

# 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	5/1/25 - 5/31/25		Complete		
	6/1/25 - 6/30/25		Complete		
	7/1/25 - 7/31/25				
	8/1/25 - 8/31/25				
	9/1/25 - 9/30/25				

<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	5/1/25 - 5/31/25		Complete		
	6/1/25 - 6/30/25		Complete		
	7/1/25 - 7/31/25				
	8/1/25 - 8/31/25				
	9/1/25 - 9/30/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SANITARY DEFECT CORRECTIVE ACTION	9/30/2025	
SANITARY DEFECT CORRECTIVE ACTION	9/30/2025	
SANITARY DEFECT CORRECTIVE ACTION	9/30/2025	
SANITARY DEFECT CORRECTIVE ACTION	9/30/2025	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/2/24 - 9/27/24	2	1/3/2025		1/13/2025	

## 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				
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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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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

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)	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

## 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>
		2/1/2025 - 2/28/2025		
		3/1/2025 - 3/31/2025		
		4/1/2025 - 4/30/2025		
		5/1/2025 - 5/31/2025		
		6/1/2025 - 6/30/2025		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform	Lead and Copper	Stage

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
365 LUKES WOOD ROAD						6	

Towns Served: NEW CANAAN							
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	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				
212-594-9252					rmedile@gracefarmsfoundation.org				

Contact Role(s): <b>Legal Contact</b>									
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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