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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1269083	**HUNTINGTON CHAPEL**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
177 RIPTON ROAD		3				

Towns Served: SHELTON

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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		

Water System Facility: **WELL (WSF ID: 10574)**

E. Coli (3014) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
WELL (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Public Notification Requirements

Violation/Situation	*Compliance Period*	*Notice Tier*	*Public Notification*		*PN Certification*	
			Required	*Performed*	*Due to DPH*	*Received*
Distribution Turbidity MCL Violation	1/1/09 - 3/31/09	2	5/15/2009		5/25/2009	
Distribution Turbidity MCL Violation	10/1/09 - 12/31/09	2	2/25/2010		3/7/2010	
Total Coliform M&R Violation	1/1/12 - 3/31/12	2	7/12/2012		7/22/2012	
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/2013		6/22/2013	

Water System Facility and Sampling Point Inventory

Water System	*Water System Facility*	*Sampling Point*	*Sampling Point*	*Total Coliform*	*Lead and Copper*	*Stage 2*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1269083	**HUNTINGTON CHAPEL**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
177 RIPTON ROAD		3				

Towns Served: SHELTON

Facility ID		*ID*	*Description*	*Status*	*Rule*	*Rule Tier*	*Asbestos*	*DBPR*
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10574	WELL	2	WELL	A				
45718	WATER TREATMENT-UV							

Contact Information

Name	Organization	Job Title
Ms. Lisa Egen	The Huntington Chapel	Church Administrator

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
177 Ripton Road		Shelton	CT	06484

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-929-1222					OFFICE@thehuntingtonchapel.org

Contact Role(s): **Administrative 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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1260044	**INDIAN WELL S.P./SOUTH WELL**	NC	367	S	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 110		5				

Towns Served: SHELTON

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	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
DISTRIBUTION SYSTEM (4)	7/1/16 - 9/30/16		Complete

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)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
CROSS CONNECTION EXEMPTION	3/1/2017	

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 2 DBPR*
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22126	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Eric D. Ott	State of Connecticut/Deep	Division Director

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
163 Great Hill Road	Eng. & Field Support Services Division	Portland	CT	06480

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-342-2215	101	860-344-2560		860-424-3333	eric.ott@ct.gov

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1260044	**INDIAN WELL S.P./SOUTH WELL**	NC	367	S	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 110		5				

Towns Served: SHELTON

Please note the following:

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1269084	**HARVEST KITCHEN PANTRY-JONES FAMILY FARM**	NC	37	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
606 WALNUT TREE HILL ROAD					1	

Towns Served: SHELTON

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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
RESPOND TO SANITARY SURVEY	8/21/2016	

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 2 DBPR*
00501	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

Contact Information

Name	Organization	Job Title
Ms. Jean Crum Jones	Jones Family Farms	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
600 Walnut Tree Hill Road		Shelton	CT	06484

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1269084	**HARVEST KITCHEN PANTRY-JONES FAMILY FARM**	NC	37	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
606 WALNUT TREE HILL ROAD					1	

Towns Served: SHELTON

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-929-6237				203-929-8425	harvestkitchen@jonesfamilyfarms.com

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

Name	Organization	Job Title
Mr. Thomas Harbinson	Jones Family Farms	Facilities Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
600 Walnut Tree Hill Rd		Shelton	CT	06484

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-929-6237		203-929-2089			tom@jonesfamilyfarms.com

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

Name	Organization	Job Title
Farm Credit Leasing Services		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
5500 South Quebec Street		Greenwood Village	CO	80111

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

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