Co	onnecticı	ıt Depart	ment of	Public	Health	Drin	king	Wa	ter Se	ection	
	Wat	er Qualit	y Monit	oring a	nd Com	plia	nce S	che	dule		
PWS ID PV	VS Name				(	Classifi	cation I	Popula	tion Ow	ner Type	Primary Source
CT1670044 TR	ADITION GOLF	CLUB AT OAK	LANE	-		N	С	43		Р	GW
Local Address (whe	re applicable)			Service	Residenti	al Cor	mmercia	l Ind	ustrial	Combine	d Agricultural
1027 RACEBROOK F	ROAD			Connectio	ns		2				
Towns Served: WO	ODBRIDGE										
			Monito	oring Re	quiremen	ts					
Water System Fac		BUTION SYST	EM (WSF II	D: 00600)							
Total Coliform (3		(mt 10)				a Davis		lla atia		-	) per quarter
	t (Sampling Po		nto		Monitorin	-		Πεςτιο	n Period		liance Status
Select from inv	ventory of Activ	ve Sampling Poi	nts		10/1/23 - 1						Complete
					4/1/24 - 6					(	Complete
					7/1/24 - 9						
Physical Paramet	ters (PPS)				//1/24-3	, 30/2	7		1 ro	utine (RT	) per quarter
-	it (Sampling Po	int ID)			Monitorin	a Perio	od Co	llectio	n Period	-	liance Status
		/e Sampling Poi	nts		10/1/23 - 1	-					Complete
					1/1/24 - 3						Complete
					4/1/24 - 6						
					7/1/24 - 9						
Water System Fac	cility: ENTRY	POINT (WSF	ID: 00700)								
Nitrate And Nitri	ite (NOX)								1	routine	(RT) per year
	nt (Sampling Po	oint ID)			Monitorin	g Perio	od Co	llectio	n Period		liance Status
ENTRY POINT (	(3)				1/1/23 - 1	2/31/2	23			(	Complete
					1/1/24 - 1	2/31/2	24			(	Complete
					1/1/25 - 1	2/31/2	25				
			Other Co	omplian	ce Schedu	ules					
Compliance Schedu	le Activity				D	ue Dat	e	A	Achieved	Date	
CROSS CONNECTIO	N SURVEY REPO	ORT			3,	/1/202	5				
	,	Water Syst	em Facili	ty and S	ampling I	Point	: Inver	ntory	/		
Water							То		ead and	1	
	ystem Facility	San	npling Point				Colif		Copper		Stage
			ID	Descriptio		Sta	lus		Rule He	r Asbesto	s WQP 2 DBPF
00600 DISTRIBU	JTION SYSTEM		4		ION SYSTEM	A		ſ			
					SERVICE CON	A					
		U	PSTREAM		SERVICE CON	A					
00700 ENTRY P 22646 WELL	UINT		3	ENTRY PO	INI	A					
22646 WELL			2	WELL		A	\				
					ormation						
Name				ganization						Job Title	
Ms. Gina Berrafati	. 0				f Club At Oak	LN			tor Oper		7. 0
Mailing Address Lin		Ma	iling Address	s Line I wo			\ <b>\</b> /a = - <sup>1</sup> /	City	/	State	Zip Code
1027 Racebrook Ro	1	Ferr	NA = I- !	lo Dhorre	Emorgones	bere	Woodbi	-		СТ	06525
Business Phone	Extension	Fax 203-397-511		le Phone	Emergency I		Email A			m	
203-397-5103	dministrative (		U		203-856-7	009	gillaOak	iane@	gmail.co	111	
Contact Role(s): A	ummstrative (	JUNIACI									

							P					
PWS ID	PWS Name						Class	ification	Population	Owner	Туре	Primary Source
CT1670044	TRADITION GOLI	F CLUB AT O	AK LAN	E				NC	43	Р		GW
Local Address (w	here applicable)				Service	Reside	ntial	Commercia	al Industri	ial Co	mbine	d Agricultural
1027 RACEBROO	K ROAD				Connectior	าร		2				
Towns Served: W	/OODBRIDGE									1		I
Name				Or	ganization					Jo	b Title	
Mr. Malcolm Wo	ood Baldwin			Ва	ldwin Wonr	nell Racebr	ook LL	0	Manager			
Mailing Address	Line One		Mailin	g Address	Line Two				City	9	State	Zip Code
1015 Racebrook	Rd							Woodb	ridge		СТ	06525
Business Phone	e Extension	Fax		Mobil	e Phone	Emergend	cy Phor	e Email A	ddress			
Contact Role(s):	Legal Contact											
Name	+ -			Or	ganization					Jo	b Title	2
Baldwin Wonnel	I Racebrook LLC				-							
Mailing Address	Line One		Mailin	g Address	Line Two				City	9	State	Zip Code
1027 Racebrook	Rd							Woodb	ridge		СТ	06525
Business Phone	e Extension	Fax		Mobil	e Phone	Emergend	cy Phor	e Email A	ddress			
Contact Role(s):	Owner											
Name				Or	ganization					ol	b Title	2
Miss Cynthea J. I	Baldwin			Ва	ldwin Wonr	nell Racebr	ook LL	C	Owner			
Mailing Address	Line One		Mailin	g Address	Line Two				City	9	State	Zip Code
1015 Racebrook	Road							Woodb	ridge		СТ	06525
Business Phone	e Extension	Fax		Mobil	e Phone	Emergend	y Phor	e Email A	ddress			
203-397-2114		203-389-	1565	203-4	94-6678			cjemb@	msn.com			
Contact Role(s):	Owner											
Please note the f	following:											
1. The residual di	isinfectant concent	ration must b	e measi	ured at the	same locatio	on and time	as each	total colifo	orm 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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	Сс	onnectic	ut Depa	rtment of	Public	Health I	Drin	nkin	ıg W	ater S	ection		
		Wat	ter Qual	ity Monit	oring a	nd Com	olia	nce	Sch	edule			
PWS ID		/S Name				C		icatior			wner Type		
CT167006		DODBRIDGE C	LUB				N	-		26	Р	-	W
		re applicable)			Service Connectio	Residentia	al Co	mmer	cial lı	ndustrial	Combine	ed Agri	icultura
10 MILHA					Connectio	115		2					
Towns Ser	ved: WOC	DDBRIDGE		Monit	oring Po	quiromon	tc						
Water Sv	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF I		quiremen	LS		_			_	
	liform (3								_	<b>1</b> r	outine (R1	) per q	uarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od	Collect	tion Perio	d Com	oliance	Status
Selec	t from Inv	entory of Acti	ve Sampling	Points		10/1/23 - 1	2/31/	23			1	Complet	:e
						1/1/24 - 3	/31/2	4				Complet	e
						4/1/24 - 6	/30/2	4					
						7/1/24 - 9	/30/2	4					
•		ers (PPS)								<b>1</b> r	outine (R1		
-		t (Sampling P				Monitoring			Collect	tion Perio		oliance :	
Selec	t from Inv	entory of Acti	ive Sampling	Points		10/1/23 - 1						Complet	
						1/1/24 - 3						Complet	:e
						4/1/24 - 6							
Wator Sv	stom Eac			/SF ID: 00700)		7/1/24 - 9	/30/2	4					
		te (NOX)		SF ID. 00700j							1 routine	(PT) pc	rvoar
		te (NOX) t (Sampling P	oint ID)			Monitoring	n Perio	od	Collect	tion Perio		oliance :	-
-	Y (SUMM		01111127			1/1/23 - 12			concer			Complet	
		=, (0)				1/1/24 - 12						Complet	
						1/1/25 - 12							
			Water Sv	stem Facil	ity and S				ento	rv			
Water					•	1 0			Total	Lead an	d		
System	Water Sy	stem Facility	9	Sampling Point				С	oliform	Сорре	r		Stage
Facility ID	)			ID	Descriptio	n	Sta	tus	Rule	Rule Ti	er Asbesto	s WQP	2 DBP
00600	DISTRIBU	ITION SYSTEM		4	DISTRIBUT	ION (SUMME	A	4	Y				
				DOWNSTREAM			A	4					
				UPSTREAM	WITHIN 5	SERVICE CON	A	4					
00700	ENTRY PO	DINT		3	ENTRY (SU	MMER)	A	4					
23122	WELL #2	SUMMER		2	WELL #2 S	UMMER	A	4					
59488		HERIC STORA	GE TANK										
61314	TREATM	ENT PLANT											
						ormation							
Name				0	rganization						Job Title	9	
Woodbrid	-				e Line Trus					·	C+-+	71	C = d -
Mailing Ac 10 Milhave		e One		Mailing Addres	s Line I WO			Mac		ity	State		Code 525
Business		Extension	Fax	Mab	le Phone	Emergency P	hone		dbridge		СТ	00	525
203-39		EXTENSION	ΓdΧ	IVIUDI	ie Filolie	Emergency P	none	EIIIdl	Audre	:55			
Contact Ro		wner											
	Jac (3).												

				0		<b>I</b> -			-	
PWS ID	PWS Name					Clas	sification	Population	Owner Type	<b>Primary Source</b>
CT1670064	WOODBRIDGE C	LUB					NC	26	Р	GW
Local Address (w	here applicable)			Service	Reside	ntial	Commerc	ial Industri	al Combin	ed Agricultural
10 MILHAVEN RO	DAD			Connectio	ons		2			
Towns Served: W	/OODBRIDGE			<sup>1</sup>	1					
Name				Organization	)				Job Titl	e
Mr. Anthony Tao	ldei			The Woodbr	idge Club			Director		
Mailing Address	Line One		Mailing Addro	ess Line Two				City	State	Zip Code
10 Milhaven Roa	d						Wood	bridge	СТ	06525
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Pho	ne Email	Address		
203-397-2582							directo	or@thewood	lbridgeclub.o	rg
Contact Role(s):	Administrative	Contact, Leg	al 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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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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С	onnectic	ut Depar	tment of	f Public	Health	Drin	king	Wa	ater S	ection	
	Wat	ter Quali	ty Monit	oring a	nd Com	plia	nce S	che	edule		
	WS Name				(						Primary Source
		FER DAY SAIN	rs, woodbri			N	-	22		P	GW
Local Address (whe				Service Connectio	Residenti	al Coi	mmercia	I In	dustrial	Combine	d Agricultur
990 RACEBROOK R				Connectio	115		1				
Towns Served: WO	ODBRIDGE		N /			•-					
Water System Fa	cility: DISTR				quiremen	its	_	_	_		
Total Coliform (				2.00000			_		1 r	outine (RT	) per quarte
Sampling Poir	nt (Sampling Po	oint ID)			Monitorin	g Perio	od Co	llecti	ion Perio	d Comp	oliance Status
Select from In	ventory of Acti	ve Sampling P	oints		10/1/23 - 1	12/31/2	23			(	Complete
					1/1/24 - 3	3/31/24	4			(	Complete
					4/1/24 - 6	5/30/24	4				
					7/1/24 - 9	9/30/24	4				
Physical Parame	eters (PPS)								1 re	outine (RT	) per quarte
Sampling Poir	nt (Sampling Po	oint ID)			Monitorin	g Perio	od Co	llecti	ion Perio	d Comp	oliance Status
Select from In	ventory of Acti	ve Sampling P	oints		10/1/23 - 1	12/31/2	23			(	Complete
					1/1/24 - 3	3/31/24	4			(	Complete
					4/1/24 - 6	5/30/24	4				
					7/1/24 - 9	9/30/24	4				
Water System Fa	cility: ENTRY	POINT (WS	F ID: 00700)	1							
Nitrate And Nitr	ite (NOX)									1 routine	(RT) per yea
Sampling Poir	nt (Sampling Po	oint ID)			Monitorin	g Peric	od Co	llecti	ion Perio	d Comp	oliance Status
ENTRY POINT	(3)				1/1/23 - 1	2/31/2	23			(	Complete
					1/1/24 - 1	2/31/2	24			(	Complete
					1/1/25 - 1	2/31/2	25				
		Water Sys	tem Facil	ity and S	ampling I	Point	Inver	ntor	'Y		
Water							Tot		Lead an		
	System Facility	Sa	mpling Point				Colif				Stage
Facility ID			ID	Descriptio		Sta			Rule II	er Asbesto	s WQP 2 DBF
00600 DISTRIB	UTION SYSTEM		4	DISTRIBUT		A		ſ			
		D				A					
			UPSTREAM		SERVICE CON	A					
00700 ENTRY F	POINT		3	ENTRY POI	NI	A					
48910 WELL			2	WELL		A	۱.				
59489 HYDROF	PNEUMATIC TA	NK	Con	tact Infe	ormation						
					mation						
Name	• •			rganization						Job Title	2
Mr. Roy B. McDan					urces-Special I	roj			nager	<b>C</b>	7: 0 1
Mailing Address Lir			lailing Addres				Cal+ I - I	Ci	· ·	State	Zip Code
50 East North Tem	-		Ifd 12Th Floor		Energy 1		Salt Lake			UT	84150
Business Phone	Extension	Fax		ile Phone	Emergency F	none				finance	
801-240-4656		801-240-29	13				incdanie	eirb@	cnurcho	fjesuschrist	.org
Contact Role(s): L	egai Contact, C	wner									

		<u> </u>			0 0 0		<b>F</b> -				1	
PWS ID	PWS Name						Cla	ssification	Populatio	n Ov	wner Type	Primary Sour
СТ1670114	CHURCH OF LAT	TER DAY SA	INTS, WOO	DBRID	DGE			NC	220		Р	GW
Local Address (w	nere applicable)				Service	Reside	ntial	Commerc	ial Indust	rial	Combine	d Agricultu
990 RACEBROOK	ROAD				Connection	S		1				
Towns Served: W	OODBRIDGE					1		1				I
Name				Or	ganization						Job Title	ć
Ms. Christine Sp	encer			Ch	urch of Jesu	s Christ of	f Lds		Hartford	l Adr	min Asst	
Mailing Address	ine One		Mailing Ad	dress	Line Two				City		State	Zip Code
130 South St								Crom	well		СТ	06516
Business Phone	e Extension	Fax	1	Nobil	e Phone	Emergen	cy Pho	one Email	Address		i	
860-635-4035		860-835-	4036					spenc	erca@churo	chofj	jesuschrist.	org
Contact Role(s):	Administrative	Contact	I									
Please note the	ollowing											

se note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

Сс	onnectic	-							<u> </u>			ction	
	Wa	ter Qua	lity N	/lonit	oring a	nd Con							
PWS ID PW	VS Name						Clas	ssificatio	on Po	pulation	Ow	ner Type Pi	rimary Source
СТ1670194 ТЕ	NNIS CENTRA	L						NC		25		Р	GW
Local Address (whe	re applicable)				Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricultural
110 BRADLEY ROAD					Connection	S		1					
Towns Served: WOO	ODBRIDGE												
Water System Fac					oring Rec	Juireme	nts						
Water System Fac			STEIVI	UVSFI	D. 00000)					1		tine (DT)	
Total Coliform (3 Sampling Poin	-	oint ID)				Monitori	na D	eriod	Colla	ction Pe			per quarter ance Status
Select from Inv			Doints			10/1/23 -	-		Colle	cuon Pe	nou		mplete
Select nom in	Ventory of Act	ive sampling	FUIIIIS			1/1/24 -						0	Inpiete
						4/1/24 -							
								•					
Dhysical Darama	tore (DDC)					//1/24 -	9/50	0/24		1		iting (PT)	oor quartar
Physical Paramet Sampling Poin		oint ID)				Monitori	na P	Period	Colla	ction Pe			per quarter ance Status
Select from Inv			Points			10/1/23 -	-		Cone	ction re	nou		mplete
561601 110	Ventory of Act	ive Sampling	FUIILS			1/1/24 -						0	Inpiete
						4/1/24 -		-					
						7/1/24 -							
Water System Fac	ility: FNTR			00700)		,, 1,24	5,50	0,24					
Nitrate And Nitri				007007							1	routine (R	T) per year
Sampling Poin		oint ID)				Monitori	na P	Period	Colle	ction Pe		-	ance Status
ENTRY POINT (						1/1/23 -	-						mplete
						1/1/24 -		-					inpiece
						1/1/25 -			_				
		Water Sy	/stem	<b>Facil</b> i	ity and Sa				vent	ory			
Water									Total	Lead	and		
	ystem Facility			-	Sampling P			(	Colifor				Stage
Facility ID				D	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBL	JTION SYSTEN			4	DISTRIBUTI			A	Y				
					WITHIN 5 S			Α					
				REAM	WITHIN 5 S		N	A					
00700 ENTRY P	UINT			3	ENTRY POIN	<b>I</b> I		Α					
55722 WELL				2	WELL			A					
				Con	tact Info	rmation							
Name				0	rganization							Job Title	
Mr. Isidro Martmez	Z			Te	ennis Central				C	)wner			
Mailing Address Lin	e One		Mailing	g Addres	s Line Two					City		State	Zip Code
110 Bradley Road								Wo	odbrid	ge		СТ	06525
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Pho	one Ema	ail Add	ress			
203-389-2455		203-397-0	)235					teni	niscent	ralmana	ger@	gmail.com	
Contact Role(s): Ad		C											

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Sourc
СТ1670194	TENNIS CENTRAL				NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultura
110 BRADLEY R	OAD	Connections			1			
Towns Served:	WOODBRIDGE							1

#### 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.

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С	onnecticut Depa					0			on	
	Water Qua	lity Monit	coring a	nd Con	*					
PWS ID PV	VS Name						-	Owner Ty	ype Pi	rimary Source
CT1670204 BF	ROOKSIDE FARM MARKET					IC	29	Р		GW
Local Address (whe			Service	Residen	tial Co	mmercial	Industria	al Com	bined	Agricultural
324 AMITY ROAD, V	WOODBRIDGE		Connection	าร					1	
Towns Served: WO	ODBRIDGE									
Water System Fa	cility: DISTRIBUTION (		oring Rec	quireme	nts	_	_	_		
Total Coliform (			')				1	routino	(DT)	per quarter
•	nt (Sampling Point ID)			Monitor	ina Dori	ad Cal	⊥ llection Per			ance Status
	ventory of Active Sampling	Points		10/1/23 -				<i>100</i> C	unpi	unce status
Select Irolli III	ventory of Active Sampling	Foints		1/1/24						
				4/1/24 -						
				7/1/24						
Physical Parame	tors (DDS)			//1/24	· 5/ 50/ 2	.4	1	routino	(DT)	per quarter
-	nt (Sampling Point ID)			Monitor	ina Dori	ad Cal	Lection Per			ance Status
	ventory of Active Sampling	Points		10/1/23 -	-				ompii	
Sciect Holin III	ventory of Active Sumpling	Tomes		1/1/24 -						
				4/1/24						
				7/1/24						
Water System Fa	cility: ENTRY POINT (V	SE ID: 00700)		77 17 2 4	5,50,2					
Nitrate And Nitr	· ·							1 rout	ino (P	T) per year
	nt (Sampling Point ID)			Monitor	ina Peri	od Col	llection Per		-	ance Status
ENTRY POINT				1/1/23 -				.04 0	ompi	
	(3)			1/1/24 -						
				1/1/25 -						
	Water Sy	ystem Facili	ity and Sa				tory			
Water						Tot	al Lead	and		
	ystem Facility	Sampling Point				Colifa				Stage
Facility ID		ID	Description		Sta	itus Ru	le Rule	Tier Asb	estos	WQP 2 DBPR
00600 DISTRIB	UTION	4	DISTRIBUTI			A Y				
		DOWNSTREAM				A Y				
		UPSTREAM	WITHIN 5 S			A Y	•			
00700 ENTRY P	POINT	3	ENTRY POI	NT		Ą				
61547 WELL		2	WELL		/	Α				
		Con	tact Info	rmation						
Name		0	rganization					Job	Title	
Mr. Paul Longo			rookside Farr	m Market			Property C	Dwner		
Mailing Address Lir	ne One	Mailing Addres	s Line Two				City		ate	Zip Code
320 Amity Road		_				Woodbr		C	т	06525
Business Phone	Extension Fax	Mobi	ile Phone	Emergency	Phone	-	-			
203-410-6215				,			@aol.com			
Contact Role(s): A	dministrative Contact	1	I			. –				
·										

PWS ID	PWS Name			Classificat	on F	Population	Owner Type	Primary Source
СТ1670204	BROOKSIDE FARM MARKET			NC		29	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Comm	ercia	l Industri	al Combine	ed Agricultural
324 AMITY ROA	D, WOODBRIDGE	Connections					1	
Towns Served: <b>V</b>	VOODBRIDGE					·		

#### Please note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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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