

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0600014	ANTHONY'S OF GUILFORD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
2392 BOSTON POST ROAD			1		
Towns Served: GUILFORD					

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		
	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		
	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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	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	6/23/2005		7/3/2005	
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/17/2005		11/27/2005	
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	5/24/2006		6/3/2006	

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			
			DOWNSTREAM	A				
			UPSTREAM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21007	WELL	2	WELL	A				
55361	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Peter Ciocca	Anthony's of Guilford	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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: 10/3/2025

Page 1

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0600014</b>	<b>ANTHONY'S OF GUILFORD</b>	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
2392 BOSTON POST ROAD			1		
Towns Served: GUILFORD					
2392 Boston Post Road.			Guilford	CT	06437
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-453-4121			203-859-4136		PeterCiocca@gmail.com
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>					

**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
CT0600064	2311 BOSTON POST ROAD - GUILFORD	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
WESTWOODS PLAZA			1		
Towns Served: GUILFORD					

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		
	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		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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

Nitrate (1040)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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		

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			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21012	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Allen D'antonio	W. W. Post LLC	Owner
Mailing Address Line One	Mailing Address Line Two	City
2028 Boston Post Road	P. O. Box 361	Guilford
State	Zip Code	
CT	06437	
Business Phone	Extension	Fax
203.458.7622		203.458.8065
Mobile Phone	Emergency Phone	Email Address
	203.452.6500	mai2028@comcast.net

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0600064</b>	<b>2311 BOSTON POST ROAD - GUILFORD</b>	<b>NC</b>	<b>33</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
WESTWOODS PLAZA			<b>1</b>		
Towns Served: GUILFORD					
<div style="display: flex; justify-content: space-between;"> <span>203-458-7832</span> <span>203-458-8005</span> <span>203-453-0500</span> <span>mer2028@comcast.net</span> </div>					
Contact Role(s): <b>Administrative Contact, Legal Contact</b>					
Name		Organization		Job Title	
<b>W W Post LLC</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
2028 Boston Post Rd				Guilford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): <b>Owner</b>					
<b>Please note the following:</b> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>					

***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	
CT0600124	ST JOHNS EPISCOPAL CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
129 LEDGE HILL ROAD			Connections		1			
Towns Served: GUILFORD								

### 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		

### 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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21016	WELL	2	WELL	A				

### Contact Information

Name				Organization				Job Title			
Mr. Robert Lyons				St. Johns Esiscopal Church							
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code	
129 Ledge Hill Road							Guilford		CT	06437	
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address			
203-901-4970								robertjlyonsjr@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner											

**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	
CT0600124	ST JOHNS EPISCOPAL CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
129 LEDGE HILL ROAD			Connections		1			
Towns Served: GUILFORD								

**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	
CT0609074	THE LITTLE STORE			NC	31	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2802 DURHAM ROAD					1			
Towns Served: GUILFORD								

### 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		

### 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	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
52194	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Mr. Joseph Depoto				Depoto Family, LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
2802 Durham Road						Guilford		CT	06437
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-457-0009					203-915-7039	ten4joed@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner									

**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	
CT0609074	THE LITTLE STORE			NC	31	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2802 DURHAM ROAD					1			
Towns Served: GUILFORD								

**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
CT0609084	LAKE QUONNIPAUG			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
3910 DURHAM ROAD				1			
Towns Served: GUILFORD							

### 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

**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

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	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
52198	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Mr. Rick Maynard				Town of Guilford Parks & Rec			Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
32 Church St						Guilford		CT	06437
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-453-8068			203-453-8456			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**

**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	
CT0609094	BITTNER PARK			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1400 DURHAM ROAD					1			
Towns Served: GUILFORD								

### 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		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/4/24 - 6/10/24	3	3/18/2026		3/28/2026	

### 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 Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
52202	WELL 1	2	WELL 1	A				

**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
CT0609094	BITTNER PARK			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1400 DURHAM ROAD				1			
Towns Served: GUILFORD							

### Contact Information

Name				Organization			Job Title		
Mr. Rick Maynard				Town of Guilford Parks & Rec			Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
32 Church St						Guilford		CT	06437
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-453-8068			203-453-8456			203-453-8068	maynardr@ci.guilford.ct.us		
Contact Role(s): Administrative Contact, Legal 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**

# 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	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
4158 DURHAM ROAD						1	
Towns Served: GUILFORD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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>
L1 ASSESSMENT (TC+ INS REPEATS)	1/28/2024	
RESPOND TO SANITARY SURVEY	5/14/2025	

**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	
CT0609114	NEW HAVEN SPORTSMAN'S CLUB INC.			NC	50	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
4158 DURHAM ROAD							1	
Towns Served: GUILFORD								

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	1/29/24 -	2	7/7/2024		7/17/2024	
E. Coli M&R Violation	1/3/24 -	3	6/7/2025		6/17/2025	
Total Coliform M&R Violation	1/1/24 - 1/31/24	3	6/7/2025		6/17/2025	
Physical Parameters M&R Violation	7/1/24 - 7/31/24	3	10/18/2025		10/18/2025	
Total Coliform M&R Violation	7/1/24 - 7/31/24	3	10/18/2025		10/28/2025	
Total Coliform M&R Violation	8/1/24 - 8/31/24	3	10/18/2025		10/28/2025	
Physical Parameters M&R Violation	8/1/24 - 8/31/24	3	10/18/2025		10/28/2025	
Total Coliform M&R Violation	10/1/24 - 10/31/24	3	12/2/2025		12/12/2025	
Physical Parameters M&R Violation	10/1/24 - 10/31/24	3	12/2/2025		12/12/2025	
Total Coliform M&R Violation	11/1/24 - 11/30/24	3	1/3/2026		1/13/2026	
Physical Parameters M&R Violation	11/1/24 - 11/30/24	3	1/3/2026		1/13/2026	

### 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	2	GENERATED BY BATCH	A	Y			
		3	GENERATED BY BATCH	A	Y			
		4	DISTRIBUTION SYSTEM	A				
		4-1	UTILITY SINK	A	Y			
		4-2	MEN'S ROOM	A	Y			
		4-3	LADIES ROOM	A	Y			
		4-4	KITCHEN	A	Y			
		4-5	DOWNSTAIRS BATHROOM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SP11	4-2	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59870	DRILLED WELL	2	DRILLED WELL	A				
61896	TREATMENT PLANT							

### Contact Information

Name				Organization			Job Title		
Mr. Wolfgang Hinz				New Haven Sportsman&#39;S Clu			Member		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4158 Durham Road						Guilford		CT	06437
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-988-0266						wolfgang.hinz@gmail.com			
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	
CT0609114	NEW HAVEN SPORTSMAN'S CLUB INC.			NC	50	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
4158 DURHAM ROAD							1	
Towns Served: GUILFORD								

**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***