

# 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: **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	1/1/20 - 12/31/28		

**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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		

**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	1/1/24 - 12/31/24	6/1-9/30	Complete
	1/1/25 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/26	6/1-9/30	

**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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		

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)	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

*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>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)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25		Complete	
	1/1/26 - 12/31/26			
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</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)	1/1/23 - 12/31/25			
	1/1/26 - 12/31/28			
<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)	1/1/23 - 12/31/25			
	1/1/26 - 12/31/28			
<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)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25		Complete	
	1/1/26 - 12/31/26			

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

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

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
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>
		2/1/2025 - 2/28/2025		
		3/1/2025 - 3/31/2025		
		4/1/2025 - 4/30/2025		
		5/1/2025 - 5/31/2025		
		6/1/2025 - 6/30/2025		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2012	
CROSS CONNECTION EXEMPTION	3/1/2026	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		BAM1	BAMBINI INFANT RM	A	Y	2	Y	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		
<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
		BAM2	BAMBINI PRE K RM	A	Y	2	Y	Y
		BAM3	BAMBINI TODDLER RM	A	Y	2	Y	Y
		BAM4	BAMBINI BONUS RM	A	Y	2	Y	Y
		BAM5	BAM. STAFF RESTROOM	A		2		
		BAM6	BAM INFANT HAND SK 1	A		2		
		BAM7	BAM INFANT HAND SK 2	A		2		
		BAM8	BAM PRESCHOOL RM.	A		2		
		BAM9	BAM. TODDLER BATH RM	A		2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		FAR1	FARINA KITCHEN - INA	I	Y	1		
		JS01	JEWELRY STORE	A		2		
		TP001	RESTAURANT KITCHEN	A	Y	2		
		TP002	RESTAURANT MENS ROOM	A	Y	2		
		TP003	CASTLE DC-KITCHEN-IN	I	Y	1		
		TP004	DELI - KITCHEN SINK-	I	Y	1		
		TP005	HAIR SALON - INACTIV	I	Y	1		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21010	WELL	2	WELL	A				
49679	TREATMENT PLANT	3	ENTRY POINT	A				

### Certified Operator Information

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

**Facility Classification:** SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
FILANDA, MICHAEL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2025

### Contact Information

Name		Organization			Job Title		
Mr. Emilio Arduini		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	emiliosup@aol.com		
Contact Role(s): <b>Legal Contact, Owner</b>							

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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								
Name			Organization			Job Title		
<b>Ms. Tania Deko</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				475-224-9440	bambinicare@yahoo.com			
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	1/1/20 - 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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<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	1/1/24 - 12/31/24	6/1-9/30	Complete		
	1/1/25 - 12/31/25	6/1-9/30			
	1/1/26 - 12/31/26	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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				

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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							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2027	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	7/1/24 - 7/31/24	3	8/28/2025		9/7/2025	

## 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				
		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				
54137	WELL 2	2	WELL 2	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
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

## Contact Information

Name		Organization			Job Title			
<b>Reverend Judith Cooke</b>		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			
Contact Role(s): <b>Legal Contact</b>								

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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								
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>								
Name			Organization			Job Title		
<b>Mr. David B Damer</b>			North Guilford Cong Church					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
440 Great Hill Rd						Guilford	CT	06437
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-927-3006					thedamers@comcast.net			
Contact Role(s): <b>Administrative Contact</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.								

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**<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)**

<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	1/1/20 - 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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Lead And Copper (PBCU)</b>		<b>10 routine (RT) per six months</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	1/1/25 - 6/30/25		Complete		
	7/1/25 - 12/31/25				
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
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)	1/1/23 - 12/31/25		Complete		
	1/1/26 - 12/31/28				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/23 - 12/31/25		Complete		
	1/1/26 - 12/31/28				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

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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>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							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	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	KITECHEN MAIN SINK	A	Y	2		
		KTICHEN	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				
61732	ATMOSPHERIC STORAGE							

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Facility Classification: SMALL WATER SYSTEM			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

## Contact Information

Name		Organization			Job Title		
Mr. Paul Freeman		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		
800-452-8310		800-452-8310			Freeman.P@guilford.k12.ct.us		

*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								
203-453-8210		203-453-8167		Freemanp@guilfordschools.org				
Contact Role(s): <b>Legal Contact, Owner</b>								
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): <b>Administrative Contact</b>								
<b>Please note the following:</b>								
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.</li> </ol>								

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<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)	1/1/20 - 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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<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	1/1/24 - 12/31/26	6/1-9/30			
	1/1/27 - 12/31/29	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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
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)	1/1/25 - 12/31/27				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/23 - 12/31/25	1/1-12/31	Waiver		
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/26 - 12/31/28				
<b>Organic Chemicals (VOCS)</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)	1/1/25 - 12/31/27				

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</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>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							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	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

<b>Water System Facility: TREATMENT PLANT (WSF ID: 54933)</b>			
<b>Facility Classification:</b> CLASS 1 TREATMENT PLANT			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
RADICCHI, PAUL J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2027
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2027

## 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		
<b>Contact Role(s): Administrative Contact</b>							
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		
<b>Contact Role(s): Legal Contact</b>							

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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						

**Please note the following:**

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**