Connecticut Department of Pub	lic H	ealth	Dr	inkin	g V	Vater	Se	ection			
Water Quality Monitoring					_						
	5 and	COII			_			nor Typo D	rimary Source		
						138	Ow	P P	GW		
		Residen	tial	C Commer	oial	Industria	al .	Combined	_		
	_		Commer	Clai	muustria	11	Combined	Agricultural			
4TH AVE Towns Served: BETHANY	ctions	55									
					_		-				
Monitoring	Requi	ireme	nts								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)										
Chlorine Residual (1012)						1	ro	utine (RT)	per quarter		
Sampling Point (Sampling Point ID)	٨	/lonitori	ng P	eriod	Colle	ection Per	riod	Compli	ance Status		
Select from Inventory of Active Sampling Points		4/1/25 -	6/30	0/25				Co	mplete		
		7/1/25 -	9/30	0/25				Со	mplete		
Asbestos (1094)						1 ro	uti	ne (RT) pe	r nine years		
Sampling Point (Sampling Point ID)	٨	/onitori	ng P	eriod	Colle	ection Per	riod	Compli	ance Status		
Select from Inventory of Active Sampling Points	1	/1/22 -	12/3	1/30							
Total Coliform (3100)						1	ro	utine (RT)	per quarter		
Sampling Point (Sampling Point ID)	٨	/onitori	ng P	eriod	Colle	ection Per	riod	Compli	Compliance Status		
Select from Inventory of Active Sampling Points		4/1/25 - 6/30/25						Со	Complete		
		7/1/25 - 9/30/25						Со	mplete		
	1	10/1/25 - 12/31/25									
		1/1/26 - 3/31/26									
		4/1/26 -	6/30	0/26							
Disinfectant Byproducts - TTHM & HAA5 (DBP)							1	routine (F	RT) per year		
Sampling Point (Sampling Point ID)	٨	/onitori	ng P	eriod	Colle	ection Per	riod	Compli	ance Status		
UNIT #53 (U-53)	1	1/1/24 - 12/31/24			7/1-7/31			Со	mplete		
	1	/1/25 -	12/3	1/25	7/1-7/31			Со	mplete		
	1	/1/26 -	12/3	1/26	7/1-7/31						
Lead And Copper (PBCU)						10 rou	utir	ne (RT) per	six months		
Sampling Point (Sampling Point ID)	٨	/onitori	ng P	eriod	Collection Period			Compli	ance Status		
Select from Inventory of Active Sampling Points		1/1/25 -	6/30	0/25				Со	mplete		
	7	7/1/25 -	12/3	1/25							
		1/1/26 -	6/30	0/26							
Physical Parameters (PPS)						1	ro	utine (RT)	per quarter		
Sampling Point (Sampling Point ID)	٨	/lonitori	ng P	eriod	Colle	ection Per	riod	Compli	ance Status		
Select from Inventory of Active Sampling Points		4/1/25 - 6/30/25						Со	Complete		
		7/1/25 -	9/30	0/25				Со	mplete		
	1	10/1/25 - 12/31/25									
		1/1/26 - 3/31/26									
		4/1/26 - 6/30/26									
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Fluoride (1025)						:	1 rc	outine (RT)	per month		
Sampling Point (Sampling Point ID)	٨	Monitoring Period			Colle	ection Per		Compliance Status			
ENTRY POINT (3)		6/1/25 - 6/30/25						Complete			
		7/1/25 -	7/3:	1/25				Complete			
		8/1/25 - 8/31/25						Complete			
		9/1/25 -	9/30	0/25				Со	mplete		
	1	0/1/25 -	10/3	31/25				Со	mplete		
	1	11/1/25 - 11/30/25									

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: 11/13/2025

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Clas	assification Population		Owner Type	Primary Source				
CT0081011	BETHANY MOBILE HOME PARK C 138 P GW										
Local Address (where applicable) Service					Commercia	al Industria	al Combine	ed Agricultural			

Local Address (where applicable)	Service	residential	Commercial	IIIuustiiai	COMBINE	Agricultura			
4TH AVE	Connections 55								
Towns Served: BETHANY	,								
	Monitoring Requ	uirements	3						
Water System Facility: ENTRY POINT (WSF ID									
Fluoride (1025)				1 1	outine (RT)	per month			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status			
		12/1/25 - 12/							
		1/1/26 - 1/3	31/26						
		2/1/26 - 2/2							
		3/1/26 - 3/3	31/26						
		4/1/26 - 4/3	0/26						
		5/1/26 - 5/3	31/26						
Nitrate (1040)				1 rc	outine (RT)	oer quarter			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	Collection Period Compliance Status					
ENTRY POINT (3)		4/1/25 - 6/3	0/25		Co	mplete			
		7/1/25 - 9/3	0/25		Со	mplete			
		10/1/25 - 12/	/31/25						
		1/1/26 - 3/3	31/26						
		4/1/26 - 6/3	0/26						
Net Gross Alpha (4000)				1 routi	ne (RT) per	three years			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	ance Status			
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Со	mplete			
		1/1/26 - 12/3	31/28						
Uranium (4006)				1 routi	ne (RT) per	three years			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	ance Status			
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Со	mplete			
		1/1/26 - 12/3	31/28						
Combined Radium-226/228 (4010)				1 routi	ne (RT) per i	three years			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	ance Status			
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Со	mplete			
		1/1/26 - 12/3	31/28						
Inorganic Chemicals (IOCS)				1 routi	ne (RT) per	three years			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	ance Status			
ENTRY POINT (3)		1/1/25 - 12/3	31/27						
Nitrate And Nitrite (NOX)					1 routine (R	T) per year			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	Collection Period Compliance Status					
ENTRY POINT (3)		1/1/24 - 12/3	31/24		Co	mplete			
		1/1/25 - 12/3	31/25		Со	mplete			
		1/1/26 - 12/3	31/26						
Pesticides, Herbicides and Polychlorinated Big	henyls (PCBs) (SOCS)		1 routi	ne (RT) per t	three years			
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	Compliance Status			
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Со	mplete			
		1/1/26 - 12/3	31/28						

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Connecticut Department of Public I	Health	D	rinkin	g Wa	ater	Se	ction	
Water Quality Monitoring an	d Con	npl	iance	Sche	edul	e		
PWS ID PWS Name		T			ner Type Primary Sourc			
CT0081011 BETHANY MOBILE HOME PARK			C	13		• • • • • • • • • • • • • • • • • • • •	P	GW
Local Address (where applicable) Service	Residen	itial	Commerc	ial Inc	dustri	al	Combined	l Agricultural
4TH AVE Connections	55							0
Towns Served: BETHANY								
Monitoring Req	uireme	nts	,					
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS)					1 rou	utine	e (RT) per	three years
Sampling Point (Sampling Point ID)	Monitori	ing F	Period (Collectio	on Pei	riod	Comp	iance Status
ENTRY POINT (3)	1/1/24 -	12/3	31/26					
	1/1/27 -	12/3	31/29					
Water System Facility: WELL #3 (WSF ID: 60947)								
E. Coli (3014)					1	lrou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitori			Collecti	on Pei	riod	Comp	iance Status
WELL #3 (2)	4/1/25 -						C	omplete
	7/1/25 -						C	omplete
	10/1/25 -		-					
	1/1/26 -							
	4/1/26 - 6/30/26							
Water System Facility: WELL #4 (WSF ID: 60949)								
E. Coli (3014)					1	l rou		per quarter
Sampling Point (Sampling Point ID)	Monitori			Collecti	on Pei	riod		iance Status
WELL #4 (2)	4/1/25 -		-					omplete
	7/1/25 -						C	omplete
	10/1/25 -		-					
	1/1/26 - 3/31/26							
	4/1/26 - 6/30/26							
Water System Facility: WELL #1 (WSF ID: 61095)					_			
E. Coli (3014)	0.0 14 1	·	Name at 1	C-114:				per quarter
Sampling Point (Sampling Point ID)	Monitori			Collection	on Pei	rıoa		iance Status
WELL #1 (2)	4/1/25 -							omplete
	7/1/25 -						C	omplete
	10/1/25 -							
	1/1/26 - 4/1/26 -							
Water System Facility: WELL #2 (WSF ID: 61097)	4/1/20-	0/3	0/26					
E. Coli (3014)					1	rou	ıtina (DT)	nor quartor
Sampling Point (Sampling Point ID)	Monitori	ina E	Period (Collectio				per quarter
WELL #2 (2)	4/1/25 -			JOHELLI	JII PEI	100		omplete
***************************************	7/1/25 -							omplete
	10/1/25 -		-					piete
	1/1/26 - 3/31/26							
	4/1/26 -							
Monthly Water System Facility (WSF)			•	Reg	uiro	ma	ntc	
Worthly water System Facility (WSF)	Lever	101	ntoring	Neq	un e	me	1113	

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Schedule Generation Date: 11/13/2025

	Conne	ecticut Den	artment of	Public H	ealth	ı Dı	rinki	ng W	ater So	ection		
			ality Monit					_				
PWS ID	PWS Nam		arrey 14101111e	oring and	4 0011	-				ner Type P	rimarv	Source
CT008101		MOBILE HOME F	PARK			Cia	С	-	138	P	G۱	
	lress (where appli	cable)		Service	Residen	ntial	Commo	ercial	Industrial	Combined	Agri	cultural
4TH AVE		,		Connections	55							
Towns Ser	rved: BETHANY								I			
Water Sy	stem Facility: I	ENTRY POINT (WSFID: 00700)									
Analyt	te	Monitoring Req	uirement (Summa	ary Type)	Ope	ratin	ng Limit			Samples R	eq/Mo	onth
Chlori			orine Residual Mor		-		n: 0.2 N			=	ily	
Start D	Date: 1/1/2005			Complia	nce Histo	ory:		Operat	ing Limit	Monito	ring	
				Monitori	ng Perio	d		-	ance Status			atus:
				6/1/2025	- 6/30/2	2025						
				7/1/2025	- 7/31/2	2025						
				8/1/2025	- 8/31/2	2025						
				9/1/2025	- 9/30/2	2025						
				10/1/202	5 - 10/3	1/20	25					
			Other Co	ompliance	Sched	dule	es					
Complian	ce Schedule Activ	vity				Due	Date		Achieved	Date		
CROSS CO	NNECTION EXEM	1PTION				3/1/	2028					
		Water	System Facili	ity and San	npling	Po	int In	vento	ory			
Water								Total	Lead and	1		
System	Water System F	acility	Sampling Point		t			Coliforn				Stage
Facility ID			ID	Description			Status	Rule	Rule Tie	r Asbestos	WQP	2 DBPR
00600	DISTRIBUTION S	SYSTEM	4	GENERIC DISTI			Α	Υ				
			DOWNSTREAM		/ICE COI	N	A					
			U-10	UNIT #10			A	Y	N			
			U-15	UNIT #15			A	Y	N			
				UNIT #16			A	Y	N			
			U-18	UNIT #18			A	Y	N			
			U-31	UNIT #31			A	Y Y	N			
			U-42 U-45	UNIT 445			A A	Υ	N			
			U-46	UNIT #45 UNIT #46			A	Υ	N N			
			U-48	UNIT #48			A	Y	N			
			U-53	UNIT #53			A	Ϋ́	N			Υ
			U-8	UNIT #8			A	Y	N			'
			UPSTREAM	WITHIN 5 SERV	/ICE COI	N	Α	•	.,			
00700	ENTRY POINT		3	ENTRY POINT			A					
10826	TREATMENT PLA	ANT					<u> </u>					
60947	WELL #3		2	WELL #3			Α					
60949	WELL #4		2	WELL #4			Α					
61095	WELL #1		2	WELL #1			Α					
	=			· -			•					

Certified Operator Information

Α

WELL #2

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: 11/13/2025

WELL #2

61099 ATMOSPHERIC STORAGE TANK

BOOSTER PUMPS

61097

61101

Connecticut Department of Public Health Drinking Water Section													
	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name	cer qua	11011	reoring a	ila doll					Tyne P	rimary Source		
CT0081011							C	138			GW		
	here applicable)	L HOWL I A	· · ·	Service	Resider	tial	Commercia			mbined			
4TH AVE				Connection		iciai	Commercia	ui maastii	ar combined		Agriculturur		
Towns Served: B	ETHANY												
	Certified Operator Information												
M/sts. Costs.	Facility TDFAT	DATALT DI AL		<u> </u>		iati	011						
•	Facility: TREAT		•	10826)									
	ation: CLASS 1 TR	EATMENT PL	_ANT								Certification		
Operator Name Operator Type Certific						Certification(s) Expiration							
HURLBUT, PAUL			CHIEF OPERA	TOR	WATER TRI	TER TREATMENT PLANT OPERATOR - CLASS II 12/31/20							
			Co	ntact Info	rmatior	1							
Name				Organization					Job Title				
Mr. Richard K. F	reedman			Garden Homes	mes Management Corp. President								
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code		
29 Knapp Street							Stamfo	rd		СТ	06907		
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	/ Pho	ne Email A	ddress					
203-348-2200	2475	203-967-8	3372		203-219	-1971	. richard	@gardenho	mesma	nageme	ent.com		
Contact Role(s):	Legal Contact, C	Owner											
Name				Organization				Job Title					
Mr. Glenn Freer				Garden Homes	rden Homes Management Corp				Regional Manager				
Mailing Address	Line One		Mailing Addre	ess Line Two	ne Two				9	State	Zip Code		
29 Knapp Street			PO Box 4401		Stamford CT 0690						06907		

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

- 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.

Fax

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.

Mobile Phone

845-453-1147

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

Emergency Phone Email Address

glennfreer@yahoo.com

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

End of schedule