	C D		CD 11: T	r 1,1	D :	1 .	TAT	C		
	Connecticut Depa					_			ection	
	Water Qua	ılity Monit	coring an	d Com	ıpliaı	nce S	Schedu	le		
PWS ID	PWS Name				Classific	cation	Population	Ov	vner Type Pr	imary Source
СТ0600014	ANTHONYS OF GUILFORD				NO	С	25		Р	GW
Local Address (where applicable)		Service	Resident	tial Cor	mmercia	al Industr	ial	Combined	Agricultural
2392 BOSTON F	POST ROAD		Connections			1				
Towns Served:	GUILFORD									
		Monit	oring Requ	ıireme	nts					
Water System	Facility: DISTRIBUTION S	YSTEM (WSF I	D: 00600)							
Total Coliforn	n (3100)							1 ro	utine (RT)	oer quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Co	ollection Pe	eriod	d Compli	ance Status
Select fror	n Inventory of Active Sampling	g Points		4/1/25 -	6/30/25	5			Co	mplete
				7/1/25 -	9/30/25	5			Со	mplete
				10/1/25 -	12/31/2	25				
				1/1/26 -	3/31/26	6				
				4/1/26 -	6/30/26	6				
Physical Para	meters (PPS)							1 ro	utine (RT)	oer quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollection Pe	eriod	d Compli	ance Status
Select fror	n Inventory of Active Sampling	g Points		4/1/25 -	6/30/25	5			Со	mplete
				7/1/25 -	9/30/25	5			Со	mplete
				10/1/25 -	12/31/2	25				
				1/1/26 -	3/31/26	6				
				4/1/26 -	6/30/26	6				
Water System	Facility: ENTRY POINT (V	WSF ID: 00700)								
Nitrate And N	Nitrite (NOX)							1	1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollection Pe	eriod	d Compli	ance Status
ENTRY PO	INT (3)			1/1/24 - 3	12/31/2	24			Co	mplete
				1/1/25 - 3	12/31/2	25			Со	mplete
				1/1/26 - 3	12/31/2	26				
		Public Not	tification R	equire	ment	ts				
		C	Compliance	Notice	P	ublic No	otification		PN Cert	<u>ification</u>
Violation/Situa	ıtion		Period	Tier	Reg	quired	Perform	ed	Due to DPH	Received
Total Coliform	M&R Violation	7/1,	/04 - 9/30/04	2	2/9)/2005			2/19/2005	
Total Coliform	M&R Violation	10/1,	/04 - 12/31/04	2	6/23	3/2005			7/3/2005	
Total Coliform I	M&R Violation	4/1,	/05 - 6/30/05	2	11/1	7/2005			11/27/2005	
Physical Param	eters M&R Violation	10/1,	/04 - 12/31/04	3	5/24	4/2006			6/3/2006	
	Water S	ystem Facil	ity and Sar	npling	Point	Inve	ntory			
Water						То	tal Lead	and	d	
-	er System Facility	Sampling Point		nt		-		per		Stage
Facility ID		ID	Description		Stat	LUJ		? Tie	r Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α		Υ			
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER							
	RY POINT	3	ENTRY POINT		Α	١				
21007 WEL	L	2	WELL		Α	١				

55361 TREATMENT PLANT

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	le	
PWS Name	Classification	Population	Owner Type	Primary So

PWS ID	PWS Name			Clas	ssification	Population	Owner	r Type	Primary Source
CT0600014	ANTHONYS OF GUILFORD				NC	25	Р)	GW
Local Address (v	Local Address (where applicable)			ntial	Commercia	al Industri	al Co	ombine	d Agricultural
2392 BOSTON P	Connections			1					

Contact Information											
Name			Organization					Job Title			
Mr. Peter Ciocca				Anthonys of 0	Guilford		Owner				
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code		
2392 Boston Post Ro	oad.					Guilford		СТ	06437		
Business Phone	Fax	Mobile Phone Emergency Phone Email				Email Address					
203-453-4121				203-859-4136		PeterCiocca@gmail.com					

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

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

End of schedule

	Connecticut Dep Water Qu	artment of ality Monit					_			ction	
PWS ID	PWS Name	_			Clas	ssification	Popu	ılation	Owr	er Type Pr	imary Source
СТ0600064	2311 BOSTON POST ROAD	- GUILFORD				NC	3	33		Р	GW
Local Address	(where applicable)		Service	Resident	tial	Commer	cial Ir	ndustri	ial	Combined	Agricultural
WESTWOODS	PLAZA		Connections			1					
Towns Served	: GUILFORD										
		Monito	oring Requ	iremei	nts						
Water Syste	m Facility: DISTRIBUTION										
Total Colifo	rm (3100) g Point (Sampling Point ID)			Monitorii	na P	Period	Collect				per quarter
	om Inventory of Active Samplin	ng Points		4/1/25 -			Conce	.1011 1 C	Tiou		mplete
Sciectife	on mentory of Active Samplin	16 1 011113		7/1/25 -							mplete
				10/1/25 -							mplete
			-	1/1/26 -							IIpicte
				4/1/26 -							
•	ameters (PPS)							1	1 rou		oer quarter
Sampling	g Point (Sampling Point ID)		ı	Monitorii	ng P	eriod	Collect	ion Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Samplir	ng Points		4/1/25 -						Соі	mplete
				7/1/25 -	9/3	0/25				Coi	mplete
				10/1/25 -						Соі	mplete
				1/1/26 -							
				4/1/26 -	6/3	0/26					
Water Syste	m Facility: ENTRY POINT	WSF ID: 00700)									
Nitrate (10	40)							1	1 rou	tine (RT) բ	oer quarter
	g Point (Sampling Point ID)			Monitorii	ng P	eriod	Collect	ion Pe	riod	Compli	ance Status
ENTRY P	OINT (3)			4/1/25 -							mplete
				7/1/25 -							mplete
				10/1/25 -						Coi	mplete
				1/1/26 -							
				4/1/26 -	6/3	0/26					
	Nitrite (NOX)									=	T) per year
	g Point (Sampling Point ID)			Monitorii			Collect	ion Pe	riod		ance Status
ENTRY P	OINT (3)			1/1/24 - 1							mplete
				1/1/25 - 1						Соі	mplete
				1/1/26 - 1							
		Otner Co	ompliance								
	chedule Activity					Date		Achie	eved I	Date	
RESPOND TO	SANITARY SURVEY			12	2/10	/2025					
	Water	System Facili	ty and Sar	npling	Po	int Inv	ento				
Water	nton Customs Famility	Compeller Detect	Comments - D. 1				Total	Lead			6.
System Wo Facility ID	ater System Facility	Sampling Point ID	Description	IL			oliform Rule			Achestas	Stage WQP 2 DBPR
	STRIBUTION SYSTEM	4	DISTRIBUTION	CVCTENA		<u>Status</u> A	Y	nuie	1161	713063103	TOUT A
OUGOU DIS	TIMBUTION STSTEIN	DOWNSTREAM				A	'				
		UPSTREAM	WITHIN 5 SER			A					
00700 EN	TRY POINT	3	ENTRY POINT	VICE CON	•	A					
21012 WE		2	WELL								
ZIUIZ VVI	-LL	۷	VVELL			Α					

				05 11:	11						
C	onnectic	ut Depa	rtment	of Public	Health	Dri	nking	Water S	ection		
	Wa	ter Qual	lity Mor	nitoring a	nd Con	nplia	ance So	chedule			
PWS ID PV	VS Name					Classi	fication P	opulation Ov	vner Type	Primary Source	
CT0600064 23	11 BOSTON P	OST ROAD - 0	GUILFORD				NC	33	Р	GW	
Local Address (whe	re applicable)			Service	Resider	tial C	ommercial	I Industrial Combined		d Agricultural	
WESTWOODS PLAZ	A			Connectio	ns		1				
Towns Served: GUII	Towns Served: GUILFORD										
			С	ontact Info	ormation	1					
Name				Organization					Job Title	<u> </u>	
Mr. Allen D'antonio)			W. W. Post LL	.C			Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two				City		Zip Code	
2028 Boston Post R	oad		P. O. Box 36	361			Guilford		СТ	06437	
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phon	e Email Ad	mail Address			
203-458-7632		203-458-8	3065		203-393	-6958	mei2028	@comcast.ne	@comcast.net		
Contact Role(s): A	dministrative	Contact, Leg	al Contact								
Name				Organization					Job Title	2	
W W Post LLC											
Mailing Address Lin	e One		Mailing Add	ress Line Two				City	State	Zip Code	
2028 Boston Post R						Guilford CT					
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phon	e Email Ad	dress			

Contact Role(s): Owner 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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 12/12/2025

	Connectic	ut Dena	rtment o	f Public	Health	Drir	nking	Water	Sec	tion	
			lity Moni							CIOII	
DIA/C ID		ter Qua	iity Moili	toring a	na Con	_				. T D	-i
PWS ID CT0600124	PWS Name ST JOHNS EPISCO	DAI CHUBC	<u></u>			Classifi		25	Owner		rimary Source GW
	where applicable)	JPAL CHURC	П	Service	Resident		mmercial			mbined	_
129 LEDGE HILL				Connection		tiai Co	1	iiiuustiia	11 CC	Jilibilieu	Agricultural
Towns Served: G							т				
Towns served.	JOILI OND		Manit	toring Do	auiromo	ntc					
Water System	Facility: DISTR	IBUTION SY		toring Red ID: 00600)	quireme	IILS					
Total Coliform	n (3100)							1	routi	ne (RT)	per quarter
Sampling P	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compl	iance Status
Select from	Inventory of Acti	ve Sampling	Points		4/1/25 -	6/30/2	5			Co	mplete
					7/1/25 -	9/30/2	5			Co	mplete
					10/1/25 -	12/31/	25			Co	mplete
					1/1/26 -	3/31/2	6				
					4/1/26 -	6/30/2	6				
Physical Parar								1	routi		per quarter
	Point (Sampling P				Monitori			lection Per	iod		iance Status
Select from	Inventory of Acti	ve Sampling	Points		4/1/25 -						mplete
					7/1/25 -						mplete
					10/1/25 -					Сс	mplete
					1/1/26 -						
				,	4/1/26 -	6/30/2	6				
-	Facility: ENTRY	POINT (W	/SF ID: 00/00	1							
Nitrate And N	•									_	RT) per year
	Point (Sampling P	oint ID)			Monitori			lection Per	10a <u> </u>		iance Status
ENTRY POII	NT (3)				1/1/24 - :						mplete
					1/1/25 - :					CC	mplete
				l'. 1.0	· ·						
		Water Sy	ystem Faci	lity and S	ampling	Poin	t Inven	<u>=</u>			
Water	ou Contour English		Causalia a Dain	t Camanlina F	Dalint.		Tota				6.
System Water Facility ID	er System Facility		Sampling Poin ID	t Sampling P Description		-	Colifo tus Rui			chestos	Stage WQP 2 DBPR
	RIBUTION SYSTEM	 I	4		ON SYSTEM	Sta	Y Y		iici A	13063103	WQI Z DDI K
00000 01311	NIBOTION STSTEW		DOWNSTREAM				, '				
			UPSTREAM		SERVICE CON						
00700 ENTR	Y POINT		3	ENTRY POII			<u> </u>				
21016 WELL			2	WELL							
					rmation						
Name				ntact Info	ภากสนาบก				1.	ob Title	
Mr. Robert Lyor	15			st. Johns Esisc	onal Church				J	טט וונופ	
Mailing Address			Mailing Addre		opai ciluici	•		City		State	Zip Code
129 Ledge Hill R			aming Addre	CO EITIC I WO			Guilford	City		CT	06437
Business Phon		Fax	Mol	oile Phone	Emergency	Phone		dress			55157
203-901-4970								onsjr@gma	ail.com	 າ	
								- J. C B C			

Schedule Generation Date: 12/12/2025

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

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

					_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0600124	ST JOHNS EPISCOPAL CHURCH	Н			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
129 LEDGE HILL ROAD			Connections		1			

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

End of schedule

Connecticut Dep Water Qu									ction	
PWS ID PWS Name				C	lassific	cation P	opul	ation Own	er Type F	rimary Source
CT0609074 THE LITTLE STORE					NO		3:		Р	GW
Local Address (where applicable)			Service	Residentia	l Cor	nmercial	Ind	dustrial	Combined	Agricultural
2802 DURHAM ROAD			Connectio	ns		1				
Towns Served: GUILFORD										
				quirement	ts					
Water System Facility: DISTRIBUTION	SYSTEM	(WSF I	D: 00600)							
Total Coliform (3100)								1 rou		per quarter
Sampling Point (Sampling Point ID)				Monitoring			llectio	on Period	Compl	iance Status
Select from Inventory of Active Sampli	ng Points			4/1/25 - 6/	/30/25	5			Co	omplete
				7/1/25 - 9/	/30/25	5			Co	omplete
				10/1/25 - 12	2/31/2	25			Co	omplete
				1/1/26 - 3/	/31/26	5				
				4/1/26 - 6/	/30/26	5				
Physical Parameters (PPS)								1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)				Monitoring	Perio	od Col	llectio	on Period	Compl	iance Status
Select from Inventory of Active Sampli	ng Points			4/1/25 - 6/	/30/25	5			Co	omplete
				7/1/25 - 9/	/30/25	5			Co	omplete
				10/1/25 - 12	2/31/2	25			Co	omplete
				1/1/26 - 3/	/31/26	5				· ·
				4/1/26 - 6/						
Water System Facility: ENTRY POINT	(WSF ID:	00700)		, ,,						
Nitrate And Nitrite (NOX)									-	RT) per year
Sampling Point (Sampling Point ID)				Monitoring			llectio	on Period		iance Status
ENTRY POINT (3)				1/1/24 - 12					Co	omplete
				1/1/25 - 12	/31/2	5			Co	omplete
				1/1/26 - 12	/31/2	6				
Water	System	Facil	ity and S	Sampling P	oint	Inven	tor	V		
Water	•		•			Tot		Lead and		
System Water System Facility	Samplin	g Point	Sampling I	Point		Colife		Copper		Stage
Facility ID	IL)	Description	n	Stat	tus Ru	le	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUT	ION	Α					
	DOWNS	TREAM	WITHIN 5	SERVICE CON	Α					
	UPSTF	REAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY POINT	3		ENTRY POI	NT	Α					
52194 WELL 1	2		WELL 1		Α					
				ormation						
Name			rganization	Jilliation					Job Title	
Mr. Joseph Depoto			epoto Famil	v IIC			Own		JOD TILLE	
Mailing Address Line One	Mailing		s Line Two	y, LLC			Cit		State	Zip Code
2802 Durham Road	iviaiiiig	Audies	3 LINE IWU			Guilford	CIL	у	CT	06437
))	NASE	ile Phone	Emergency D			ldros	-	CI	00457
	ax	IVIOD	ne Phone	Emergency Pl						
203-457-0009				203-915-70	39	ten4joed	ı@gn	ıaıı.com		

Schedule Generation Date: 12/12/2025

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

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

			<u> </u>		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0609074	THE LITTLE STORE				NC	31	Р	GW
Local Address (w	here applicable)		Service	Residen	itial Commerc	cial Industri	al Combine	ed Agricultural
2802 DURHAM F	ROAD		Connections		1			

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End of schedule

		Connecticut Dep	oartment c	f Public H	lealth	ı D	rinki	ng V	Vater	Se	ction		
		*	iality Moni										
PWS ID		PWS Name	<u>J</u>	0		_				1	ner Type P	rimary	Source
CT060908	4	LAKE QUONNIPAUG					NC		25		L	G\	
Local Addr	ress (wl	here applicable)		Service	Residen	ntial	Commo	ercial	Industri	ial	Combined	Agri	cultural
3910 DUR	HAM R	OAD		Connections			1						
Towns Ser	ved: G	UILFORD											
			Moni	toring Requ	ıireme	ents	;						
Water Sy:	stem F	acility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)									
Total Col	liform	(3100)							1	1 rou	tine (RT)	per q	uarter
Samp	oling Po	oint (Sampling Point ID)			Monitor	ing F	Period	Colle	ection Pe	riod	Compl	iance S	Status
Selec	t from	Inventory of Active Sampli	ing Points		4/1/25	- 6/3	0/25				Co	mplet	e
					7/1/25 -	- 9/3	0/25				Co	mplet	e
				4/1/26	- 6/3	0/26							
Physical	Param	neters (PPS)							1	1 rou	tine (RT)	per q	uarter
Samp	oling Po	oint (Sampling Point ID)			Monitor	ing F	Period	Colle	ection Pe	riod	Compl	iance S	Status
Selec	t from	Inventory of Active Sampli	ing Points		4/1/25 -	- 6/3	0/25				Cc	mplet	e
				7/1/25 -	- 9/3	0/25				Cc	mplet	e	
					4/1/26	- 6/3	0/26						
Water Sy:	stem F	acility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	And Ni	trite (NOX)								1	routine (I	RT) pe	r year
Samp	oling Po	oint (Sampling Point ID)			Monitoring Period Collection Period Compliance Stat						Status		
ENTR	RY POIN	T (3)			1/1/24 - 12/31/24 Comple								
					1/1/25 -						Co	mplet	e
					1/1/26 -	12/3	31/26						
		Water	System Faci	lity and Sai	mpling	Po	int In	vent	ory				
Water								Tota	l Lead	and			
System		System Facility		t Sampling Poi	nt			_	т Сор	-			Stage
Facility ID				Description			Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRI	BUTION SYSTEM	4	DISTRIBUTION			Α						
				// WITHIN 5 SEF			Α						
			UPSTREAM	WITHIN 5 SEF		N	Α						
		POINT	3	ENTRY POINT			Α						
52198	WELL	<u> </u>	2	WELL 1			A						
				ntact Infori	matior	1							
Name				Organization							Job Title		
Mr. Rick N	∕laynar	d	1	own of Guilford	l Parks &	Rec			Director				

Business Phone Extension Mobile Phone 203-453-8068 203-453-8456 Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Mailing Address Line One

32 Church St

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

Page 9

Zip Code

06437

City

maynardr@ci.guilford.ct.us

Guilford

Emergency Phone Email Address

203-453-8068

State

CT

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 Dep					_						
	Water Qu	ality Mo	onitoring an	d Con	npl	liance S	Schedule	<u>, </u>				
PWS ID	PWS Name				Cla	ssification	Population C	wner Type P	rimary Source			
СТ0609094	BITTNER PARK					NC	25	L	GW			
Local Addre	ess (where applicable)		Service	Resider	ntial	Commerci	al Industrial	Combined	Agricultural			
1400 DURH	IAM ROAD		Connections			1						
Towns Serv	red: GUILFORD											
		M	onitoring Requ	uireme	ents	•						
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)									
Total Coli	form (3100)						1 1	outine (RT)	per quarter			
Sampl	ling Point (Sampling Point ID)			Monitor	ing F	Period C	ollection Perio	od Compli	ance Status			
Select	from Inventory of Active Sampli	ng Points		4/1/25	- 6/3	0/25		Со	mplete			
				7/1/25	- 9/3	0/25		Со	mplete			
						10/1/25 - 12/31/25 Complete						
				4/1/26	- 6/30/26							
-	Parameters (PPS)						1 ו	outine (RT)	per quarter			
Sampl	ling Point (Sampling Point ID)			Monitor	ing F	Period Co	ollection Perio	od Compli	ance Status			
Select	from Inventory of Active Sampli	ng Points		4/1/25		-		Со	mplete			
				7/1/25					mplete			
						12/31/25 Complete						
				4/1/26	- 6/3	0/26						
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00	0700)									
Nitrate A	nd Nitrite (NOX)							1 routine (F	RT) per year			
_	ling Point (Sampling Point ID)			Monitor	ing F	Period C	ollection Perio	od Compli	ance Status			
ENTRY	POINT (3)			1/1/24 -					mplete			
				1/1/25 -		*		Со	mplete			
				1/1/26 -	12/3	31/26						
		Oth	er Compliance	e Sche	dule	es						
Compliance	e Schedule Activity					Date	Achieve	ed Date				
CROSS CON	INECTION SURVEY REPORT				3/1/	2022						
CROSS CON	INECTION SURVEY REPORT				3/1/	2023						
CROSS CON	INECTION SURVEY REPORT				3/1/	2024						
CROSS CON	INECTION SURVEY REPORT				3/1/	2025						
CROSS CON	INECTION SURVEY REPORT				3/1/	2026						
		Public	Notification I	Require	eme	ents						
			Compliance	Notice			<u>otification</u>		<u>tification</u>			
Violation/S			Period	Tier	_	Required	Performed		Received			
KEVISED TO	OTAL COLIFORM RULE (RTCR)		6/4/24 - 6/10/24	3		3/18/2026		3/28/2026				
	Water	System I	acility and Sa	mpling	g Po	int Inve	ntory					
Water							otal Lead a					
	Water System Facility		Point Sampling Po	int			form Coppe		Stage			
Facility ID	DICTRIBUTION CVCTCA	ID	Description	N.I.		Status	ule Rule T	er Aspestos	WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4 DOM/NET	DISTRIBUTIO		N.I	A						
			REAM WITHIN 5 SEI			A						
00700	ENTRY POINT	UPSTRE			IN	Α						
00700	ENTRY POINT	3	ENTRY POINT	l		Α						

Α

WELL 1

2

52202 WELL 1

	Water Quality Monit	oring an	d Con	npli	iance S	Schedul	le	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0609094	BITTNER PARK				NC	25	L	GW
Local Address	ocal Address (where applicable)		Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural
1400 DURHAN	1 ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: GUILFORD

1400 DURHAM ROAD

Contact Information												
Name		Organizatio	n		Job Title							
Mr. Rick Maynard	r. Rick Maynard Town of Guilford Parks & Rec Director											
Mailing Address Line One Mailing Address				dress Line Two)	City	State	Zip Code				
32 Church St						Guilford		СТ	06437			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address						
203-453-8068		203-453-8	3456		203-453-8068	maynardr@ci.guilford.ct.us						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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 Departmen				`				l	
	Water Quality Mo	nitoring an	d Con	_						
PWS ID	PWS Name			Clas	ssification	Populatio	n O	wner Type	Prir	mary Source
CT0609114	NEW HAVEN SPORTSMAN'S CLUB INC.				NC	50		Р		GW
Local Address (where applicable)	Service	Residen	tial	Commerci	ial Indus	trial	Combin	ed	Agricultural
4158 DURHAM	ROAD	Connections						1		
Towns Served:	GUILFORD									
	Mo	nitoring Requ	iireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)								
Total Coliforn	•						1	' - '		er month
	Point (Sampling Point ID)		Monitori			Collection I	Perio	d Com	pliai	nce Status
Select fror	m Inventory of Active Sampling Points		7/1/25 -	7/3	1/25				Com	plete
			8/1/25 -	8/3	1/25					
			9/1/25 -							
			10/1/25 -							
			11/1/25 -							
			12/1/25 -							
			1/1/26 -							
			2/1/26 -		-					
			3/1/26 -							
			4/1/26 -							
			5/1/26 -							
	4		6/1/26 -	6/3	0/26					
-	ameters (PPS)							-		er month
	Point (Sampling Point ID)		Monitori			Collection I	erio		_	nce Status
Select from	m Inventory of Active Sampling Points		7/1/25 -						Com	plete
			8/1/25 -							
			9/1/25 -							
			10/1/25 -							
			11/1/25 -							
			12/1/25 - 1/1/26 -							
			2/1/26 -							
			3/1/26 -		-					
			4/1/26 -							
			5/1/26 -		-					
			6/1/26 -							
Water System	n Facility: ENTRY POINT (WSF ID: 00	700)	J, 1, 20	J, J	J, 20					
-	Nitrite (NOX)							1 routing	/pT) per year
	Point (Sampling Point ID)		Monitori	ina P	Period C	Collection I	Perio		-) per year nce Status
ENTRY PO			1/1/24 -			S.I.CCCIOII I	C110		•	plete
2.11.11.10	(~)		1/1/25 -							plete
			1/1/26 -						2011	
	Othe	er Compliance			·					
Compliance Scl					Date	Ach	ieve	d Date		
	T (TC+ INS REPEATS)				/2024					
DECDOND TO S	ANITA DV CLIDVEV		_	. 14.0	/2025					

5/14/2025

Page 12

Schedule Generation Date: 12/12/2025

RESPOND TO SANITARY SURVEY

	Compostiont	0 0 White 0 -	at a (Dublia II	المالية ا	. г	ا دا ماند	10 ~	XAZ-t	a C	o oti o v			
	Connecticut Dej							_			ection			
	Water Qı	iality M	onit	oring and	d Con	np	olianc	e S	chedu	le				
PWS ID	PWS Name					Cl	lassification	on P	opulation	Ov	vner Type F	rimary Sou		
CT0609114	NEW HAVEN SPORTSMAN	I'S CLUB INC	•				NC		50		Р	GW		
Local Address	(where applicable)			Service	Residen	ntia	I Comm	ercial	Industr	ial	Combined	l Agricultu		
4158 DURHAN				Connections							1			
Towns Served	: GUILFORD													
		Public	Not	ification R	equire	em	nents							
Compliance						2	<u>Publi</u>	<u>Public Notification</u> <u>F</u>			PN Cei	PN Certification		
Violation/Situ	ıation			Period	Tier		Requir	ed	Performe	ed	Due to DPH	Receive		
REVISED TOTA	AL COLIFORM RULE (RTCR) TT	Violation	í	1/29/24 -	2		7/7/20	24			7/17/2024			
E. Coli M&R V	iolation			1/3/24 -	3		6/7/20	25			6/17/2025			
Total Coliform	n M&R Violation		1/1/	/24 - 1/31/24	3		6/7/20	25			6/17/2025			
Physical Parar	meters M&R Violation		7/1/	/24 - 7/31/24	3		10/18/2	025			10/18/2025			
Total Coliform	n M&R Violation		7/1/	/24 - 7/31/24	3		10/18/2	025			10/28/2025			
Total Coliform	n M&R Violation		8/1/	/24 - 8/31/24	3		10/18/2	025			10/28/2025			
Physical Parar	meters M&R Violation		8/1/	/24 - 8/31/24	3		10/18/2	025			10/28/2025			
Total Coliform	n M&R Violation		10/1/	/24 - 10/31/24	3		12/2/20)25			12/12/2025			
Physical Parar	meters M&R Violation		10/1/	/24 - 10/31/24	3		12/2/20)25			12/12/2025			
Total Coliform	n M&R Violation		11/1/	/24 - 11/30/24	3		1/3/20	26			1/13/2026			
Physical Parar	meters M&R Violation		11/1/	/24 - 11/30/24	3		1/3/20	26			1/13/2026			
	Water	System I	Facili	ity and Sar	npling	P	oint In	ven	tory					
Water								Tot	al Lead	l an	d			
	ater System Facility		Point	Sampling Poin	nt			Colife	-			Sta		
Facility ID		ID		Description			Status	Ru	le Rule	? Tie	r Asbestos	WQP 2 DI		
00600 DIS	STRIBUTION SYSTEM	2		GENERATED B			Α	Y						
		3		GENERATED B			Α	Y	,					
		4		DISTRIBUTION	SYSTEM	1	Α							
		4-1		UTILITY SINK			Α	Y						
		4-2		MEN'S ROOM			Α	Y						
		4-3		LADIES ROOM			Α	Υ						
		4-4		KITCHEN			Α	Y						
		4-5		DOWNSTAIRS	_		M A	Υ						
		DOWNST	REAM	WITHIN 5 SER	VICE CON	N	Α							

61896 TREAME	NT PLANT										
			Co	ntact Inf	ormation						
Name			Organization Job Title								
Mr. Wolfgang Hinz	Mr. Wolfgang Hinz New Haven Sportsman'S Clu Member										
Mailing Address Line One Mailing Addr				ess Line Two		City	State	Zip Code			
4158 Durham Road						Guilford		СТ	06437		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	Email Address				
203-988-0266						wolfgan	olfgang.hinz@gmail.com				
Contact Role(s): A	dministrative Co	ntact, Leg	al Contact								

WITHIN 5 SERVICE CON

ENTRY POINT

DRILLED WELL

Α

Α

Α

Α

Υ

SP11

UPSTREAM

2

00700

ENTRY POINT

59870 DRILLED WELL

4-2

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0609114	NEW HAVEN SPORTSMAN'S CLUB INC.			NC	50	Р	GW
Local Address (v	Local Address (where applicable)		Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
4158 DURHAM I	ROAD	Connections				1	
		·	•		·		·

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End of schedule

Page 14

Schedule Generation Date: 12/12/2025