

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                   |                     |             |            |                |          |              |
|----------------------------------|-------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name          | Classification      | Population  | Owner Type | Primary Source |          |              |
| CT0600044                        | TODAYS PLAZA, LLC | NTNC                | 54          | P          | GW             |          |              |
| Local Address (where applicable) |                   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 516 ROUTE 80                     |                   |                     |             | 1          |                |          |              |

Towns Served: GUILFORD

### Monitoring Requirements

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

#### Asbestos (1094) 1 routine (RT) per nine years

| <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 | 1/1/11 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/28        |                          |                          |

#### 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 | 7/1/19 - 9/30/19         |                          | Complete                 |
|   | 10/1/19 - 12/31/19       |                          | Complete                 |
|   | 1/1/20 - 3/31/20         |                          | Complete                 |
|   | 4/1/20 - 6/30/20         |                          |                          |
|   | 7/1/20 - 9/30/20         |                          |                          |

#### Lead And Copper (PBCU) 5 routine (RT) per year

| <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 | 1/1/19 - 12/31/19        | 6/1-9/30                 | Complete                 |
|   | 1/1/20 - 12/31/20        | 6/1-9/30                 |                          |
|   | 1/1/21 - 12/31/21        | 6/1-9/30                 |                          |

#### 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 | 7/1/19 - 9/30/19         |                          | Complete                 |
|   | 10/1/19 - 12/31/19       |                          | Complete                 |
|   | 1/1/20 - 3/31/20         |                          | Complete                 |
|   | 4/1/20 - 6/30/20         |                          |                          |
|   | 7/1/20 - 9/30/20         |                          |                          |

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

#### Inorganic Chemicals (IOCS) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/18 - 12/31/20        |                          |                          |
|   | 1/1/21 - 12/31/23        |                          |                          |

#### 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)                           | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          | Complete                 |
|   | 1/1/21 - 12/31/21        |                          |                          |

#### Pesticides, Herbicides and PCBs-Phase II (SOC2) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/17 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/22        |                          |                          |
|   | 1/1/23 - 12/31/25        |                          |                          |

#### Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
|---|--------------------------|--------------------------|--------------------------|

*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 |          |              |
| <b>CT0600044</b>                 | <b>TODAYS PLAZA, LLC</b> | NTNC                | 54          | P          | GW             |          |              |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 516 ROUTE 80                     |                          |                     |             | 1          |                |          |              |
| Towns Served: GUILFORD           |                          |                     |             |            |                |          |              |

## Monitoring Requirements

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

|   |                          |                          |                                       |
|---|--------------------------|--------------------------|---------------------------------------|
| <b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b> |                          |                          | <b>1 routine (RT) per three years</b> |
| <i>Sampling Point (Sampling Point ID)</i>             | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>              |
| ENTRY POINT (3)                                       | 1/1/17 - 12/31/19        |                          | Complete                              |
|   | 1/1/20 - 12/31/22        |                          |                                       |
|   | 1/1/23 - 12/31/25        |                          |                                       |

|   |                          |                          |                                |
|---|--------------------------|--------------------------|--------------------------------|
| <b>Organic Chemicals (VOCS)</b>           |                          |                          | <b>1 routine (RT) per year</b> |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>       |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                          | Complete                       |
|   | 1/1/20 - 12/31/20        |                          |                                |
|   | 1/1/21 - 12/31/21        |                          |                                |

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

|                             |  |                           |                           |
|-----------------------------|--|---------------------------|---------------------------|
| <b>Analyte</b>              | <b>Monitoring Requirement (Summary Type)</b> | <b>Operating Limit</b>    | <b>Samples Req/Month</b>  |
| pH                          | Entry Point pH Monitoring (PHRD)             | Minimum: 7.0 PH           | 4                         |
| <b>Start Date:</b> 1/1/2016 | <b>Compliance History:</b>                   | <b>Operating Limit</b>    | <b>Monitoring</b>         |
|                             | <b>Monitoring Period</b>                     | <b>Compliance Status:</b> | <b>Compliance Status:</b> |
|                             | 10/1/2019 - 10/31/2019                       |                           |                           |
|                             | 11/1/2019 - 11/30/2019                       |                           |                           |
|                             | 12/1/2019 - 12/31/2019                       |                           |                           |
|                             | 1/1/2020 - 1/31/2020                         |                           |                           |
|                             | 2/1/2020 - 2/29/2020                         |                           |                           |

## Other Compliance Schedules

|  |                 |                      |
|--|-----------------|----------------------|
| <b>Compliance Schedule Activity</b>      | <b>Due Date</b> | <b>Achieved Date</b> |
| CROSS CONNECTION EXEMPTION               | 3/1/2012        |                      |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019       |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE  | 12/29/2019      |                      |

## 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                 | GENERIC DISTRIBUTION       | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | TP001             | RESTAURANT - KITCHEN       | A      | Y                   | 1                         |          |                  |
|                          |                       | TP002             | RESTAURANT-MENS RM         | A      | Y                   | 1                         |          |                  |
|                          |                       | TP003             | CASTLE DC-KITCHEN          | A      | Y                   | 1                         |          |                  |
|                          |                       | TP004             | DELI - KITCHEN SINK        | A      | Y                   | 1                         |          |                  |
|                          |                       | TP005             | HAIR SALON                 | A      | Y                   | 1                         |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |

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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 |          |              |
| <b>CT0600044</b>                 | <b>TODAYS PLAZA, LLC</b> | NTNC                | 54          | P          | GW             |          |              |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 516 ROUTE 80                     |                          |                     |             | 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 |
|--------------------------|------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 21010                    | WELL                         | 2                 | WELL                       | A      |                     |                           |          |                  |
| 49675                    | WELL-X-TROL STORAGE TANK     |                   |                            |        |                     |                           |          |                  |
| 49678                    | TODAYS PLAZA TREATMENT PLANT | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |

## Certified Operator Information

|   |                |  |                          |
|---|----------------|--|--------------------------|
| Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b> |                |  |                          |
| Facility Classification: SMALL WATER SYSTEM                       |                |  |                          |
| Operator Name   | Operator Type  | Certification(s)                         | Certification Expiration |
| BARRIS, DAVID C.  | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 12/31/2020               |

## Contact Information

|                                |           |                   |                          |                 |               |        |       |          |
|--------------------------------|-----------|-------------------|--------------------------|-----------------|---------------|--------|-------|----------|
| Name                           |           | Organization      |                          |                 | Job Title     |        |       |          |
| <b>Mr. Emilio Arduini</b>      |           | Todays Plaza, LLC |                          |                 |               |        |       |          |
| Mailing Address Line One       |           |                   | Mailing Address Line Two |                 |               | City   | State | Zip Code |
| 3308 Whitney Avenue, 1St Floor |           |                   |                          |                 |               | Hamden | CT    | 06518    |
| Business Phone                 | Extension | Fax               | Mobile Phone             | Emergency Phone | Email Address |        |       |          |
| 203-484-6740                   |           |                   |                          | 203-804-9167    |               |        |       |          |

|  |           |                     |                          |                 |               |          |       |          |
|--|-----------|---------------------|--------------------------|-----------------|---------------|----------|-------|----------|
| Contact Role(s): <b>Legal Contact, Owner</b>   |           |                     |                          |                 |               |          |       |          |
| Name   |           | Organization        |                          |                 | Job Title     |          |       |          |
| <b>Ms. Tania Arduini</b>                       |           | Today's Plaza, LLC. |                          |                 | Administrator |          |       |          |
| Mailing Address Line One                       |           |                     | Mailing Address Line Two |                 |               | City     | State | Zip Code |
| 516 Route 80                                   |           |                     |                          |                 |               | Guilford | CT    | 06437    |
| Business Phone                                 | Extension | Fax                 | Mobile Phone             | Emergency Phone | Email Address |          |       |          |
| 203-457-9818                                   |           | 203-457-9818        |                          | 203-738-9329    |               |          |       |          |
| Contact Role(s): <b>Administrative Contact</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 |          |              |
| CT0609053                        | NORTH GUILFORD CONGREGATIONAL CHURCH | NTNC                | 40          | P          | GW             |          |              |
| Local Address (where applicable) |                                      | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 145 LEDGE HILL ROAD              |                                      |                     |             | 2          |                |          |              |
| Towns Served: GUILFORD           |                                      |                     |             |            |                |          |              |

### Monitoring Requirements

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

|  |                          |                                       |                          |  |  |
|--|--------------------------|---------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>   |                          | <b>1 routine (RT) per nine years</b>  |                          |  |  |
| <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                    | 1/1/11 - 12/31/19        |                                       | Complete                 |  |  |
|  | 1/1/20 - 12/31/28        |                                       |                          |  |  |
| <b>Total Coliform (3100)</b>                                       |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                    | 7/1/19 - 9/30/19         |                                       | Complete                 |  |  |
|  | 10/1/19 - 12/31/19       |                                       | Complete                 |  |  |
|  | 1/1/20 - 3/31/20         |                                       | Complete                 |  |  |
|  | 4/1/20 - 6/30/20         |                                       |                          |  |  |
|  | 7/1/20 - 9/30/20         |                                       |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                                      |                          | <b>5 routine (RT) per year</b>        |                          |  |  |
| <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                    | 1/1/19 - 12/31/19        | 6/1-9/30                              | Complete                 |  |  |
|  | 1/1/20 - 12/31/20        | 6/1-9/30                              |                          |  |  |
|  | 1/1/21 - 12/31/21        | 6/1-9/30                              |                          |  |  |
| <b>Physical Parameters (PPS)</b>                                   |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                    | 7/1/19 - 9/30/19         |                                       | Complete                 |  |  |
|  | 10/1/19 - 12/31/19       |                                       | Complete                 |  |  |
|  | 1/1/20 - 3/31/20         |                                       | Complete                 |  |  |
|  | 4/1/20 - 6/30/20         |                                       |                          |  |  |
|  | 7/1/20 - 9/30/20         |                                       |                          |  |  |
| Water System Facility: <b>ENTRY POINT - WELL 2 (WSF ID: 00701)</b> |                          |                                       |                          |  |  |
| <b>Inorganic Chemicals (IOCS)</b>                                  |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                          | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| EP - WELL 2 (3)  | 1/1/17 - 12/31/19        |                                       | Complete                 |  |  |
|  | 1/1/20 - 12/31/22        |                                       |                          |  |  |
|  | 1/1/23 - 12/31/25        |                                       |                          |  |  |
| <b>Nitrate And Nitrite (NOX)</b>                                   |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                          | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| EP - WELL 2 (3)  | 1/1/19 - 12/31/19        |                                       | Complete                 |  |  |
|  | 1/1/20 - 12/31/20        |                                       | Complete                 |  |  |
|  | 1/1/21 - 12/31/21        |                                       |                          |  |  |
| <b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>   |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                          | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| EP - WELL 2 (3)  | 1/1/17 - 12/31/19        |                                       | Complete                 |  |  |
|  | 1/1/20 - 12/31/22        |                                       |                          |  |  |
|  | 1/1/23 - 12/31/25        |                                       |                          |  |  |

*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 |          |              |
| CT0609053                        | NORTH GUILFORD CONGREGATIONAL CHURCH | NTNC                | 40          | P          | GW             |          |              |
| Local Address (where applicable) |                                      | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 145 LEDGE HILL ROAD              |                                      |                     |             | 2          |                |          |              |
| Towns Served: GUILFORD           |                                      |                     |             |            |                |          |              |

## Monitoring Requirements

|   |                          |                          |                                |
|---|--------------------------|--------------------------|--------------------------------|
| Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701) |                          |                          |                                |
| <b>Organic Chemicals (VOCS)</b>                             |                          |                          | <b>1 routine (RT) per year</b> |
| <i>Sampling Point (Sampling Point ID)</i>                   | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>       |
| EP - WELL 2 (3)   | 1/1/19 - 12/31/19        |                          | Complete                       |
|   | 1/1/20 - 12/31/20        |                          |                                |
|   | 1/1/21 - 12/31/21        |                          |                                |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i>      | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT           | 3/1/2018        |                      |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2019        |                      |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019       |                      |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2020        |                      |

## 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             |                            |                                  |                 |                         |
|                                 |                              | MW002                    | LADIES ROOM                       | P             | Y                          | N                                |                 |                         |
|                                 |                              | MW003                    | KITCHENETTE                       | P             | Y                          | N                                |                 |                         |
|                                 |                              | MW015                    | BOYS ROOM                         | P             | Y                          |                                  |                 |                         |
|                                 |                              | MW017-LG                 | LARGE BATHROOM                    | P             | Y                          | N                                |                 |                         |
|                                 |                              | MW017-SM                 | SMALL BATHROOM                    | P             | Y                          | N                                |                 |                         |
|                                 |                              | MW027-TIG                | TIGGERS CLASS ROOM                | P             | Y                          | N                                |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00701                           | ENTRY POINT - WELL 2         | 3                        | EP - WELL 2                       | A             |                            |                                  |                 |                         |
| 52026                           | PRESSURE STORAGE             |                          |                                   |               |                            |                                  |                 |                         |
| 54137                           | WELL 2                       | 2                        | WELL 2                            | A             |                            |                                  |                 |                         |

## Certified Operator Information

|  |                      |  |                                 |
|--|----------------------|--|---------------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) |                      |  |                                 |
| Facility Classification: SMALL WATER SYSTEM                |                      |  |                                 |
| <i>Operator Name</i>                                       | <i>Operator Type</i> | <i>Certification(s)</i>                  | <i>Certification Expiration</i> |
| BARRIS, DAVID C.   | CHIEF OPERATOR       | WATER TREATMENT PLANT OPERATOR - CLASS I | 12/31/2020                      |

## Contact Information

|                          |           |                               |                          |                 |                             |       |          |
|--------------------------|-----------|-------------------------------|--------------------------|-----------------|-----------------------------|-------|----------|
| Name                     |           | Organization                  |                          |                 | Job Title                   |       |          |
| Reverend Judith Cooke    |           | North Guilford Congregational |                          |                 |                             |       |          |
| Mailing Address Line One |           |                               | Mailing Address Line Two |                 | City                        | State | Zip Code |
| 159 Ledge Hill Rd        |           |                               |                          |                 | Guilford                    | CT    | 06437    |
| Business Phone           | Extension | Fax                           | Mobile Phone             | Emergency Phone | Email Address               |       |          |
| 203-457-0581             |           | 203-457-0657                  |                          | 203-376-2880    | office@northguilforducc.org |       |          |

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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              |           |              |          |
| <b>CT0609053</b>  | <b>NORTH GUILFORD CONGREGATIONAL CHURCH</b> | NTNC                | 40                       | P               | GW                          |           |              |          |
| Local Address (where applicable)  |   | Service Connections | Residential              | Commercial      | Industrial                  | Combined  | Agricultural |          |
| 145 LEDGE HILL ROAD   |   |                     |                          | 2               |                             |           |              |          |
| Towns Served: GUILFORD  |   |                     |                          |                 |                             |           |              |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b>   |   |                     |                          |                 |                             |           |              |          |
| Name  |   |                     | Organization             |                 |                             | Job Title |              |          |
| <b>North Guilford Congregational Church</b>   |   |                     |                          |                 |                             |           |              |          |
| Mailing Address Line One  |   |                     | Mailing Address Line Two |                 |                             | City      | State        | Zip Code |
| 159 Ledge Hill Road   |   |                     |                          |                 |                             | Guilford  | CT           | 06437    |
| Business Phone  | Extension                                   | Fax                 | Mobile Phone             | Emergency Phone | Email Address               |           |              |          |
| 203-457-0581  |   |                     |                          |                 | office@northguilforducc.org |           |              |          |
| Contact Role(s): <b>Owner</b>   |   |                     |                          |                 |                             |           |              |          |
| <b>Please note the following:</b>   |   |                     |                          |                 |                             |           |              |          |
| 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 |          |              |
| <b>CT0609073</b>                 | <b>MELISSA JONES SCHOOL</b> | NTNC                | 484         | L          | GW             |          |              |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 181 LEDGE HILL ROAD              |                             |                     |             | 1          |                |          |              |
| Towns Served: GUILFORD           |                             |                     |             |            |                |          |              |

### Monitoring Requirements

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

**Asbestos (1094)** **1 routine (RT) per nine years**

| <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 | 1/1/11 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/28        |                          |                          |

**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 | 7/1/19 - 9/30/19         |                          | Complete                 |
|   | 10/1/19 - 12/31/19       |                          | Complete                 |
|   | 1/1/20 - 3/31/20         |                          | Complete                 |
|   | 4/1/20 - 6/30/20         |                          |                          |
|   | 7/1/20 - 9/30/20         |                          |                          |

**Lead And Copper (PBCU)** **10 routine (RT) per six months**

| <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 | 7/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 6/30/20         |                          |                          |
|   | 7/1/20 - 12/31/20        |                          |                          |

**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 | 7/1/19 - 9/30/19         |                          | Complete                 |
|   | 10/1/19 - 12/31/19       |                          | Complete                 |
|   | 1/1/20 - 3/31/20         |                          | Complete                 |
|   | 4/1/20 - 6/30/20         |                          |                          |
|   | 7/1/20 - 9/30/20         |                          |                          |

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

**Di(2-Ethylhexyl) - Phthalate (2039)** **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)                           | 7/1/19 - 9/30/19         |                          | Complete                 |
|   | 10/1/19 - 12/31/19       |                          | Complete                 |

**Inorganic Chemicals (IOCS)** **1 routine (RT) per three years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/17 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/22        |                          |                          |
|   | 1/1/23 - 12/31/25        |                          |                          |

**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)                           | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          | Complete                 |
|   | 1/1/21 - 12/31/21        |                          |                          |

**Pesticides, Herbicides and PCBs - Phase II & V (SOCS)** **1 routine (RT) per three years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
|---|--------------------------|--------------------------|--------------------------|

*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 |          |              |
| <b>CT0609073</b>                 | <b>MELISSA JONES SCHOOL</b> | NTNC                | 484         | L          | GW             |          |              |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 181 LEDGE HILL ROAD              |                             |                     |             | 1          |                |          |              |
| Towns Served: GUILFORD           |                             |                     |             |            |                |          |              |

### Monitoring Requirements

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

**Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three years**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3)                    | 1/1/17 - 3/31/17  | 1/1-3/31          | Complete          |
|                                    | 1/1/20 - 12/31/22 |                   |                   |
|                                    | 1/1/23 - 12/31/25 |                   |                   |

**Organic Chemicals (VOCS) 1 routine (RT) per year**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3)                    | 1/1/19 - 12/31/19 |                   | Complete          |
|                                    | 1/1/20 - 12/31/20 |                   | Complete          |
|                                    | 1/1/21 - 12/31/21 |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity             | Due Date  | Achieved Date |
|--|-----------|---------------|
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019 |               |
| RESPOND TO SANITARY SURVEY               | 2/15/2020 | 3/4/2020      |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2020  |               |

### 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                   |                           |          |                  |  |  |
|                          |                       | ART               | ROOM 17 ART                | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                    |                     |                           |          |                  |  |  |
|                          |                       | GYM LAV           | GYM LAVATORY               | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | KITCHEN           | KITCHEN MAIN SINK          | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | KITCHEN           | CAFE KIT SINK              | A                    | Y                   |                           |          |                  |  |  |
|                          |                       | LIB               | LIBRARY                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | NURSE             | NURSES ROOM                | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 10             | ROOM 10                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 12             | ROOM 12                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 13             | ROOM 13                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 16             | ROOM 16                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 25             | ROOM 25                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 26             | ROOM 26                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 28             | ROOM 28                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 29             | ROOM 29                    | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       | RM 3              | ROOM 3                     | A                    | Y                   | 2                         |          |                  |  |  |
|                          |                       |                   | UPSTREAM                   | WITHIN 5 SERVICE CON | A                   |                           |          |                  |  |  |
|                          |                       | 00700             | ENTRY POINT                | 3                    | ENTRY POINT         | A                         |          |                  |  |  |
|                          |                       | 11016             | WELL #1                    | 2                    | WELL #1             | A                         |          |                  |  |  |
| 58918                    | WELL #3               | 2                 | WELL #3                    | 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 |          |              |
| <b>CT0609073</b>                 | <b>MELISSA JONES SCHOOL</b> | NTNC                | 484         | L          | GW             |          |              |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 181 LEDGE HILL 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 61732                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |                  |

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name   | Operator Type  | Certification(s)                          | Certification Expiration |
|-----------------|----------------|---|--------------------------|
| ROWLEY, BRENDAN | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 12/31/2022               |
|                 |                | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2022               |

## Contact Information

|                          |           |                          |              |                 |                              |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name                     |           | Organization             |              |                 | Job Title                    |       |          |
| <b>Mr. Paul Freeman</b>  |           | Guilford Public Schools  |              |                 | Superintendent of Sc         |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                         | State | Zip Code |
| 55 Park Street           |           |                          |              |                 | Guilford                     | CT    | 06437    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                |       |          |
| 203-453-8210             |           | 203-453-8167             |              |                 | Freemanp@guilfordschools.org |       |          |

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

|                             |           |                          |              |                 |                              |       |          |
|-----------------------------|-----------|--------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name                        |           | Organization             |              |                 | Job Title                    |       |          |
| <b>Mr. Clifford Gurnham</b> |           | Guilford Public Schools  |              |                 | Director of Operatio         |       |          |
| Mailing Address Line One    |           | Mailing Address Line Two |              |                 | City                         | State | Zip Code |
| 701 New England Road        |           |                          |              |                 | Guilford                     | CT    | 06437    |
| Business Phone              | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                |       |          |
| 203-458-0001                |           | 203-458-0005             |              | 203-444-7013    | Gurnhamc@guilfordschools.org |       |          |

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 |          |              |
| <b>CT0609103</b>                 | <b>GUILFORD VETERINARY HOSPITAL</b> | NTNC                | 33          | P          | GW             |          |              |
| Local Address (where applicable) |                                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 81 SAW MILL ROAD                 |                                     |                     |             | 1          |                |          |              |
| Towns Served: GUILFORD           |                                     |                     |             |            |                |          |              |

### Monitoring Requirements

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

|  |                          |                                       |                          |  |  |
|--|--------------------------|---------------------------------------|--------------------------|--|--|
| <b>Asbestos (1094)</b>   |                          | <b>1 routine (RT) per nine years</b>  |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| CAFETERIA (GV601)  | 1/1/11 - 12/31/19        |                                       | Complete                 |  |  |
|  | 1/1/20 - 12/31/28        |                                       |                          |  |  |
| <b>Total Coliform (3100)</b>                                     |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                  | 7/1/19 - 9/30/19         |                                       | Complete                 |  |  |
|  | 10/1/19 - 12/31/19       |                                       | Complete                 |  |  |
|  | 1/1/20 - 3/31/20         |                                       | Complete                 |  |  |
|  | 4/1/20 - 6/30/20         |                                       |                          |  |  |
|  | 7/1/20 - 9/30/20         |                                       |                          |  |  |
| <b>Lead And Copper (PBCU)</b>                                    |                          | <b>5 routine (RT) per three years</b> |                          |  |  |
| <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                  | 1/1/18 - 12/31/20        | 6/1-9/30                              |                          |  |  |
|  | 1/1/21 - 12/31/23        | 6/1-9/30                              |                          |  |  |
| <b>Physical Parameters (PPS)</b>                                 |                          | <b>1 routine (RT) per quarter</b>     |                          |  |  |
| <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                  | 7/1/19 - 9/30/19         |                                       | Complete                 |  |  |
|  | 10/1/19 - 12/31/19       |                                       | Complete                 |  |  |
|  | 1/1/20 - 3/31/20         |                                       | Complete                 |  |  |
|  | 4/1/20 - 6/30/20         |                                       |                          |  |  |
|  | 7/1/20 - 9/30/20         |                                       |                          |  |  |
| Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>        |                          |                                       |                          |  |  |
| <b>Inorganic Chemicals (IOCS)</b>                                |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)  | 1/1/19 - 12/31/21        |                                       |                          |  |  |
|  | 1/1/22 - 12/31/24        |                                       |                          |  |  |
| <b>Nitrate And Nitrite (NOX)</b>                                 |                          | <b>1 routine (RT) per year</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)  | 1/1/19 - 12/31/19        |                                       | Complete                 |  |  |
|  | 1/1/20 - 12/31/20        |                                       | Complete                 |  |  |
|  | 1/1/21 - 12/31/21        |                                       |                          |  |  |
| <b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b> |                          | <b>1 (RT) per three years</b>         |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)  | 1/1/17 - 12/31/19        | 1/1-12/31                             | Waiver                   |  |  |
| <b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b> |                          | <b>1 routine (RT) per three years</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)  | 1/1/20 - 12/31/22        |                                       |                          |  |  |
|  | 1/1/23 - 12/31/25        |                                       |                          |  |  |

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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 |          |              |
| <b>CT0609103</b>                 | <b>GUILFORD VETERINARY HOSPITAL</b> | NTNC                | 33          | P          | GW             |          |              |
| Local Address (where applicable) |                                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 81 SAW MILL ROAD                 |                                     |                     |             | 1          |                |          |              |
| Towns Served: GUILFORD           |                                     |                     |             |            |                |          |              |

## Monitoring Requirements

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

| Organic Chemicals (VOCS)                  | 1 routine (RT) per three years |                          |                          |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/21              |                          |                          |
|   | 1/1/22 - 12/31/24              |                          |                          |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i>      | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019       |                      |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2020        |                      |

## 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                        | GENERIC DISTRIBUTION              | A             |                            |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | GV601                    | CAFETERIA                         | A             | Y                          | N                                | Y               |                         |
|                                 |                              | GV602                    | DRS BATHROOM                      | A             | Y                          | N                                |                 |                         |
|                                 |                              | GV603                    | EMPLOYEE BATHROOM                 | A             | Y                          | N                                |                 |                         |
|                                 |                              | GV604                    | LAB SINK                          | A             | Y                          | N                                | Y               |                         |
|                                 |                              | GV605                    | PHARMACY SINK                     | A             | Y                          | N                                |                 |                         |
|                                 |                              | GV606                    | RECEP BATHROOM                    | A             | Y                          | N                                |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 53753                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 54933                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 54933)**

Facility Classification: CLASS 1 TREATMENT PLANT

| <i>Operator Name</i> | <i>Operator Type</i> | <i>Certification(s)</i>                   | <i>Certification Expiration</i> |
|----------------------|----------------------|---|---------------------------------|
| RADICCHI, PAUL J.    | CHIEF OPERATOR       | DISTRIBUTION SYSTEM OPERATOR - CLASS III  | 6/30/2021                       |
|                      |                      | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2020                      |

## Contact Information

|                               |           |                               |                          |                 |                               |          |       |          |
|-------------------------------|-----------|-------------------------------|--------------------------|-----------------|-------------------------------|----------|-------|----------|
| Name                          |           | Organization                  |                          |                 | Job Title                     |          |       |          |
| <b>Ms. Rose Muolo-Carrano</b> |           | Guilford Veterinary Hospital  |                          |                 | Supervisor                    |          |       |          |
| Mailing Address Line One      |           |                               | Mailing Address Line Two |                 |                               | City     | State | Zip Code |
| 81 Saw Mill Road              |           |                               |                          |                 |                               | Guilford | CT    | 06437    |
| Business Phone                | Extension | Fax                           | Mobile Phone             | Emergency Phone | Email Address                 |          |       |          |
| 203-453-2707                  |           |                               |                          |                 | RMUOLOCARRANO@GuilfordVet.com |          |       |          |
| Contact Role(s):              |           | <b>Administrative Contact</b> |                          |                 |                               |          |       |          |

*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  |           |              |          |
| <b>CT0609103</b>                      | <b>GUILFORD VETERINARY HOSPITAL</b> | NTNC                | 33                           | P               | GW              |           |              |          |
| Local Address (where applicable)      |                                     | Service Connections | Residential                  | Commercial      | Industrial      | Combined  | Agricultural |          |
| 81 SAW MILL ROAD                      |                                     |                     |                              | 1               |                 |           |              |          |
| Towns Served: GUILFORD                |                                     |                     |                              |                 |                 |           |              |          |
| Name                                  |                                     |                     | Organization                 |                 |                 | Job Title |              |          |
| <b>Dr. Anthony Dellamonica, Dvm</b>   |                                     |                     | Guilford Veterinary Hospital |                 |                 | Owner     |              |          |
| Mailing Address Line One              |                                     |                     | Mailing Address Line Two     |                 |                 | City      | State        | Zip Code |
| 81 Saw Mill Road                      |                                     |                     |                              |                 |                 | Guilford  | CT           | 06437    |
| Business Phone                        | Extension                           | Fax                 | Mobile Phone                 | Emergency Phone | Email Address   |           |              |          |
| 203-453-2707                          |                                     |                     |                              |                 | tony99@snet.net |           |              |          |
| Contact Role(s): <b>Legal Contact</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**