

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 | ANTHONYS OF GUILFORD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 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 | | |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|
| <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 | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

| 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 | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

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) | 1/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 12/31/24 | | | |
| | 1/1/25 - 12/31/25 | | | |

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> |
| 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

| <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 SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | 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 | | Anthonys of Guilford | | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 2392 Boston Post Road | | Guilford | | | CT | 06427 | |

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 | |
| CT0600014 | ANTHONYS OF GUILFORD | | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 2392 BOSTON POST ROAD | | | | | | 1 | | | |
| Towns Served: GUILFORD | | | | | | | | | |
| 2392 BOSTON POST ROAD | | | | Guilford | | | CT | 06457 | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-453-4121 | | | | | | | | | |

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.
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

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 | | |
| CT0600064 | 2311 BOSTON POST ROAD - GUILFORD | NC | 33 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| WESTWOODS PLAZA | | | | 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 | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

| 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 | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

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

| Nitrate (1040) | | 1 routine (RT) per quarter | | |
|-------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| ENTRY POINT (3) | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

| 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) | 1/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 12/31/24 | | | |
| | 1/1/25 - 12/31/25 | | | |

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> |
| Total Coliform M&R Violation | 7/1/09 - 9/30/09 | 2 | 1/7/2010 | | 1/17/2010 | |
| Physical Parameters M&R Violation | 7/1/09 - 9/30/09 | 3 | 12/14/2010 | | 12/24/2010 | |
| Total Coliform M&R Violation | 7/1/10 - 9/30/10 | 2 | 2/10/2011 | | 2/20/2011 | |
| Total Coliform M&R Violation | 4/1/10 - 6/30/10 | 2 | 2/10/2011 | | 2/20/2011 | |
| Total Coliform M&R Violation | 1/1/10 - 3/31/10 | 2 | 2/10/2011 | | 2/20/2011 | |
| Total Coliform M&R Violation | 10/1/10 - 12/31/10 | 2 | 4/16/2011 | | 4/26/2011 | |
| Nitrate And Nitrite M&R Violation | 1/1/10 - 12/31/10 | 2 | 4/16/2011 | | 4/26/2011 | |
| Physical Parameters M&R Violation | 7/1/10 - 9/30/10 | 3 | 1/11/2012 | | 1/21/2012 | |
| Physical Parameters M&R Violation | 4/1/10 - 6/30/10 | 3 | 1/11/2012 | | 1/21/2012 | |
| Physical Parameters M&R Violation | 1/1/10 - 3/31/10 | 3 | 1/11/2012 | | 1/21/2012 | |
| Physical Parameters M&R Violation | 10/1/10 - 12/31/10 | 3 | 3/16/2012 | | 3/26/2012 | |

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

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 | State | Zip Code |
| 2028 Boston Post Road | | P. O. Box 361 | | | Guilford | CT | 06437 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-458-7632 | | 203-458-8065 | | 203-453-6500 | mei2028@comcast.net | | |

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

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| W W Post LLC | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 2028 Boston Post Rd | | | | | Guilford | CT | 06437 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | | | |

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

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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 129 LEDGE HILL 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 | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | Complete | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

| 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 | 10/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 3/31/24 | | Complete | |
| | 4/1/24 - 6/30/24 | | | |
| | 7/1/24 - 9/30/24 | | | |

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) | 1/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 12/31/24 | | | |
| | 1/1/25 - 12/31/25 | | | |

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> |
| Distribution Color MCL Violation | 7/1/05 - 9/30/05 | 2 | 11/17/2005 | | 11/27/2005 | |

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 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 | | |
| Reverend Joanne Neel-Richard | | St John's Episcopal Church | | | Interim Vicar | | |
| 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 | | |
| 203-457-1094 | | | | 203-453-8958 | | | |
| Contact Role(s): | | 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 Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 129 LEDGE HILL ROAD | | | | 1 | | | | |
| Towns Served: GUILFORD | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Reverend Maureen Lederman | | | St. John's Episcopal 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 | | | |
| 203-457-1094 | | | | | stjohnsnorthguilford@gmail.com | | | |
| 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

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 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 | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| 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 | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

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 | | | | |

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 | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | 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**

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 | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| | | | |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| 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 | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| Compliance Schedule Activity | Due Date | Achieved Date |
| SEASONAL START UP COMPLETION | 4/1/2024 | |

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 | | | | |
| 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 | | | | | | | | |

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 | | |
|----------------------------------|------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| 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

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 | | |
| 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 | 10/1/23 - 12/31/23 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| | | | |
|-------------------------------------------------|--------------------------|--------------------------|-----------------------------------|
| 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 | 10/1/23 - 12/31/23 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

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 | |
| SEASONAL START UP COMPLETION | 4/1/2024 | |

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 | | | | |

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 | | | | | | | | |

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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 | | |
|----------------------------------|---------------------|---------------------|-------------|------------|----------------|----------|--------------|
| 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

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

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 | | | | | | | |

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 | 10/1/23 - 12/31/23 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

| Total Coliform (3100) | 3 repeat (RP) per period | | |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <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 | 12/28/23 - 1/2/24 | | |

| Total Coliform (3100) | 3 temporary routine (TR) 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 | 1/1/24 - 1/31/24 | | |

| 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 | 10/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |

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) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |

Water System Facility: DRILLED WELL (WSF ID: 59870)

| E. Coli (3014) | 1 triggered (TG) per period | | |
|-------------------------------------------|-----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| DRILLED WELL (2) | 12/27/23 - 1/2/24 | | |

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 | | | |

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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 | | |
| 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 | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | 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'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 | | | | | | | | |

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