

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	Agricultural
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	
<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	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	
<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	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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

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

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	Residential	Commercial	Industrial	Combined	Agricultural
1027 RACEBROOK ROAD		Connections		2			
Towns Served: WOODBRIDGE							

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<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				
		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 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		203-266-1163		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	WOODBIDGE CLUB			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)**

Total Coliform (3100)		1 routine (RT) per month		
<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	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		
<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	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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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

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

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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	WOODBIDGE CLUB			NC	26	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
10 MILHAVEN ROAD		Connections		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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION (SUMMER)	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CONNECTIONS	A				
		UPSTREAM	WITHIN 5 SERVICE CONNECTIONS	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:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

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

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		
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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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
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
130 South St				Cromwell	CT
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					

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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

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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	Agricultural
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	
<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	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	
<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	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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

<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				
		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	Agricultural
110 BRADLEY ROAD			1			

Towns Served: WOODBRIDGE

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

Name	Organization	Job Title
Mrs. Anna Mobarak	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): **Administrative Contact, Legal Contact**

Name	Organization	Job Title
Anytime Sport LLC		

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): **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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