Name Mr. David Lyman Mailing Address Lin 316 North Branford Business Phone 203-269-3280 Contact Role(s): A	Extension	Fax 203-269-94	Mob	ile Phone	Emergency 203-237-8		Wallingfo Email Ad btr@sne	dress		State CT	Zip Code 06492		
Mr. David Lyman Mailing Address Lin 316 North Branford Business Phone	l Road	Fax	Mob				Email Ad	ord dress					
Mr. David Lyman Mailing Address Lin 316 North Branford	l Road		-		F	Dh		ord					
Mr. David Lyman Mailing Address Lin		N	/lailing Addres	s Line Two			\A/- !!! C		<u>'</u>				
Mr. David Lyman			a street and the	—	Mailing Address Line Two				,				
							1	President/Treasurer					
								Job Title					
					ormation					:			
37 134 TRESSOI	5. 5.0 .0.		Carr	toct lof-	v ma a ti a r								
	RE STORAGE			**			•						
22477 WELL			2	WELL	=								
00700 ENTRY P	OINT		3	ENTRY POI									
		L	UPSTREAM		SERVICE CON	Α							
JOOOD DISTRIBU	JION JIJIEN		4 OWNSTREAM			Α							
	JTION SYSTEM		4	•	ION SYSTEM	Sta A	LUS		nuie Hef	MODESTOS	VVQF Z DDPI		
	ystem Facility	S	ampling Point ID	Sampling I Description			Colifo	orm	Copper	Ashasta	Stage WQP 2 DBPF		
Water				,			Tota	_	ead and				
		Water Sv	stem Facil	ity and S				tory	1				
			1/1/26 - 1										
2.411(110)141	(~)		1/1/25 - 12/31/25							omplete			
ENTRY POINT					Monitoring Period Co 1/1/24 - 12/31/24				Compliance Status Complete				
Sampling Poin	• •	oint ID)			Monitorin	a Perio	nd Col	lectio	n Period	-			
Nitrate And Nitri	•	Onti (vv.							1	routine (RT) per year		
Water System Fac	cility: FNTRY	POINT (W	SF ID: 00700)		., _, _	, 55, 2	-						
					4/1/26 - 6	-							
					1/1/26 - 3								
					10/1/25 - 3						omplete		
Sciece from file	- Circoi y Oi Acti	TO Sumpling F	511165		7/1/25 - 9						omplete		
Select from Inv			oints		4/1/25 - 6			iectio	ii Feriou		omplete		
Physical Parame		oint ID)			Monitorin	a Peri	nd Col	lectio	1 rou n Period		per quarter liance Status		
Dhysical Danas	tors (DDC)				4/1/26 - 6	0/30/2	р		1	tine (DT	nor aucita		
				1/1/26 - 3									
					10/1/25 - 1					C	omplete		
					7/1/25 - 9						omplete		
Select from Inv	ventory of Acti	ve Sampling F	oints		4/1/25 - 6/30/25						omplete		
Sampling Poin		-			Monitorin			llection Period Compliance Status					
Total Coliform (3	3100)								1 routine (RT) per quarter				
Water System Fac	cility: DISTR	IBUTION SYS	STEM (WSF I	D: 00600)									
			Monit	oring Re	quiremer	its							
Towns Served: WAI	LLINGFORD												
316 NORTH BRANF	ORD ROAD			Connectio	ns		1						
Local Address (whe	re applicable)			Service	Resident	ial Co	mmercial	Ind	ustrial	Combine	d Agricultural		
CT1480014 BL	UE TRAIL RIFLE	RANGE				N	С	25		Р	GW		
PWS ID PV		Classification				Population Owner Type Primary Source							
	wai	cer Quar	ity monii	toring a	ind Com	plia	nce 50	che	dule				
	1/1/04	ter ()ual	A \/ \/										
C	onnectic	*					0			ction			

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: 12/12/2025

	Connectic	ut Depa	rtment	of Public	Health	ı Drii	nkıng	g Water	Sec	tion		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classification P		Population	Owner Type		Primary Source	
T1480014	BLUE TRAIL RIFLI	RANGE			N	IC	25	Р		GW		
ocal Address (w	here applicable)			Service	Residen	ntial Co	mmerci	al Industri	dustrial Combined Agric			
16 NORTH BRAN	NFORD ROAD			Connection	ns		1					
owns Served: W	/ALLINGFORD					,						
ame				Organization				Job Title				
Blue Trail Range	Corp.											
Mailing Address Line One Mailing Addr				ress Line Two					State	Zip Code		
16 North Branford Road							Walling	Wallingford			06492	
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email Address					
203-269-3280												
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.

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

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 2