

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0250024	CHESHIRE PUBLIC PARK WELL (LOCK 12)			NC	27	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
487 NORTH BROOKSVALE ROAD							3	
Towns Served: CHESHIRE								

Monitoring Requirements

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

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		B	HOUSE (BUILDING)	A	Y			
		D	DRINKING FOUNTAIN	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		M	RESTROOM (MEN)	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
		W	RESTROOM (WOMEN)	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22778	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title			
Mr. Daniel Bombero				Town of Cheshire		Publicworks Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Cheshire Town Hall			84 South Main Street			Cheshire		CT	06410
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-271-6650		6657	203-271-6659			475-341-5428	dbombero@cheshirect.org		
Contact Role(s):		Administrative Contact, Legal Contact							

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.

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CT0250024	CHESHIRE PUBLIC PARK WELL (LOCK 12)			NC	27	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
487 NORTH BROOKSVALE ROAD							3	
Towns Served: CHESHIRE								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0250054	MIXVILLE PARK			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NOTCH ROAD					1			
Towns Served: CHESHIRE								

Monitoring Requirements

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

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		B	JOHN G MARTIN BLDG	A	Y			
		D	DRINKING FOUNTAIN	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		M	RESTROOM (MEN)	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		W	RESTROOM (WOMEN)	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
23041	WELL #1	2	WELL #1	A				

Contact Information

Name				Organization		Job Title			
Mr. Daniel Bombero				Town of Cheshire		Publicworks Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Cheshire Town Hall			84 South Main Street			Cheshire		CT	06410
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-271-6650		6657	203-271-6659			475-341-5428	dbombero@cheshirect.org		
Contact Role(s):		Administrative Contact, Legal Contact							

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0250054	MIXVILLE PARK			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NOTCH ROAD					1			
Towns Served: CHESHIRE								

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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End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0259054	MAPLE OAK FARM AND MARKET			NC	62	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1681 WATERBURY ROAD							1	
Towns Served: CHESHIRE								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/11/2024	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	1/1/22 - 12/31/23	3	4/27/2023		5/7/2023	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/9/2023		6/19/2023	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/7/2024		6/17/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	6/7/2024		6/17/2024	
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/15/2025		11/25/2025	
Total Coliform M&R Violation	10/1/24 - 12/31/24	3	2/14/2026		2/24/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
62526	WELL 1	2	WELL 1	A				

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Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1681 WATERBURY ROAD							1	
Towns Served: CHESHIRE								

Contact Information

Name				Organization			Job Title		
Mr. Matthew Switajewski									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1143 Summit Road						Cheshire		CT	06410
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-506-3263					summithillgrowers@gmail.com				

Contact Role(s): **Administrative Contact, Owner**

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