

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0900123	COUNTRY CLUB OF NEW CANAAN (HALFWAY)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
95 COUNTRY CLUB ROAD				1			

Towns Served: NEW CANAAN

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	5/1/2024	

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/23 - 11/17/23	2	11/5/2023		11/15/2023	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22880	HALFWAY HOUSE WELL	2	HALFWAY HOUSE WELL	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.*

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<b>CT0900123</b>	<b>COUNTRY CLUB OF NEW CANAAN (HALFWAY)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
95 COUNTRY CLUB ROAD				1			

Towns Served: NEW CANAAN

## Contact Information

Name		Organization			Job Title		
<b>Mr. William C. Einstein</b>		The Cc of New Canaan, Inc.			President		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
17 Turtleback Lane					New Canaan	CT	06840
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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

Name		Organization			Job Title		
<b>Mr. Michael Roe</b>		Country Club of New Canaan			Golf Course Superint		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
95 Country Club Road					New Canaan	CT	06840
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-966-2145		203-972-1642			mrr185@gmail.com		

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0900154</b>	<b>GRACE COMMUNITY CHURCH</b>	NC	165	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
365 LUKES WOOD ROAD						6	

Towns Served: NEW CANAAN

## Monitoring Requirements

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

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

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

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

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

Water System Facility: **WELL 1 (WSF ID: 59933)**

<b>E. Coli (3014)</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>
WELL 1 (2)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

## 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>
	11/1/2023 - 11/30/2023		
	12/1/2023 - 12/31/2023		
	1/1/2024 - 1/31/2024		
	2/1/2024 - 2/29/2024		
	3/1/2024 - 3/31/2024		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
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Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
365 LUKES WOOD ROAD					6	

Towns Served: NEW CANAAN

PWS ID	Description	Number	Type	Status
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A
	DOWNSTREAM WITHIN 5 SERVICE CON			A
	UPSTREAM WITHIN 5 SERVICE CON			A
00700	ENTRY POINT	3	ENTRY POINT	A
59933	WELL 1	2	WELL 1	A
59939	TREATMENT PLANT			

## Contact Information

Name	Organization	Job Title			
<b>Mr. Roy Medile</b>	Grace Farms Foundation Inc				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
P. O. Box 876		New Canaan	CT	06840	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-920-1712					rmedile@gracefarmsfoundation.org

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

Name	Organization	Job Title			
<b>Mr. William Stonebridge</b>	Grace Farms Foundation	Facilities Director			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
365 Lukes Wood Rd		New Canaan	CT	06840	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-920-1751		203-920-1545		203-969-4449	wstonebridge@gracefarmsfoundation.org

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

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**End of schedule**