		State	Zip Code
163 Great							Portland			СТ	06480
Business		Fax		bile Phone	Emergency						
860-342		860-344-2		0-205-7552	860-424	-3333	david.co	oley@c	t.gov		
Contact Ro	ole(s): Administrative	Contact, Lega	al Contact, O	wner							

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

		0					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1260044	INDIAN WELL S.P./SOUTH WELL			NC	367	S	GW
Local Address (w	vhere applicable)	Service	Residen	ntial Commerci	ial Industri	al Combine	ed Agricultural
ROUTE 110		Connections	5				
Towns Served: S	HELTON			·			

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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End of schedule

	Connecticut De	nartmor	t of Public H	ealth I	rinkin	o Water 9	ection		
		^				0			
DIA 10 17		uanty Mo	onitoring and			1			
PWS ID	PWS Name			C		Population O			
CT126908		RY-JONES FAN		Desidenti	NC	37	P	GW	
	ress (where applicable)		Service Connections	Residentia	al Commerc	ial Industrial	Combined	Agricultural	
	ved: SHELTON		connections				1		
TOWITS SET	veu. Shellon	D. 4.		•	•				
			onitoring Requ	iremen	ts				
	stem Facility: DISTRIBUTIO	N SYSTEM (\	NSF ID: 00600)						
	liform (3100)				Devied		outine (RT) p	•	
	oling Point (Sampling Point ID) It from Inventory of Active Samp	ling Doints		Monitoring .0/1/23 - 1		Collection Perio		mplete	
Jelec	a nom inventory of Active Samp	ning Politis		1/1/24 - 3				mplete	
				4/1/24 - 6			0	ipiete	
				7/1/24 - 9					
Physical	Parameters (PPS)			,_,,	,,	1 r	outine (RT) p	per guarter	
-	oling Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ance Status	
Selec	t from Inventory of Active Samp	ling Points	1	.0/1/23 - 1	2/31/23		Сог	mplete	
				1/1/24 - 3	/31/24		Со	mplete	
				7/1/24 - 9	/30/24				
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00)700)						
Nitrate A	And Nitrite (NOX)						1 routine (R	T) per year	
Samp	pling Point (Sampling Point ID)			Monitoring		Collection Perio	od Complia	ance Status	
ENTR	RY POINT (3)			1/1/23 - 12			Со	mplete	
				1/1/24 - 12			Coi	mplete	
				1/1/25 - 12					
		Oth	er Compliance	Schedu	les				
Compliand	ce Schedule Activity			Dı	ie Date	Achieve	d Date		
RESPOND	TO SANITARY SURVEY			1/1	15/2022				
		Public	Notification R	equiren	nents				
			Compliance	Notice	Public N	lotification	PN Cert	i <u>fication</u>	
Violation/			Period	Tier	Required	Performed	Due to DPH Received		
Total Colif	orm M&R Violation		3/1/17 - 3/31/17	3	6/5/2018		6/15/2018		
	Wate	r System F	acility and San	n <mark>pling</mark> P	oint Inve	entory			
Water					1	Total Lead a	nd		
System	Water System Facility		Point Sampling Poir	nt		liform Coppe		Stage	
Facility ID		ID	Description		Status	Rule Rule Ti	er Asbestos	WQP 2 DBPR	
	WELL 1	2	WELL 1		A				
00600	DISTRIBUTION SYSTEM	4			A	Y			
			REAM WITHIN 5 SER		A				
00700		UPSTRE			A				
00700	ENTRY POINT	3	ENTRY POINT		A				
			Contact Inform	nation					
Name			Organization				Job Title		
	Crum Jones	N 4 = 11 A	Jones Family Farr	ns		City	Ctot -	Zin Cad-	
	ddress Line One ut Tree Hill Road	iviailing A	ddress Line Two		Shelto	City	State CT	Zip Code 06484	
	ut Tree Hill Road		tors of public unstar suctor						

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

							<u>-</u>				(1
PWS ID	PWS Name						Classif	ication	Population	Owner Type	e Pri	imary Source
CT1269084	HARVEST KITCH	EN PANTRY	JONES FAN	1ILY F	ARM		N	С	37	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmercia	Industri	ial Combir	ned	Agricultural
606 WALNUT TR	EE HILL ROAD				Connectior	าร				1		-
Towns Served: S	HELTON				1		1			I	-	
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	ddress			
203-929-6237	,		Service Connections Residential Commercial Industrial Combined A ax Mobile Phone Emergency Phone Email Address 1 1 ax Mobile Phone Emergency Phone Email Address 1 1 ax Mobile Phone Emergency Phone Email Address 1 1 1 ax Mobile Phone Emergency Phone Email Address 1 1 1 1 ax Organization Job Title Job Title Job Title 1						harvestkitchen@jonesfamilyfarms.com			com
Contact Role(s):	Legal Contact, C	Owner										
Name				Or	ganization					Job Tit	tle	
Mr. Thomas Har	binson			Joi	nes Family F	arms			Facilities	Manager		
Mailing Address	Line One		Mailing Ac	dress	Line Two				City	State	ž	Zip Code
600 Walnut Tree	Hill Rd							Shelton		СТ		06484
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	ddress			
203-929-6237	,	203-929-2	2089					tom@jo	onesfamilyf	arms.com		
Contact Role(s):	Administrative	Contact										
Name				Or	ganization					Job Tit	tle	
Farm Credit Leas	sing Services											
Mailing Address	Line One		Mailing Ad	dress	Line Two				City	State	2	Zip Code
5500 South Quel	bec Street							Greenw	ood Village	e CO		80111
Business Phon	e Extension	Fax		Mobil	e Phone	Emergence	y Phone	Email A	ddress			
Contact Role(s):	Owner											
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.

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

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End of schedule

		.	rtment of					<u> </u>			ction		
	Wat	ter Qual	ity Monit	oring a	nd Com	ıplia	ance	Sch	edul	e			
WS ID PW	/S Name					Classi	ficatior	n Popu	lation	Own	er Type	Primary Source	
CT1269094 278	8 LEAVENWO	RTH RD, BUIL	DING B			1	NC	2	25		Р	GW	
ocal Address (wher	re applicable)			Service	Residen	tial C	ommer	cial Ir	ndustria	al	Combine	d Agricultur	
78 LEAVENWORTH	I RD			Connection	IS						2		
owns Served: SHEL	TON												
			Monite	oring Red	quireme	nts							
Vater System Fac	ility: DISTR	IBUTION SY			•								
Total Coliform (3	3100)								1	rou	tine (RT)	per quarte	
Sampling Point	t (Sampling Po	oint ID)			Monitori	ng Per	iod	Collect	ion Per	iod	Сотр	liance Status	
Select from Inv	entory of Acti	ve Sampling	Points		10/1/23 -	12/31	/23				C	omplete	
					4/1/24 -	6/30/	24						
					7/1/24 -	9/30/	24						
Physical Paramet	ers (PPS)								1	rou	tine (RT)	per quarte	
Sampling Point	t (Sampling Po	oint ID)			Monitori	ng Per	iod	Collect	ion Per	iod	Compliance Status		
Select from Inv	entory of Acti	ve Sampling	Points		10/1/23 -	12/31	/23				C	omplete	
					4/1/24 -	6/30/	24						
					7/1/24 -	9/30/	24						
Vater System Fac	ility: ENTR	POINT (W	SF ID: 00700)										
Nitrate And Nitri	te (NOX)									1 1	outine (RT) per yea	
Sampling Point (Sampling Point ID)					Monitori	ng Per	iod	Collect	ion Per	iod	Сотр	liance Status	
ENTRY POINT (3)				1/1/23 -	12/31/	/23				C	omplete	
					1/1/24 -	12/31/	/24				C	omplete	
					1/1/25 -	12/31/	/25						
		Water Sy	stem Facili	ity and Sa	ampling	Poin	it Inv	ento	ry				
Water				-				Total	Lead	and			
System Water Sy	stem Facility	S	ampling Point	Sampling P	oint		С	oliform	Сорр	per		Stag	
Facility ID			ID	Description		St	atus	Rule	Rule	Tier	Asbesto	WQP 2 DB	
00600 DISTRIBU	JTION SYSTEM		4	DISTRIBUTI	ON SYSTEM		А	Y					
		I	DOWNSTREAM	WITHIN 5 S	ERVICE CON	N	A						
			UPSTREAM	WITHIN 5 S	ERVICE CON	J	A						
00700 ENTRY PO	DINT		3	ENTRY POIN	NT		A						
62183 WELL			2	WELL			А						
			Con	tact Info	rmation	1							
lame			OI	rganization							Job Title		
/Ir. Daniel Beardsle	ey		W	hite Hills Dis	tillery, LLC			Ow	ner				
Aailing Address Line	e One		Mailing Address	s Line Two				С	ity		State	Zip Code	
78 Leavenworth Ro	d		Building B				Shelt	on			СТ	06484	
Business Phone	Extension	Fax		le Phone	Emergency	Phone	e Emai	l Addre	SS				
203-979-3335								ehillsdis		ogma	ail.com		
Contact Role(s): Ac	dministrative	Contact, Lega	al Contact, Owr	ner					, -	-			
		/ -0	,										
lease note the foll	O .												
Please note the foll The residual disinf		ration must be	e measured at the	e same locatio	n and time a	s each	total co	liform sa	ample.				
	fectant concent							liform sa	ample.				

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

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End of schedule