

# 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)**

|   |                          |                                 |                          |  |  |
|---|--------------------------|---------------------------------|--------------------------|--|--|
| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per month</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 | 5/1/20 - 5/31/20         |                                 |                          |  |  |
|   | 6/1/20 - 6/30/20         |                                 |                          |  |  |
|   | 7/1/20 - 7/31/20         |                                 |                          |  |  |
|   | 8/1/20 - 8/31/20         |                                 |                          |  |  |
|   | 9/1/20 - 9/30/20         |                                 |                          |  |  |

|   |                          |                                 |                          |  |  |
|---|--------------------------|---------------------------------|--------------------------|--|--|
| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per month</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 | 5/1/20 - 5/31/20         |                                 |                          |  |  |
|   | 6/1/20 - 6/30/20         |                                 |                          |  |  |
|   | 7/1/20 - 7/31/20         |                                 |                          |  |  |
|   | 8/1/20 - 8/31/20         |                                 |                          |  |  |
|   | 9/1/20 - 9/30/20         |                                 |                          |  |  |

**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)                           | 1/1/19 - 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> |
| SEASONAL START UP COMPLETION        | 5/1/2020        |                      |

## 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> |
| E. Coli M&R Violation      | 6/18/15 -                | 3                  | 1/6/2017                   |                  | 1/16/2017               |                 |

## 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.*

# 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>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 |          |              |
| CT0900154                        | GRACE COMMUNITY CHURCH | 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 | 7/1/19 - 9/30/19                  |                          | Complete                 |
|   | 10/1/19 - 12/31/19                |                          | Complete                 |
|   | 1/1/20 - 3/31/20                  |                          |                          |
|   | 4/1/20 - 6/30/20                  |                          |                          |
|   | 7/1/20 - 9/30/20                  |                          |                          |

| <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                  |                          |                          |
|   | 4/1/20 - 6/30/20                  |                          |                          |
|   | 7/1/20 - 9/30/20                  |                          |                          |

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

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

### 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> |
|                             | 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                  |                           |                           |

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| 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         |                               |                     |             |            |                |          |              |

## 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      |                     |                           |          |                  |
|                          |                       | 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**