

# 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>CT1490134</b>	<b>WARREN TOWN CENTER</b>	NC	100	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
4 CORNWALL ROAD			1			

Towns Served: WARREN

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)**

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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 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				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22487	WELL	2	WELL	A				
61234	TREATMENT GAC AND SOFTENER							

### Contact Information

Name			Organization			Job Title			
Mr. John Favreau			Warren Town Center LLC						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
53 Windy Ridge Rd						Warren		CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-5353		860-868-5353		646-573-7973	johnfavreau@warrentowncenter.com				
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>									

*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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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
4 CORNWALL ROAD				1			
Towns Served: WARREN							

**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>CT1490174</b>	<b>THE WASHINGTON CLUB</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
20 NORTH SHORE ROAD						1	
Towns Served: WARREN							

## 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>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</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	9/6/19 - 9/11/19				

<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	5/1-9/30	Complete		
	1/1/20 - 12/31/20	5/1-9/30			
	1/1/21 - 12/31/21	5/1-9/30			

**Water System Facility: NEW WELL (WSF ID: 23113)**

<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
NEW WELL (2)	9/5/19 - 9/11/19				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	7/6/2019	
L1 ASSESSMENT (TC+ INS REPEATS)	10/5/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SEASONAL START UP COMPLETION	5/1/2020	

## 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				

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Towns Served: WARREN

## 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
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23113	NEW WELL	2	NEW WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Ms. Irene Allan</b>			The Washington Club			Business Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 400			92 Green Hill Road			Washington		CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-0376				646-245-3682	iallan@washingtonclub.net				

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

Name			Organization			Job Title			
<b>Ms. Michele Balfour Nathoo</b>			The Washington Club			Club President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 400			92 Green Hill Road			Washington		CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
212-710-8194				917-647-0114	balfoumathoo@gmail.com				

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

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