

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1670044	TRADITION GOLF CLUB AT OAK LANE	NC	43	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1027 RACEBROOK ROAD	Connections		2		

Towns Served: WOODBRIDGE

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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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
CT1670044	TRADITION GOLF CLUB AT OAK LANE	NC	43	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1027 RACEBROOK ROAD			2		

Towns Served: WOODBRIDGE

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point		Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
		ID	Description					
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		
Ms. Gina Berrafati	Tradition Golf Club At Oak Ln	Director Operataions		
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
203-397-5103		203-266-1163		203-856-7009
				gina@traditiongolfct.com

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

**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

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

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

**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
CT1670064	WOODBRIDGE CLUB	NC	26	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
10 MILHAVEN ROAD		2			

Towns Served: WOODBRIDGE

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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 (SUMMER) (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	2/27/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2027	

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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
CT1670064	WOODBRIDGE CLUB	NC	26	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
10 MILHAVEN ROAD			2		

Towns Served: WOODBRIDGE

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION (SUMMER)	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY (SUMMER)	A				
23122	WELL #2 SUMMER	2	WELL #2 SUMMER	A				
59488	ATMOSPHERIC STORAGE TANK							
61314	TREATMENT PLANT							

## Contact Information

Name	Organization				Job Title				
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				
Dr. Nathan A. Kruger	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

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

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

**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
CT1670114	CHURCH OF LATTER DAY SAINTS, WOODBRIDGE	NC	220	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
990 RACEBROOK ROAD			1		

Towns Served: WOODBRIDGE

## Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage
					Rule	Rule Tier	
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	HYDROSTATIC TANK						

## Contact Information

Name	Organization				Job Title
Mr. Roy B. McDaniel	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): Legal Contact, 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
CT1670114	CHURCH OF LATTER DAY SAINTS, WOODBRIDGE				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		
Ms. Christine Spencer			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): **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

***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
CT1670194	TENNIS CENTRAL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
110 BRADLEY ROAD			1		

Towns Served: WOODBRIDGE

## 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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	4/1/25 - 6/30/25	3	11/7/2026		11/17/2026	
Physical Parameters M&R Violation	4/1/25 - 6/30/25	3	11/7/2026		11/17/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage 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		

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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
CT1670194	TENNIS CENTRAL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
110 BRADLEY ROAD			1		

Towns Served: WOODBRIDGE

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

Name	Organization	Job Title
<b>Mrs. Anna Mobarak</b>	Tennis Central	
Mailing Address Line One	Mailing Address Line Two	City
110 Bradley Road		Woodbridge
Business Phone	Extension	Fax
203-239-5665		
Mobile Phone		Emergency Phone
		Email Address
		anna.mobarak@gmail.com

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

Name	Organization	Job Title
<b>Anytime Sport LLC</b>		
Mailing Address Line One	Mailing Address Line Two	City
110 Bradley Road		Woodbridge
Business Phone	Extension	Fax
203-239-5665		
Mobile Phone		Emergency Phone
		Email Address
		anna.mobarak@gmail.com

Contact Role(s): **Owner**

**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.
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**End of schedule**