

# 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>CT1670044</b>	<b>TRADITION GOLF CLUB AT OAK LANE</b>	NC	43	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1027 RACEBROOK ROAD				2			
Towns Served: WOODBRIDGE							

### 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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	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		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		

<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	6/26/25 - 7/1/25		Complete

<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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	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		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 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		
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 22646)**

<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>
WELL (2)	6/25/25 - 7/1/25		Complete

*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>CT1670044</b>	<b>TRADITION GOLF CLUB AT OAK LANE</b>	NC	43	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1027 RACEBROOK ROAD				2			
Towns Served: WOODBRIDGE							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	
L1 ASSESSMENT (MULTIPLE TC+)	7/28/2025	

## 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				
22646	WELL	2	WELL	A				
63218	TREATMENT							

## Contact Information

Name			Organization			Job Title			
<b>Ms. Gina Berrafati</b>			Tradition Golf Club At Oak Ln			Director Opertaions			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1027 Racebrook Road						Woodbridge		CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-397-5103		203-397-5110		203-856-7009	ginaoaklane@gmail.com				

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

Name			Organization			Job Title			
<b>Mr. Malcolm Wood Baldwin</b>			Baldwin Wonnell Racebrook LLC			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1015 Racebrook Rd						Woodbridge		CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

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

Name			Organization			Job Title			
<b>Baldwin Wonnell Racebrook LLC</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1027 Racebrook Rd						Woodbridge		CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

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# 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>CT1670044</b>	<b>TRADITION GOLF CLUB AT OAK LANE</b>	NC	43	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1027 RACEBROOK ROAD				2				
Towns Served: WOODBRIDGE								
Name			Organization			Job Title		
<b>Miss Cynthia J. Baldwin</b>			Baldwin Wonnell Racebrook LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1015 Racebrook Road						Woodbridge	CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-397-2114		203-389-1565	203-494-6678		cjemb@msn.com			
Contact Role(s): <b>Owner</b>								

**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>CT1670064</b>	<b>WOODBRIAGE CLUB</b>	NC	26	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 MILHAVEN ROAD				2			
Towns Served: WOODBRIDGE							

### 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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	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		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		

<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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	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		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 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 (SUMMER) (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>
SAMPLING SITE PLAN	2/27/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### 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>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos WQP 2 DRDP</i>	<i>Stage</i>

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# 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>CT1670064</b>	<b>WOODBIDGE CLUB</b>	NC	26	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 MILHAVEN ROAD			2			

Towns Served: WOODBRIDGE

Facility ID	Description	Status	Rate	Rate Tier	Asbestos	WQI	E-DRM
00600	DISTRIBUTION SYSTEM	A	Y				
	DOWNSTREAM	A					
	UPSTREAM	A					
00700	ENTRY POINT	A					
23122	WELL #2 SUMMER	A					
59488	ATMOSPHERIC STORAGE TANK						
61314	TREATMENT PLANT						

## Contact Information

Name	Organization	Job Title
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**Woodbridge Club, Inc.**

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
10 Milhaven Road		Woodbridge	CT	06525

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-397-2582					

Contact Role(s): **Owner**

Name	Organization	Job Title
<b>Dr. Nathan A. Kruger</b>	The Woodbridge Club	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
10 Milhaven Road		Woodbridge	CT	06525

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-397-2582				203-645-7002	director@thewoodbridgeclub.org

Contact Role(s): **Administrative Contact, Legal 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.***

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**End of schedule**

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# 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>CT1670114</b>	<b>CHURCH OF LATTER DAY SAINTS, WOODBRIDGE</b>	NC	220	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
990 RACEBROOK ROAD				1			
Towns Served: WOODBRIDGE							

## 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 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	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48910	WELL	2	WELL	A				
59489	HYDROPNEUMATIC TANK							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Roy B. McDaniel</b>			Natural Resources-Special Proj			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 East North Temple St			Mfd 12Th Floor			Salt Lake City		UT	84150
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
801-240-4656		801-240-2913			mcdanielrb@churchofjesuschrist.org				
Contact Role(s): <b>Legal Contact, Owner</b>									

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# 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>CT1670114</b>	<b>CHURCH OF LATTER DAY SAINTS, WOODBRIDGE</b>	NC	220	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
990 RACEBROOK ROAD				1				
Towns Served: WOODBRIDGE								
Name			Organization			Job Title		
<b>Ms. Christine Spencer</b>			Church of Jesus Christ of Lds			Hartford Admin Asst		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
130 South St						Cromwell	CT	06516
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
959-230-1116	2	860-835-4036			spencerca@churchofjesuschrist.org			
Contact Role(s): <b>Administrative Contact</b>								

**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>CT1670194</b>	<b>TENNIS CENTRAL</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
110 BRADLEY ROAD				1			
Towns Served: WOODBRIDGE							

## 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			
	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			
	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			
	1/1/26 - 12/31/26			

## 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				
55722	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
Mr. Isidro Martmez			Tennis Central			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
110 Bradley Road						Woodbridge		CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-389-2455		203-397-0235			imars7@gmail.com				

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

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# 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>CT1670194</b>	<b>TENNIS CENTRAL</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
110 BRADLEY ROAD				1				
Towns Served: WOODBRIDGE								
Name			Organization			Job Title		
<b>Mrs. Anna Mobarak</b>			Tennis Central					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
110 Bradley Road						Woodbridge	CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-5665					anna.mobarak@gmail.com			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								
Name			Organization			Job Title		
<b>Anytime Sport LLC</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
110 Bradley Road						Woodbridge	CT	06525
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-5665					anna.mobarak@gmail.com			
Contact Role(s): <b>Owner</b>								
<b>Please note the following:</b>								
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>								

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**