

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	10/1/24 - 12/31/24		Complete	
	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25			
	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	10/1/24 - 12/31/24		Complete	
	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25			
	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	rharris@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.

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						

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	10/1/24 - 12/31/24		Complete	
	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25			
	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	10/1/24 - 12/31/24		Complete	
	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25			
	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	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	rharris@cheshirect.org				
Contact Role(s): Administrative Contact, Legal Contact									

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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	
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.
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 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			
<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	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				

Other Compliance Schedules

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

<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</i>		<i>Lead and Copper</i>		<i>Stage WQP 2 DBPR</i>
					<i>Rule</i>	<i>Y/N</i>	<i>Rule Tier</i>	<i>Asbestos</i>	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y				

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Towns Served: CHESHIRE							

Water System Facility and Sampling Point Inventory

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00700	ENTRY POINT	3	ENTRY POINT	A				
62526	WELL 1	2	WELL 1	A				

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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