	Connecticut De	•							
	Water Q	uality Mo	nitoring and	d Com	pliance	e Sch	redule	9	
PWS ID	PWS Name				Classification   Population   Owner Type   Primary So				
CT0900123		/ CANAAN (HALI	WAY)		NC		25	Р	GW
	ess (where applicable)		Service	Resident	ial Comme	ercial	Industria	l Combine	d Agricultural
95 COUNTI	RY CLUB ROAD		Connections		1				
Towns Serv	ved: NEW CANAAN								
Water Sys	stem Facility: <b>DISTRIBUTIC</b>		nitoring Requ	iremer	nts				
	iform (3100)	NA STSTEINT (VV	3F 1D. 00000j				1	routino (P	T) per month
	ling Point (Sampling Point ID)			Monitorin	na Period	Collec	tion Peri	<del>-</del>	oliance Status
	from Inventory of Active Sam		5/1/20 - !	_	Conec	tion ren	ou comp	mance Status	
Select	. Hom inventory of Active Sam		6/1/20 - 0		_				
				7/1/20 - 1					
				8/1/20 - 8					
					9/30/20				
Physical	Physical Parameters (PPS)				3/30/20		1	routing (P	T) per month
_	ling Point (Sampling Point ID)			Monitorin	na Period	Collec	tion Peri	<del>-</del>	oliance Status
	t from Inventory of Active Sam	nling Points		5/1/20 - !	_	Conce	tion i cri	ou comp	marice Status
Sciecci	Select normalization of Active Sumpling Forms				6/30/20				
				7/1/20 -					
				8/1/20 - 8					
				9/1/20 - 9					
Mator Svo	stem Facility: ENTRY POIN	T (WSE ID: 007	/nn\	3/1/20-	5/30/20				
	and Nitrite (NOX)	1 (4431 10.007	00,					1 routing	(DT) nor year
	ling Point (Sampling Point ID)			Monitorin	a Period	Collec	tion Peri		(RT) per year pliance Status
	Y POINT (3)			1/1/19 - 1		Conec	tion Fen		Complete
LIVIN	1 FOINT (3)			1/1/20 - 1					Complete
		0.1		1/1/21 - 1					
		Othe	r Compliance	Sched	ules				
Complianc	e Schedule Activity			D	ue Date		Achiev	ed Date	
SEASONAL	START UP COMPLETION			5	/1/2020				
		Public I	Notification R	equire	ments				
			Compliance	Notice	Publi	c Notific	cation	PN Ce	ertification
Violation/S	Situation		Period	Tier	Require		erformed		
E. Coli M&	R Violation		6/18/15 -	3	1/6/20:			1/16/201	7
	Wate	r System Fa	cility and Sar	npling	Point In	vento	ory		
Water			-			Total	Lead a	ınd	
System Facility ID	Water System Facility	Sampling Po	oint Sampling Poil Description	nt	Status	Coliforn Rule			Stage s WQP 2 DBPR
-	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Υ			
			AM WITHIN 5 SER						
		UPSTREA							
00700	ENTRY POINT	3	ENTRY POINT		Α				
	HALFWAY HOUSE WELL	2	HALFWAY HO	USE WELL					

Schedule Generation Date: 3/10/2020 Page 1

	Connectic	ut Depa	rtment o	of Public	Health	Dri	inking	, Water	Section			
	Wa	ter Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Sourc		
CT0900123	T0900123 COUNTRY CLUB OF NEW CANAAN (HALFWAY)						NC	25	Р	GW		
Local Address (w	Local Address (where applicable)				Resider	ntial C	Commerci	al Industri	al Combine	ed Agricultura		
95 COUNTRY CLUB ROAD				Connectio	ns		1					
Towns Served: N	EW CANAAN			·	·				·			
			Co	ntact Info	rmation	1						
Name				Organization					Job Title			
Mr. William C. Ei	nstein			The Cc of New Canaan, Inc.				President				
Mailing Address I	ine One		Mailing Addre	ess Line Two				City		Zip Code		
17 Turtleback Lar	ne						New C	anaan	СТ	06840		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phon	e Email A	Address				
Contact Role(s):	Legal Contact											
Name				Organization					Job Title			
Mr. Michael Roe				Country Club of New Canaan				Golf Cour	Golf Course Superint			
			1				1					

Contact Role(s): Administrative Contact

Extension

## Please note the following:

Mailing Address Line One

95 Country Club Road

**Business Phone** 

203-966-2145

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

Mailing Address Line Two

**Mobile Phone** 

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

Fax

203-972-1642

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

Zip Code

06840

State

CT

City

mrr185@gmail.com

New Canaan

Emergency Phone Email Address

Schedule Generation Date: 3/10/2020

_						
Conne	ecticut Department of P	ublic Health Di	cinking '	Water Se	ection	
	Water Quality Monitor	ing and Compl	iance So	chedule		
PWS ID PWS Nam				opulation Ow	ner Type Pri	mary Source
	OMMUNITY CHURCH		NC	165	Р	GW
Local Address (where app		rvice Residential	Commercial		Combined	Agricultural
365 LUKES WOOD ROAD	•	nnections			6	7.8.104144141
Towns Served: NEW CANA	AAN					
		ng Requirements				
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 0					
Total Coliform (3100)				1 rou	ıtine (RT) p	er quarter
Sampling Point (Sam	ppling Point ID)	Monitoring P	eriod Col	lection Period		nce Status
Select from Inventory	y of Active Sampling Points	7/1/19 - 9/30	0/19		Cor	nplete
		10/1/19 - 12/3	31/19		Cor	nplete
		1/1/20 - 3/3:	1/20			
		4/1/20 - 6/30	0/20			
		7/1/20 - 9/30	0/20			
Physical Parameters (I	PPS)			1 rou	ıtine (RT) p	er quarter
Sampling Point (Sam	pling Point ID)	Monitoring P	eriod Col	lection Period	Complia	nce Status
Select from Inventory	y of Active Sampling Points	7/1/19 - 9/30	0/19		Cor	nplete
		10/1/19 - 12/3	31/19		Cor	nplete
		1/1/20 - 3/3	1/20			
		4/1/20 - 6/30	0/20			
		7/1/20 - 9/30	0/20			
Water System Facility:	ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (N	OX)			1	routine (R	Γ) per year
Sampling Point (Sam	pling Point ID)	Monitoring P	eriod Col	lection Period	Complia	nce Status
ENTRY POINT (3)		1/1/19 - 12/3	1/19		Cor	nplete
		1/1/20 - 12/3	1/20			
		1/1/21 - 12/3	1/21			
Water System Facility:	WELL 1 (WSF ID: 59933)					
E. Coli (3014)				1 rou	ıtine (RT) p	er quarter
Sampling Point (Sam	pling Point ID)	Monitoring P	eriod Col	lection Period	Complia	nce Status
WELL 1 (2)		7/1/19 - 9/30	0/19		Cor	nplete
		10/1/19 - 12/3	31/19		Cor	nplete
		1/1/20 - 3/3	1/20			
		4/1/20 - 6/30	0/20			
		7/1/20 - 9/30	0/20			
Мо	nthly Water System Facility	(WSF) Level Mor	nitoring R	Requireme	nts	
Water System Facility:	ENTRY POINT (WSFID: 00700)					
Analyte	Monitoring Requirement (Summary	Type) Operatir	ng Limit		Samples Re	q/Month
рН	Entry Point pH Monitoring (PHRD)	Minimur	n: 7.0 PH		4	
<b>Start Date:</b> 1/1/2016		<b>Compliance History:</b>	Oper	rating Limit	Monitori	ng
		<b>Monitoring Period</b>		pliance Status	: Compliar	nce Status:
		10/1/2019 - 10/31/20	19			
		11/1/2019 - 11/30/20	19			
		12/1/2019 - 12/31/20	19			
		1/1/2020 - 1/31/2020				
		2/1/2020 - 2/29/2020				

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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	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0900154 GRACE COMMUNITY CHURCH					NC	165	Р	GW		
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
365 LUKES WO	Connections					6				

Connecticut Department of Public Health Drinking Water Section

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	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
59933	WELL 1	2	WELL 1	Α							
59939	TREATMENT PLANT					·	·				

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Roy Medile				Grace Farms	Foundation Inc				
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code	
P. O. Box 876					New Car	naan	СТ	06840	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	Email Address		
203-920-1712					rmedile(	edile@gracefarmsfoundation.org			
Contact Role(s): Le	gal Contact								
Name				Organization			Job Title		
Mr. William Stonebridge				Grace Farms Foundation			Facilities Director		
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
365 Lukes Wood Rd					New Car	naan	СТ	06840	

Emergency Phone Email Address

203-969-4449

Contact Role(s): Administrative Contact

Extension

## Please note the following:

**Business Phone** 

203-920-1751

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

Mobile Phone

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

Fax

203-920-1545

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

wstonebridge@gracefarmsfoundation.org

Schedule Generation Date: 3/10/2020