| | Connecticut Dep | artment of | Public I | Health I | Orink | ing Wa | ater Se | ction | |
|-----------------------|-------------------------------|----------------|------------------------|--------------|------------|----------|-----------------------|--------------|--------------|
| | Water Qu | ality Monit | oring an | nd Comp | olianc | e Sch | edule | | |
| PWS ID | PWS Name | | | С | lassificat | | | er Type Pr | imary Source |
| CT0570132 | NORTH GREENWICH CONG | REGATIONAL CH | | | NC | | 6 | Р | GW |
| | where applicable) | | Service Connections | Residentia | | | dustrial | Combined | Agricultural |
| 606 RIVERSVILL | | | Connections | 2 | 1 | | | | |
| Towns Served: 0 | GREENWICH | D.C. mit. | ovina Doa | | ha. | | | | |
| Mator Systom | Facility: DISTRIBUTION | | oring Req | uiremen | ts . | | | | |
| - | • | 3131EW (WSF1 | D: 00000) | | | | 1 | tino (DT) r | or quarter |
| Total Coliforn | Point (Sampling Point ID) | | | Monitoring | Period | Collect | ion Period | | per quarter |
| | n Inventory of Active Samplin | ng Points | | 7/1/19 - 9/ | | Conecti | on renou | | mplete |
| Sciect iron | Tillventory of Active Sampin | 16 1 011113 | | 10/1/19 - 12 | | | | | mplete |
| | | | | 4/1/20 - 6/ | - | | | | IIpiete |
| | | | | 7/1/20 - 9/ | - | | | | |
| Total Coliforn | n (3100) | | | | • | | 3 re | peat (RP) | per period |
| | Point (Sampling Point ID) | | | Monitoring | Period | Collect | on Period | • | ance Status |
| Select fron | n Inventory of Active Samplir | ng Points | | 12/11/19 - 1 | 2/16/19 | | | Cor | mplete |
| Total Coliforn | n (3100) | | | | | 3 tem | porary ro | utine (TR) | per month |
| Sampling I | Point (Sampling Point ID) | | | Monitoring | Period | Collect | ion Period | Compli | ance Status |
| Select fron | n Inventory of Active Samplin | ng Points | | 1/1/20 - 1/ | /31/20 | | | Cor | mplete |
| Physical Para | meters (PPS) | | | | | | 1 rou | tine (RT) p | er quarter |
| Sampling I | Point (Sampling Point ID) | | | Monitoring | | Collect | ion Period | Complic | ance Status |
| Select fron | n Inventory of Active Samplin | ng Points | | 7/1/19 - 9/ | /30/19 | | | Cor | mplete |
| | | | | 10/1/19 - 12 | 2/31/19 | | | Cor | mplete |
| | | | | 1/1/20 - 3/ | | | | Cor | mplete |
| | | | | 4/1/20 - 6/ | | | | | |
| | | | | 7/1/20 - 9/ | /30/20 | | | | |
| - | Facility: ENTRY POINT (| WSF ID: 00700) | | | | | | | |
| Nitrate And N | • | | | | | | | - | T) per year |
| | Point (Sampling Point ID) | | | Monitoring | | Collect | ion Period | | ance Status |
| ENTRY POI | N1 (3) | | | 1/1/19 - 12 | | | | Cor | mplete |
| | | | | 1/1/20 - 12 | | | | | |
| Matar Custam | Facility WELL #1 /WCF | ID. 10749\ | | 1/1/21 - 12 | /31/21 | | | | |
| • | Facility: WELL #1 (WSF | ID: 10748) | | | | | 4 4-4 | | |
| E. Coli (3014) | Point (Sampling Point ID) | | | Monitoring | Pariod | Collect | 1 trigg ion Period | | per period |
| WELL #1 (2 | · · · · · · | | | 12/10/19 - 1 | | Conecti | on Periou | Compile | ince status |
| VVLLL #1 (2 | -1 | Other C | ompliance | | | | | | |
| Compliance Sch | edule Activity | | | | e Date | | Achieved I | Date | |
| | TION EXEMPTION | | | | 1/2021 | | | | |
| | | System Facili | ity and Sa | · | | vento | 'V | | |
| Water | vater | ystem raem | ity unu sa | mpinig r | Jiiit II | Total | Lead and | | |
| | er System Facility | Sampling Point | Samplina Pa | oint | | Coliform | Copper Copper | | Stage |
| Facility ID | , | ID | Description | | Status | Rule | | Asbestos | WQP 2 DBPR |
| _ | RIBUTION SYSTEM | 4 | GENERIC DIS | TRIBUTION | A | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SE | RVICE CON | Α | | | | |
| | | NGCC001 | UPSTAIRS KI | T SINK #1 | Α | Υ | 1 | Υ | |
| | | | | | | | | | |

| | Water Quality Monit | oring and | d Con | npl | iance S | chedul | e | |
|------------------|------------------------------------|-------------|---------|-------|------------|------------|------------|-----------------|
| PWS ID | PWS Name | | | Clas | sification | Population | Owner Type | Primary Source |
| CT0570132 | NORTH GREENWICH CONGREGATIONAL CHU | IRCH | | | NC | 36 | Р | GW |
| Local Address (v | vhere applicable) | Service | Residen | ntial | Commercia | Industri | al Combine | ed Agricultural |
| 606 RIVERSVILLI | E ROAD | Connections | 2 | | 1 | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

| | Wa | ter System Facili | ity and Sampling P | oint lı | nvento | γ | | | |
|-------------|-----------------------|-------------------|----------------------|---------|----------|-----------|----------|-----|--------|
| Water | | | | | Total | Lead and | | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | | Stage |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR |
| | | NGCC002 | UPSTAIRS KIT SINK #2 | Α | Υ | 1 | | | |
| | | NGCC003 | DOWNSTAIRS KIT SINK | Α | Υ | 2 | | | |
| | | NGCC004 | DOWNSTAIRS | Α | Υ | 2 | | | |
| | | | CLASSROOM | | | | | | |
| | | NGCC005 | DOWNSTRS STAFF BATH | Α | Υ | 2 | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 10748 | WELL #1 | 2 | WELL #1 | Α | | | | | |
| 45093 | TREATMENT PLANT | | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 45093)

| Facility Classification: CLASS 2 TREATMENT PLANT | | | | | | |
|--|----------------|---|------------|--|--|--|
| Operator Name | Operator Type | Certification(s) | Expiration | | | |
| HURLBUT, PAUL | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 12/31/2022 | | | |

| / - | | | | | | | | | , - , - | |
|---------------------|-----------|-------------------------------------|---------|----------------|------------------|--------------------------------|------|-----------|----------|--|
| | | | | Contact Info | ormation | | | | | |
| Name | | | | Organization | | | | Job Title | | |
| Mr. Jeff Junker | | | | North Green | wich Cong Church | Chairman | | | | |
| Mailing Address Lin | e One | e One Mailing Address Line Two City | | | | | City | State | Zip Code | |
| Chairman | | | 606 Riv | versville Road | | Greenwi | ich | СТ | 06831 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-869-7763 | | 203-869-6 | 5586 | | 203-869-6586 | northgreenwichchurch@gmail.com | | | | |
| Contact Dala(s). | - | Contact Los | al Cant | | | | | | | |

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.

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

End of schedule

| Connecticut Departme Water Quality M | | | | _ | | |
|---|------------------------------------|------------------------------|-----------|-------------------------|---------------|--------------|
| PWS ID PWS Name | officoring and | | | Population O | | imanı Cauraa |
| CT0570014 NATIONAL AUDUBON SOCIETY (MAIN | I BIIII DING) | C | NC | 25 | P P | GW |
| Local Address (where applicable) | Service | Residentia | | | Combined | Agricultural |
| 613 RIVERSVILLE ROAD | Connections | Nesidelitia | 1 | liai iliaustilai | Combined | Agricultural |
| Towns Served: GREENWICH | | | | | | |
| | Ionitoring Pogu | iromoni | ł.c | | | |
| Water System Facility: DISTRIBUTION SYSTEM (| lonitoring Requ (WSF ID: 00600) | ii eiiieiii | .5 | | | |
| Total Coliform (3100) | | | | 1 r | outine (RT) p | er quarter |
| Sampling Point (Sampling Point ID) | | Monitoring | | Collection Perio | d Complic | ince Status |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9/ | | | Cor | nplete |
| | 1 | .0/1/19 - 12 | | | Cor | nplete |
| | | 1/1/20 - 3/ | | | | |
| | | 4/1/20 - 6/ | | | | |
| | | 7/1/20 - 9/ | /30/20 | | | |
| Physical Parameters (PPS) | | | | | outine (RT) p | • |
| Sampling Point (Sampling Point ID) | - | Monitoring | | Collection Perio | | ince Status |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9/ | | | | nplete |
| | | .0/1/19 - 12 | | | Cor | nplete |
| | | 1/1/20 - 3/ | | | | |
| | | 4/1/20 - 6/ | | | | |
| Water System Facility FNTDY DOINT (WSF ID. C | 10700\ | 7/1/20 - 9/ | 30/20 | | | |
| Water System Facility: ENTRY POINT (WSF ID: C | 10700) | | | 1 | outing (DT) | |
| Nitrate (1040) Sampling Point (Sampling Point ID) | | Monitoring | Period | ר ב Collection Perio | outine (RT) p | ince Status |
| ENTRY POINT (3) | | 7/1/19 - 9/ | | conection Ferro | - | nplete |
| LIVINI FORM (3) | | .0/1/19 - 3/ .0/1/19 - 12 | | | | nplete |
| | | 1/1/20 - 3/ | | | COI | пріссе |
| | | 4/1/20 - 6/ | | | | |
| | | 7/1/20 - 9/ | | | | |
| Nitrate And Nitrite (NOX) | | ., _, _ 0 | 00, 20 | | 1 routine (R | T) per vear |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | - | ince Status |
| ENTRY POINT (3) | | 1/1/19 - 12 | | | | nplete |
| () | | 1/1/20 - 12 | | | | • |
| | | 1/1/21 - 12 | | | | |
| Water System Facility: WELL (WSF ID: 20966) | | | | | | |
| E. Coli (3014) | | | | 1 r | outine (RT) p | er quarter |
| Sampling Point (Sampling Point ID) | 1 | Monitoring | Period | Collection Perio | • • • | ınce Status |
| WELL (2) | | 7/1/19 - 9/ | /30/19 | | Cor | nplete |
| | 1 | .0/1/19 - 12 | 2/31/19 | | Cor | mplete |
| | | 1/1/20 - 3/ | /31/20 | | | |
| | | 4/1/20 - 6/ | /30/20 | | | |
| | | 7/1/20 - 9/ | /30/20 | | | |
| Publi | c Notification R | equiren | nents | | | |
| | Compliance | Notice | Public I | <u>Notification</u> | PN Certi | fication |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received |
| E. Coli M&R Violation | 10/1/18 - 12/31/18 | 3 | 2/22/2020 |) | 3/3/2020 | |

| | Water Quality Monito | oring and | d Con | npliance S | Schedul | .e | |
|------------------|--------------------------------------|-------------|---------|----------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0570014 | NATIONAL AUDUBON SOCIETY (MAIN BUILD | ING) | | NC | 25 | Р | GW |
| Local Address (w | here applicable) | Service | Residen | itial Commerci | al Industri | al Combine | ed Agricultural |
| 613 RIVERSVILLE | ROAD | Connections | | 1 | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|--|----------|-----|-----------------|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | | Asbestos | WQP | Stage 2 DBPR | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | | |
| 20966 | WELL | 2 | WELL | Α | | | | | | | | | |
| 47998 | TREATMENT PLANT | | | · | · | | | | | | | | |

| | | | | Contact Inf | ormation | | | | | |
|----------------------|-------------|-----------|---------|--------------------|-----------------|---------------------|----------------|-----------|----------|--|
| Name | | | | Organization | 1 | | | Job Title | | |
| Ms. Madeline Denr | nis | | | National Aud | lubon Society | | Center Manager | | | |
| Mailing Address Lin | e One | | Mailing | g Address Line Two | | | City State Zip | | | |
| 613 Riversville Rd | | | | | | Greenwi | vich CT 06 | | | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | mail Address | | | |
| 203-869-5272 | | 203-869-4 | 1437 | | | MDENNIS@AUDUBON.ORG | | | | |
| Contact Role(s): Le | gal Contact | | | | | | | | | |
| Name | | | | Organization | l | | | Job Title | | |
| Mr. John Fairty | | | | National Aud | lubon Society | | Facilities M | lanager | | |
| Mailing Address Lin | e One | | Mailing | g Address Line Two | | | City | State | Zip Code | |
| 613 Riversville Road | ł | | | | | Greenwi | ch | СТ | 06831 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ddress | | | |
| 203-219-1747 | | 203-869-4 | 1437 | | | ifairtv@ | audubon.or | g | | |

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.

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

End of schedule

| | | | a = 1.1 | | | | | | | |
|--------------------|---|------------------|--------------------------|---------|---------------------------|-------------|------------------|--------------|--------------|---------------------|
| | Connecticut Dep | partmen | t of Publ | ic H | ealth l | Drinki | ng W | ater S | Section | |
| | Water Qu | iality Mo | nitoring | and | d Com | pliance | e Sch | edule | | |
| PWS ID | PWS Name | | | | | • | | | | rimary Source |
| CT0570034 | G. E. HARRIS GOLF COURS | SE (MAINTEN | ANCE) | | | NC | | 25 | Р | GW |
| Local Addr | ess (where applicable) | | Service | | Residentia | al Comme | ercial I | ndustrial | Combined | Agricultural |
| 1323 KING | STREET | | Connec | ctions | | 1 | | | | |
| Towns Serv | ved: GREENWICH | | , , | | | | | | | |
| | | Mo | onitoring F | Requ | iremen | ts | | | | |
| Water Sys | stem Facility: DISTRIBUTION | | | | | | | | | |
| Total Col | iform (3100) | | | | | | | 1 r | outine (RT) | per quarter |
| Samp | ling Point (Sampling Point ID) | | | ı | Monitoring | g Period | Collec | tion Perio | d Compli | ance Status |
| Select | from Inventory of Active Sampl | ing Points | | | 7/1/19 - 9 | /30/19 | _ | | Co | mplete |
| | | | | 1 | 10/1/19 - 1 | | | | Со | mplete |
| | | | | | 1/1/20 - 3 | • | | | | |
| | | | | | 4/1/20 - 6 | | | | | |
| | | | | | 7/1/20 - 9 | /30/20 | | | | |
| - | Parameters (PPS) | | | | | 5 | o " | | outine (RT) | |
| - | ling Point (Sampling Point ID) from Inventory of Active Sampl | ina Dainta | | | Monitoring | | Collect | tion Perio | | ance Status |
| Select | . Irom inventory of Active Sampi | ing Points | | 1 | 7/1/19 - 9 10/1/19 - 1 | • | | | | mplete mplete |
| | | | | | 1/1/20 - 3 | | | | CO | IIIpiete |
| | | | | | 4/1/20 - 6 | | | | | |
| | | | | | 7/1/20 - 9 | | | | | |
| Water Svs | stem Facility: ENTRY POINT | (WSF ID: 00 | 700) | | .,_,_ | , , | | | | |
| • | nd Nitrite (NOX) | (| | | | | | | 1 routine (F | T) per vear |
| | ling Point (Sampling Point ID) | | | | Monitoring | g Period | Collec | tion Perio | = | ance Status |
| | Y POINT (3) | | | | 1/1/19 - 12 | | | | - | mplete |
| | | | | | 1/1/20 - 12 | 2/31/20 | | | | |
| | | | | | 1/1/21 - 12 | 2/31/21 | | | | |
| | | Public | Notificati | on R | equirer | nents | | | | |
| | | | Complian | се | Notice | Publi | c Notific | <u>ation</u> | PN Cert | rification |
| Violation/S | | | Period | - 1 | Tier | Require | | rformed | Due to DPH | Received |
| | n Color MCL Violation | | 7/1/04 - 9/3 | - | 2 | 1/1/200 | | | 1/11/2005 | |
| | orm MCL Violation | | 7/1/05 - 9/3 | | 2 | 10/19/20 | | | 10/29/2005 | |
| | n Turbidity MCL Violation | | 4/1/06 - 6/3 | | 2 | 8/23/20 | | | 9/2/2006 | |
| | orm MCL Violation | | 9/1/06 - 9/3 | | 2 | 11/11/20 | | | 11/21/2006 | |
| Total Collic | orm MCL Violation | | 7/1/06 - 9/3 | • | 2 | 11/11/20 | | | 11/21/2006 | |
| | Water | System F | acility and | san | npling F | oint in | | | | |
| Water | Maken Costone English | Comonlina | Daint Commit | an Dain | | | Total | Lead ar | | C. |
| System Facility ID | Water System Facility | Sampling I ID | Point Samplir Descrip | _ | π | | Coliform Rule | | | Stage WQP 2 DBPR |
| - | DISTRIBUTION SYSTEM | 4 | | | I SYSTEM | Status A | Y | naic II | c. Assestes | TO LOUIN |
| 00000 | DIGINIDO NON DIGILIWI | | REAM WITHIN | | | A | • | | | |
| | | UPSTRE/ | | | VICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY I | | | Α | | | | |
| 20967 | WELL | 2 | WELL | | | Α | | | | |
| | | | | | | | | | | |

61102 TREATMENT PLANT

| | Connectic | ut Depa | rtment | of Public | Health | ı Di | rinking | g Water | Section | 1 | |
|--------------------|------------------|-------------|-------------|------------------|-------------|-------|-------------|-------------|------------|-----|--------------|
| | Wat | ter Qua | lity Mo | nitoring a | nd Con | npl | iance S | Schedu | le | | |
| PWS ID | PWS Name | | | | | Clas | ssification | Population | Owner Type | Pri | imary Source |
| CT0570034 | G. E. HARRIS GO | LF COURSE (| MAINTENAI | NCE) | | | NC | 25 | Р | | GW |
| Local Address (wi | nere applicable) | | | Service | Resider | ntial | Commerci | al Industri | al Combin | ed | Agricultural |
| 1323 KING STREE | Т | | | Connection | ıs | | 1 | | | | |
| Towns Served: G | REENWICH | | | | | | | | | | |
| | | | C | Contact Info | rmatior | 1 | | | | | |
| Name | | | | Organization | | | | | Job Tit | le | |
| Mr. Jay F. Collins | | | | Griffith E. Harr | is Golf Cou | rse | | Grounds | Manager | | |
| Mailing Address I | ine One | | Mailing Add | dress Line Two | | | | City | State | | Zip Code |
| 1323 King Street | | | | | | | Greenv | vich | СТ | | 06831 |
| Business Phone | Extension | Fax | N | lobile Phone | Emergency | y Pho | ne Email A | Address | | | |
| 203-531-1096 | | 203-531-3 | 3162 | | 203-561 | -7953 | 3 Jay.Col | lins@green | wichct.org | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | |
| Name | | | | Organization | | | | | Job Tit | le | |
| Mr. Lou Berlingo | | | | G. E. Harris Go | If Course | | | | | | |
| Mailing Address I | ine One | | Mailing Add | dress Line Two | | | | City | State | | Zip Code |
| 1323 King Street | | | | | | | Greenv | vich | СТ | | 06831 |

Contact Role(s): Legal Contact

Extension

Please note the following:

Business Phone

203-531-7158

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

Emergency Phone Email Address

I.berlingo@greenwichct.org

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

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

End of schedule

Page 6

| | Connectic | • | | | | | | _ | | | ction | |
|-------------------------|---------------------------|--------------|---------------------|------------------------|-------------|--------|---------|-----------------|------------|--------|-----------|---------------------|
| DIA/C ID | | ter Quar | ity Monit | ornig ar | ia Con | _ | | | | | - 1 | 2 |
| PWS ID CT0570054 | PWS Name | C \\/FII #1 | | | | | | Pop | | Own | | Primary Source |
| | CAMP SIMMON | 2 - MELL #1 | | Comilee | Daaidaa | | NC | -:-! | 31 | -1 / | P | GW |
| | ss (where applicable) | | | Service Connections | Residen | tiai C | commer | Ciai | Industri | dl ' | Combine | d Agricultural |
| 744 LAKE AV | | | | Connections | 3 | | 1 | | | | | |
| Towns Serve | ed: GREENWICH | | | | | | _ | _ | | _ | | |
| Water Syst | em Facility: DISTR | RIBUTION SY | | oring Req D: 00600) | uireme | nts | | | | | | |
| Total Colif | form (3100) | | | | | | | | | 1 roı | ıtine (RT |) per month |
| Sampli | ing Point (Sampling P | oint ID) | | | Monitori | ng Pe | riod | Colle | ction Pe | riod | Comp | liance Status |
| Select | from Inventory of Act | ive Sampling | Points | | 6/1/20 - | 6/30/ | ′20 | | | | | |
| | • | <u> </u> | | | 7/1/20 - | 7/31/ | ′20 | | | - | | - |
| | | | | | 8/1/20 - | | | | | | | |
| | | | | | 9/1/20 - | | | | | | | |
| Physical P | arameters (PPS) | | | | -, =, =0 | ., 501 | - | | | 1 roi | ıtine (RT |) per month |
| _ | ing Point (Sampling P | oint ID) | | | Monitori | na Pe | riod | Colle | ction Pe | | • | liance Status |
| | from Inventory of Act | | Points | | 6/1/20 - | | | 33.10 | 20.31.7 61 | | comp | Julia |
| Jeiect | | Jamping | 31113 | | 7/1/20 - | | | | | | | |
| | | | | | 8/1/20 - | | | | | | | |
| | | | | | 9/1/20 - | | | | | | | |
| Motor Crest | one Facility FAITD | V DOINT (M | CE ID: 00700\ | | 9/1/20- | 9/30/ | 20 | | | | | |
| • | em Facility: ENTR | Y POINT (W | SF ID: 00/00) | | | | | | | | | |
| | nd Nitrite (NOX) | | | | | | | - " | | | _ | RT) per year |
| | ing Point (Sampling P | oint ID) | | | Monitori | | | | ction Pe | riod | | liance Status |
| ENTRY | POINT (3) | | | | 1/1/19 - | | | | 1/1-9/30 | | С | omplete |
| | | | | | 1/1/20 - | | | | 1/1-9/30 | | | |
| | | | | | 1/1/21 - | 12/31 | /21 | 4 | 1/1-9/30 | | | |
| | | | Other C | omplianc | e Sched | lules | 3 | | | | | |
| Compliance | Schedule Activity | | | | ı | Due D | ate | | Achie | ved L | Date | |
| SEASONAL S | START UP COMPLETIC | N | | | (| 6/1/20 | 020 | | | | | |
| | | Water Sy | stem Facil | ity and Sa | mpling | Poir | | | = | | | |
| Water | Mator Sustam Easilitu | | ampling Point | Camplina Da | sint. | | | Total | | | | Chana |
| System V Facility ID | Vater System Facility | 3 | umpning Foint ID | Description |)IIIL | _ | | olifori Rule | | | Achesto | Stage WQP 2 DBPR |
| | NCTRIBLITION CVCTCA | Λ | | DISTRIBUTION | | | utus | Y | Kule | 1161 | ASDESIUS | VVQF Z DDFN |
| 00600 | DISTRIBUTION SYSTEM | | 4 | | | | A | Y | | | | |
| | | l | OOWNSTREAM | | | | A | | | | | |
| | | | UPSTREAM | WITHIN 5 SE | | V | A | | | | | |
| | NTRY POINT | | 3 | ENTRY POIN | I | | Α | | | | | |
| 20969 V | VELL #1 | | 2 | WELL #1 | | | Α | | | | | |
| | | | Con | tact Infor | mation | | | | | | | |
| Name | | | 0 | rganization | | | | | | | Job Title | |
| Ms. Megan | Sweeney | | Во | oys & Girls Clu | ub of Greer | nwich | | V | p of Adn | ninist | ration | |
| Mailing Add | ress Line One | | Mailing Addres | s Line Two | | | | | City | | State | Zip Code |
| 4 Horseneck | c Lane | | | | | | Greer | nwich | 1 | | СТ | 06830 |
| Business F | Phone Extension | Fax | Mobi | ile Phone | Emergency | Phon | e Email | Addı | ress | | | |
| 203-869- | 3224 103 | 203-869-1 | 814 | | | | mswe | eeney | /@bgcg.c | org | | |
| | e(s): Administrative | | | | | | | | | _ | | |
| | <u> </u> | , <u>u</u> | | | | | | | | | | |

| | Connectic | ut Depa | rtme | nt of | f Public | Health | ı Dr | inking | g Water | Sec | ction | | |
|--------------------|---------------------------------|-------------|---------|--------|----------------|------------|--------|-------------------|-------------|---------------------|-----------|----------------|--|
| | Wa | ter Qua | lity M | onit | coring a | nd Cor | npl | iance S | Schedu | le | | | |
| PWS ID P | WS Name | | | | | | Clas | sification | Population | Owne | er Type | Primary Source | |
| CT0570054 C | AMP SIMMON | S - WELL #1 | | | | | | NC | 31 | | Р | GW | |
| Local Address (wh | ocal Address (where applicable) | | | | | Resider | ntial | Commerci | ial Industr | ial (| Combine | d Agricultural | |
| 744 LAKE AVENUE | | | | | Connection | ıs | | 1 | | | | | |
| Towns Served: GR | EENWICH | | | | | · | | | · | | | | |
| Name | | | | 0 | rganization | | | | | | Job Title | | |
| Mr. Bobby Walke | r, Jr | | | В | oys & Girls Cl | ub of Gree | enwich | 1 | Chief Exe | Chief Exec Officer | | | |
| Mailing Address Li | ne One | | Mailing | Addres | s Line Two | | | | City | City State Zip Code | | | |
| 4 Horseneck Lane | | | | | | | | Green | wich | | CT | 06830 | |
| Business Phone | Extension | Fax | | Mobi | ile Phone | Emergenc | y Pho | ne Email <i>i</i> | Address | | | | |
| 203-869-3224 | | 203-869- | 1814 | | | | | bwalke | er@bgcg.org | 3 | | | |
| Contact Role(s): | egal Contact | | • | | | | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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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 M | onitoring and | d Comp | lianc | e Sched | dule | | | | | |
| PWS ID PWS Name | | Cl | assification | on Populat | tion Ov | vner Type Pr | imary Source | | | |
| CT0570074 E.T. SETON BOY SCOUT CAMP - MAIN | BLDG | | NC | 25 | | Р | GW | | | |
| Local Address (where applicable) | Service | Residentia | Commo | ercial Indu | ustrial | Combined | Agricultural | | | |
| 363 RIVERSVILLE ROAD | Connections | | 1 | | | | | | | |
| Towns Served: GREENWICH | | | | | | | | | | |
| M | onitoring Requ | iirement | :S | | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600) | | | | | | | | | |
| Total Coliform (3100) | | | | | 1 rc | outine (RT) p | er quarter | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection | n Perio | d Complia | ince Status | | | |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9/ | 30/19 | | | Cor | nplete | | | |
| | : | 10/1/19 - 12 | 2/31/19 | | | Cor | nplete | | | |
| | | 1/1/20 - 3/ | 31/20 | | | | | | | |
| | | 4/1/20 - 6/ | - 6/30/20 | | | | | | | |
| | | 7/1/20 - 9/ | 30/20 | | | | | | | |
| Physical Parameters (PPS) | | | | | 1 rc | outine (RT) p | er quarter | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection | n Perio | d Complic | ince Status | | | |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9/ | 30/19 | | | Cor | nplete | | | |
| | | 10/1/19 - 12 | 2/31/19 | | | Cor | nplete | | | |
| | | 1/1/20 - 3/31/20 | | | | | | | | |
| | | 4/1/20 - 6/ | | | | | | | | |
| | | 7/1/20 - 9/ | 30/20 | | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | | | | | |
| Nitrate And Nitrite (NOX) | | | | | : | 1 routine (R | T) per year | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | | Collection | n Perio | | ince Status | | | |
| ENTRY POINT (3) | | 1/1/19 - 12, | | | | Cor | nplete | | | |
| | | 1/1/20 - 12, | - | | | | | | | |
| | | 1/1/21 - 12, | /31/21 | | | | | | | |
| Oth | er Compliance | Schedu | les | | | | | | | |
| Compliance Schedule Activity | | Du | e Date | Α | chieve | d Date | | | | |
| RESPOND TO SANITARY SURVEY | | 8/2 | 4/2013 | | | | | | | |
| RESPOND TO SANITARY SURVEY | | 3/7 | 7/2019 | | | | | | | |
| Public | Notification R | equirem | ents | | | | | | | |
| | Compliance | Notice | <u>Publi</u> | c Notificati | <u>on</u> | PN Certi | fication | | | |
| Violation/Situation | Period | Tier | Requir | ed Perfo | rmed | Due to DPH | Received | | | |
| Distribution Odor M&R Violation | 4/1/11 - 6/30/11 | 3 | 9/5/20 | 12 | | 9/15/2012 | | | | |
| Physical Parameters M&R Violation | 7/1/15 - 9/30/15 | 3 | 12/27/2 | 016 | | 1/6/2017 | | | | |
| Water System | Facility and Sar | npling P | oint In | ventory | | | | | | |
| Water | | | | Total L | ead an | d | | | | |
| System Water System Facility Sampling | Point Sampling Poi | nt | | Coliform | Copper | | Stage | | | |
| Facility ID ID | Description | | Status | Rule F | Rule Tie | er Asbestos | WQP 2 DBPR | | | |
| 00600 DISTRIBUTION SYSTEM 4 | DISTRIBUTION | N SYSTEM | Α | Υ | | | | | | |
| DOWNST | REAM WITHIN 5 SER | VICE CON | Α | | | | | | | |
| UPSTRI | EAM WITHIN 5 SER | VICE CON | Α | | | | | | | |
| 00700 ENTRY POINT 3 | ENTRY POINT | | Α | | | | | | | |
| 20971 WELL 2 | WELL | | Α | | | | | | | |
| 55748 ATMOSPHERIC TANKS | | | | | | | | | | |

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|-----------------|--|-------------|----|-------|-------------|-------------|------------|-----------------|--|--|--|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | | | |
| CT0570074 | E.T. SETON BOY SCOUT CAMP - MAIN BLDG | | NC | 25 | Р | GW | | | | | |
| Local Address (| Local Address (where applicable) | | | ntial | Commercia | al Industri | al Combine | ed Agricultural | | | |
| 363 RIVERSVILI | LE ROAD | Connections | | | 1 | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

| Contact Information | | | | | | | | | | |
|---------------------|-----------|-----------------|-----------------|---------------------|-----------------|-----------------|--|--|-------|--|
| Name | | Organization | 1 | Job Title | | | | | | |
| Mr. Thomas M. Jan | sen | Greenwich C | Council, B.S.A. | Council Scout Exec. | | | | | | |
| Mailing Address Lin | e One | ddress Line Two | | | City State Zip | | | | | |
| 63 Mason St | | | | | | Greenwich CT | | | 06830 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | e Email Address | | | | |
| 203-869-8424 | 3007 | 203-869-2 | 2732 | | 203-869-6633 | 369-6633 | | | | |

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

End of schedule

| | Connecticut Department of | of Public Health Drinki | ng Water Se | ction |
|------------------|---|--|--------------------------|--|
| | Water Quality Mon | itoring and Compliance | e Schedule | |
| PWS ID | PWS Name | Classification | on Population Own | er Type Primary Source |
| CT0570084 | E.T. SETON BOY SCOUT CAMP - DORMS | NC | 25 | P GW |
| Local Address (v | where applicable) | Service Residential Commo | ercial Industrial | Combined Agricultural |
| 363 RIVERSVILL | E ROAD | Connections 1 | | |
| Towns Served: | GREENWICH | | | |
| Water System | Moni Facility: DISTRIBUTION SYSTEM (WSF | toring Requirements | | |
| Total Coliforn | , | | 1 rou | tine (RT) per quarter |
| | Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | n Inventory of Active Sampling Points | 7/1/19 - 9/30/19 | | Complete |
| | | 10/1/19 - 12/31/19 | <u>-</u> | Complete |
| | | 1/1/20 - 3/31/20 | | |
| | | 4/1/20 - 6/30/20 | | |
| | | 7/1/20 - 9/30/20 | | |
| | meters (PPS) | | 1 rou | tine (RT) per quarter |
| | Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select fron | n 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 | | |
| Mator Systom | Facility: ENTRY POINT (WSF ID: 00700 | 7/1/20 - 9/30/20 | | |
| Nitrate (1040 | , | <i>y</i> | 1 | tine (PT) per querter |
| - | Point (Sampling Point ID) | Monitoring Period | Collection Period | tine (RT) per quarter Compliance Status |
| ENTRY POI | | 7/1/19 - 9/30/19 | Concetion i criod | Complete |
| | (5) | 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 | | |
| Nitrate And N | litrite (NOX) | | 1 1 | outine (RT) per year |
| Sampling | Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POI | INT (3) | 1/1/19 - 12/31/19 | | Complete |
| | | 1/1/20 - 12/31/20 | | |
| | | 1/1/21 - 12/31/21 | | |
| - | Facility: WELL (WSF ID: 20972) | | | |
| E. Coli (3014) | | | | tine (RT) per quarter |
| | Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL (2) | | 7/1/19 - 9/30/19 | | |
| | | 10/1/19 - 12/31/19 1/1/20 - 3/31/20 | | |
| | | 4/1/20 - 6/30/20 | | |
| | | 7/1/20 - 9/30/20 | | |
| | Othor | Compliance Schedules | | |
| Committee C. | | • | A = 1 * · · · · | Data. |
| Compliance Sch | neaule Activity | Due Date | Achieved L | vate |

9/23/2018

Schedule Generation Date: 3/10/2020 Page 11

RESPOND TO SANITARY SURVEY

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
|-----------------|--|-------------|---------|-------|----------|-------------|------------|-----------------|--|--|--|--|
| PWS ID | PWS Name | | | | | Population | Owner Type | Primary Source | | | | |
| CT0570084 | E.T. SETON BOY SCOUT CAMP - DO | | NC | 25 | Р | GW | | | | | | |
| Local Address (| (where applicable) | Service | Resider | ntial | Commerci | al Industri | al Combin | ed Agricultural | | | | |
| 363 RIVERSVIL | LE ROAD | Connections | | | 1 | | | | | | | |
| Towns Served: | owns Served: GREENWICH | | | | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

| Public Notification Requirements | | | | | | | | | | |
|----------------------------------|--|------|-----------|-----------|------------|----------|--|--|--|--|
| | Compliance Notice <u>Public Notification</u> <u>PN Certifica</u> | | | | | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | | |
| E. Coli M&R Violation | 7/1/19 - 9/30/19 | 3 | 12/9/2020 | | 12/19/2020 | | | | | |

| | 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 | WQP | Stage 2 DBPR | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | |
| 20972 | WELL | 2 | WELL | Α | | | | | | | | |
| 55746 | ATMOSPHERIC STORAGE | | | | | | | | | | | |

| | | | Contact Inf | ormation | | | | | |
|--------------------------|--|---|---|--|---|--|---|---|--|
| | | | Organization | | | | Job Title | | |
| sen | | | Greenwich C | ouncil, B.S.A. | | Council Sco | ut Exec. | | |
| Mailing Address Line One | | | | | City State Zip | | | | |
| ason St Greenwich | | | | СТ | 06830 | | | | |
| Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | | |
| 3007 | 203-869-2 | 2732 | | 203-869-6633 | | | | | |
| gal Contact | | | | | | | | | |
| | | | Organization | | | | Job Title | | |
| ertson | | | Boy Scouts o | f America | | Scout Executive | | | |
| e One | | Mailing | g Address Line Two | | | City | State | Zip Code | |
| | | | | | Greenwi | ch | СТ | 06831 | |
| Extension | Fax | • | Mobile Phone | Emergency Phone | Email Ac | ldress | | | |
| 3007 | 203-869-2 | 2732 | 203-249-0200 | | mike.robertson@scouting.org | | | | |
| | Extension 3007 gal Contact ertson e One Extension | Extension Fax 3007 203-869-2 gal Contact ertson e One Extension Fax | Extension Fax 3007 203-869-2732 gal Contact ertson e One Mailing Extension Fax | Organization Greenwich C One Mailing Address Line Two Extension 3007 203-869-2732 gal Contact Organization ertson Boy Scouts o e One Mailing Address Line Two Mobile Phone Extension Boy Scouts o Mobile Phone | Extension Fax Mobile Phone Emergency Phone 3007 203-869-2732 203-869-6633 gal Contact Organization ertson Boy Scouts of America e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone | Organization Seen Greenwich Council, B.S.A. e One Mailing Address Line Two Greenwi Extension Fax Mobile Phone Benergency Phone Email Address Greenwi Organization Organization Boy Scouts of America e One Mailing Address Line Two Greenwi Greenwi Extension Boy Scouts of Emergency Phone Greenwi Extension Fax Mobile Phone Emergency Phone Email Address Emergency Phone Email Address Email Address Email Address Emergency Phone Email Address Emergency Phone Email Address Emergency Phone Email Address Email Address Emergency Phone E | Organization Seen Greenwich Council, B.S.A. Council Sco Se One Mailing Address Line Two City Greenwich Extension Fax Mobile Phone Emergency Phone Email Address 3007 203-869-2732 203-869-6633 gal Contact Organization Sertson Boy Scouts of America Scout Execute Some Mailing Address Line Two City Greenwich Extension Fax Mobile Phone Emergency Phone Email Address | Organization Job Title Sen Greenwich Council, B.S.A. Council Scout Exec. Pe One Mailing Address Line Two Greenwich CT Extension Fax Mobile Phone Emergency Phone Email Address 3007 203-869-2732 203-869-6633 gal Contact Organization Job Title Pertson Boy Scouts of America Scout Executive One Mailing Address Line Two City State Greenwich CT Scout Executive Greenwich CT Extension Fax Mobile Phone Emergency Phone Email Address | |

Contact Role(s): Administrative Contact

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

End of schedule

| | Connection | ut Danar | stmont of | Dublic | IIoolth I |)ninlri | m ~ 11/ | ston Co | ation | |
|---|--|-----------------|---|--|--|----------------------------|---------------------------------------|---------------------------------|---------------------|--------------------------|
| | Connectic | • | | | | | _ | | Ction | |
| | Wat | ter Quali | ty Monit | oring a | and Comp | olianc | e Sche | edule | | |
| PWS ID | PWS Name | | | | С | | - | | | rimary Source |
| CT0570134 | ST. BARNABAS C | HURCH | | | | NC | 2 | | Р | GW |
| | (where applicable) | | | Service | Residentia | | | dustrial | Combined | Agricultural |
| 954 LAKE AVE | | | | Connectio | ons | 1 | | | | |
| Towns Served: | GREENWICH | | | | | | | | | |
| | | | Monito | oring Re | quiremen | ts | | | | |
| Water Systen | n Facility: DISTR | IBUTION SYS | STEM (WSF II | D: 00600) | | | | | | |
| Total Colifor | • • | | | | | | | 1 rou | | per quarter |
| | Point (Sampling Po | | | | Monitoring | | Collecti | on Period | | iance Status |
| Select fro | m Inventory of Acti | ve Sampling F | oints | | 7/1/19 - 9, | | _ | | | mplete |
| | | | | | 10/1/19 - 1 | | | | Co | mplete |
| | | | | | 1/1/20 - 3, | | | | | |
| | | | | | 4/1/20 - 6, | | | | | |
| Dhariaal Daw | (DDC) | | | | 7/1/20 - 9, | /30/20 | | 4 | .: (DT) | |
| _ | ameters (PPS) Point (Sampling Po | oint ID) | | | Monitoring | Period | Collecti | 1 rou on Period | | per quarter iance Status |
| | m Inventory of Acti | | nints | | 7/1/19 - 9 | | Conecti | on renou | | mplete |
| Scieccino | THE INVESTIGATION OF FREE | ve sampling i | Onics | | 10/1/19 - 1 | - | | | | mplete |
| | | | | | 1/1/20 - 3 | | | | | |
| | | | | | 4/1/20 - 6, | - | | | | |
| | | | | | 7/1/20 - 9 | | | | | |
| Water Systen | n Facility: ENTRY | POINT (W | SF ID: 00700) | | | | | | | |
| Nitrate And | Nitrite (NOX) | | | | | | | 1 rou | tine (RT) | per quarter |
| Sampling | Point (Sampling Po | oint ID) | | | Monitoring | Period | Collecti | on Period | Compl | iance Status |
| ENTRY PC | DINT (3) | | | | 7/1/19 - 9, | /30/19 | | | Co | mplete |
| | | | | | 10/1/19 - 1 | 2/31/19 | | | Co | mplete |
| | | | | | 1/1/20 - 3, | /31/20 | | | | |
| | | | | | 4/1/20 - 6, | /30/20 | | | | |
| | | | | | | | | | | |
| | | | | | 7/1/20 - 9, | /30/20 | | | | |
| | | Water Sys | stem Facili | ity and S | 7/1/20 - 9, Sampling P | | ventor | У | | |
| Water | | Water Sys | stem Facili | ity and S | | | ventor | Y Lead and | | |
| System Wa | ter System Facility | • | ampling Point | Sampling i | Sampling P | oint In | Total Coliform | Lead and Copper | | Stage |
| System Wa Facility ID | ter System Facility | Si | ampling Point ID | Sampling Descriptio | Sampling P Point n | oint In | Total Coliform Rule | Lead and Copper | Asbestos | Stage WQP 2 DBPR |
| System Wa Facility ID | | Si | ampling Point ID 4 | Sampling Descriptio | Sampling P Point n TON SYSTEM | Status A | Total Coliform | Lead and Copper | Asbestos | _ |
| System Wa Facility ID | ter System Facility | Si | ampling Point ID 4 OWNSTREAM | Sampling Description DISTRIBUT WITHIN 5 | Foint TION SYSTEM SERVICE CON | Status A A | Total Coliform Rule | Lead and Copper | Asbestos | _ |
| System Wa Facility ID 00600 DIS | ter System Facility TRIBUTION SYSTEM | Si | ampling Point ID 4 OWNSTREAM UPSTREAM | Sampling Description DISTRIBUT WITHIN 5: | Point n TON SYSTEM SERVICE CON SERVICE CON | Status A A A | Total Coliform Rule | Lead and Copper | Asbestos | _ |
| System Wa Facility ID 00600 00700 ENT | ter System Facility TRIBUTION SYSTEM TRY POINT | Si | ampling Point ID 4 OWNSTREAM UPSTREAM 3 | Sampling Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI | Point n TON SYSTEM SERVICE CON SERVICE CON | Status A A A A | Total Coliform Rule | Lead and Copper | Asbestos | _ |
| System Wa Facility ID 00600 00700 ENT 20977 WE | ter System Facility TRIBUTION SYSTEM FRY POINT LL | Si | ampling Point ID 4 OWNSTREAM UPSTREAM | Sampling Description DISTRIBUT WITHIN 5: | Point n TON SYSTEM SERVICE CON SERVICE CON | Status A A A | Total Coliform Rule | Lead and Copper | Asbestos | _ |
| System Wa Facility ID 00600 00700 ENT 20977 WE 54367 TRE | ter System Facility TRIBUTION SYSTEM TRY POINT LL EATMENT SYSTEM | So | ampling Point ID 4 OWNSTREAM UPSTREAM 3 | Sampling Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI | Point n TON SYSTEM SERVICE CON SERVICE CON | Status A A A A | Total Coliform Rule | Lead and Copper | Asbestos | _ |
| System Wa Facility ID 00600 00700 ENT 20977 WE 54367 TRE | ter System Facility TRIBUTION SYSTEM FRY POINT LL | So | ampling Point ID 4 OWNSTREAM UPSTREAM 3 2 | Sampling Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI | Point n TION SYSTEM SERVICE CON SERVICE CON | Status A A A A | Total Coliform Rule | Lead and Copper | Asbestos | _ |
| System Wa Facility ID 00600 00700 ENT 20977 WE 54367 TRE 54371 PRE | ter System Facility TRIBUTION SYSTEM TRY POINT LL EATMENT SYSTEM | So | ampling Point ID 4 OWNSTREAM UPSTREAM 3 2 | Sampling Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI WELL | Point n TON SYSTEM SERVICE CON SERVICE CON | Status A A A A | Total Coliform Rule | Lead and Copper | | _ |
| System Wa Facility ID 00600 00700 ENT 20977 WE 54367 TRE 54371 PRE | TRIBUTION SYSTEM TRY POINT LL SATMENT SYSTEM SSURE STORAGE TA | So | Ampling Point ID 4 OWNSTREAM UPSTREAM 3 2 | Sampling Description DISTRIBUT WITHIN 5 SENTRY POLY WELL tact Info | Point ION SYSTEM SERVICE CON SERVICE CON INT | Status A A A A | Total Coliform Rule Y | Lead and Copper Rule Tier | Asbestos Job Title | _ |
| System Wa Facility ID 00600 00700 ENT 20977 WE 54367 TRE 54371 PRE Name Mr. Clifford St | TRIBUTION SYSTEM TRY POINT LL EATMENT SYSTEM ESSURE STORAGE TA | So D ANKS | Con | Sampling Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI WELL tact Info | Point ION SYSTEM SERVICE CON SERVICE CON INT | Status A A A A | Total Coliform Rule Y | Lead and Copper Rule Tier | Job Title | WQP 2 DBPR |
| System War Facility ID 00600 DIS 00700 ENT 20977 WE 54367 TRE 54371 PRE Name Mr. Clifford St Mailing Addres | TRIBUTION SYSTEM TRY POINT LL EATMENT SYSTEM ESSURE STORAGE TA | So D ANKS | Ampling Point ID 4 OWNSTREAM UPSTREAM 3 2 | Sampling Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI WELL tact Info | Point ION SYSTEM SERVICE CON SERVICE CON INT | Status A A A A | Total Coliform Rule Y | Lead and Copper Rule Tier | Job Title State | WQP 2 DBPR Zip Code |
| System Wa Facility ID 00600 00700 ENT 20977 WE 54367 TRE 54371 PRE Name Mr. Clifford St | TRIBUTION SYSTEM TRY POINT LL SATMENT SYSTEM SSURE STORAGE TA Orms SS Line One | So D ANKS | Ampling Point ID 4 OWNSTREAM UPSTREAM 3 2 Con Or St Mailing Address | Sampling Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI WELL tact Info | Point ION SYSTEM SERVICE CON SERVICE CON INT | Status A A A A Green | Total Coliform Rule Y Wal Cireenwich | Lead and Copper Rule Tier | Job Title | WQP 2 DBPR |

203-661-5526 203-661-2160 203-661-2160 203-661-2160 203-661-2160 203-661-5526 203-661-2160 203-661-5526 203-661-2160 203-661-2160 203-661-5526 203-661-2160 203-661-5526 203-661-2160 203-661-5526 203-661-5520 203-661-5520 203-661-5520 203-661-5520 203-661-5520 203-6

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|------------------------|--|-----------|---------------|--------------|-----------|----------|---------|-------------|------|---------|----------------|--|
| | Wa | ter Qual | lity Moni | toring a | nd Con | nplia | nce S | Schedul | le | | | |
| PWS ID | PWS Name | | | | | Classifi | cation | Population | Owne | er Type | Primary Source | |
| CT0570134 | ST. BARNABAS C | HURCH | | | | N | С | 25 | | Р | GW | |
| Local Address (w | here applicable) | | | Service | Residen | tial Co | mmercia | al Industri | al C | Combine | d Agricultural | |
| 954 LAKE AVENU | Connection | ns | 1 | | | | | | | | | |
| Towns Served: G | REENWICH | | | · | · | | | · | · | | · | |
| Contact Role(s): | Legal Contact | 200 001 1 | -100 | | | | | | | | | |
| Name | | | C | Organization | | | | Job Title | | | | |
| Mr. Bruce G. Kel | ly | | | | | | | Chairman | | | | |
| Mailing Address | Line One | | Mailing Addre | ss Line Two | | | | City | | State | Zip Code | |
| 954 Lake Ave. | | | | | | | Greenv | vich | | CT | 06831 | |
| Business Phone | e Extension | Fax | Mok | oile Phone | Emergency | / Phone | Email A | ddress | | | | |
| 203-661-5526 | | | | | | | | | | | | |
| 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 Departmen | nt of Public H | lealth | Dı | rinking | Water S | Section | |
|-----------------------|---------------------------------------|--------------------|------------|------|------------|--------------------|----------------|-------------------|
| | Water Quality M | onitoring an | d Com | ıpl | iance S | Schedule | <u>)</u> | |
| PWS ID | PWS Name | | | | | | wner Type Pr | imary Source |
| CT0570144 | ST. PAULS CHURCH | | | | NC | 25 | P | GW |
| Local Address (| where applicable) | Service | Resident | tial | Commercia | al Industrial | Combined | Agricultural |
| 84 SHERWOOD | | Connections | | | 1 | | | |
| Towns Served: | GREENWICH | | | | | | | |
| | M | onitoring Requ | ireme | nts | | | | |
| Water System | Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600) | | | | | | |
| Total Coliforn | m (3100) | | | | | 1 r | outine (RT) p | er quarter |
| Sampling | Point (Sampling Point ID) | | Monitorii | ng P | eriod Co | ollection Perio | od Compli | ance Status |
| Select fror | m Inventory of Active Sampling Points | | 7/1/19 - | 9/30 | 0/19 | | Co | mplete |
| | | | 10/1/19 - | 12/3 | 31/19 | | Co | mplete |
| | | | 1/1/20 - | 3/3 | 1/20 | | | |
| | | | 4/1/20 - | 6/30 | 0/20 | | | |
| | | 0/20 | | | | | | |
| Physical Para | meters (PPS) | | | | | 1 r | outine (RT) រុ | er quarter |
| Sampling | Point (Sampling Point ID) | | Monitorii | | | ollection Perio | od Compli | ance Status |
| Select fror | m Inventory of Active Sampling Points | | 7/1/19 - | 9/30 | 0/19 | | Co | mplete |
| | | | 10/1/19 - | 12/3 | 31/19 | Co | mplete | |
| | | | 1/1/20 - | 3/3 | 1/20 | | | |
| | | | 4/1/20 - | 6/30 | 0/20 | | | |
| | | | 7/1/20 - | 9/30 | 0/20 | | | |
| Water System | Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | | |
| Nitrate And N | Nitrite (NOX) | | | | | | 1 routine (R | T) per year |
| Sampling | Point (Sampling Point ID) | | Monitorii | ng P | eriod Co | ollection Perio | od Compli | ance Status |
| ENTRY PO | INT (3) | | 1/1/19 - 1 | 12/3 | 1/19 | | Co | mplete |
| | | | 1/1/20 - 3 | 12/3 | 1/20 | | | |
| | | | 1/1/21 - 1 | 12/3 | 1/21 | | | |
| Water System | Facility: WELL (WSF ID: 20978) | | | | | | | |
| E. Coli (3014 |) | | | | | 1 r | outine (RT) រុ | er quarter |
| Sampling | Point (Sampling Point ID) | | Monitorii | ng P | eriod Co | ollection Perio | od Compli | ance Status |
| WELL (2) | | | 7/1/19 - | 9/30 | 0/19 | | Co | mplete |
| | | : | 10/1/19 - | 12/3 | 31/19 | | Co | mplete |
| | | | 1/1/20 - | 3/3 | 1/20 | | | |
| | | | 4/1/20 - | 6/30 | 0/20 | | | |
| | | | 7/1/20 - | 9/30 | 0/20 | | | |
| | Public | Notification R | equire | me | ents | | | |
| | | Compliance | Notice | | | <u>otification</u> | | i <u>fication</u> |
| Violation/Situa | | Period | Tier | | Required | Performed | Due to DPH | Received |
| | rbidity MCL Violation | 4/1/04 - 6/30/04 | 2 | | .2/23/2004 | | 1/2/2005 | |
| | rbidity MCL Violation | 10/1/04 - 12/31/04 | 2 | | 4/28/2005 | | 5/8/2005 | |
| | rbidity MCL Violation | 1/1/05 - 3/31/05 | 2 | | 5/13/2005 | | 5/23/2005 | |
| | lor MCL Violation | 1/1/05 - 3/31/05 | 2 | | 5/13/2005 | | 5/23/2005 | |
| | lor MCL Violation | 4/1/05 - 6/30/05 | 2 | | 8/18/2005 | | 8/28/2005 | |
| | rbidity MCL Violation | 4/1/05 - 6/30/05 | 2 | | 8/18/2005 | | 8/28/2005 | |
| Distribution Tu | rbidity MCL Violation | 10/1/13 - 12/31/13 | 2 | 3 | 3/16/2014 | | 3/26/2014 | |

2

3/16/2014

3/26/2014

10/1/13 - 12/31/13

Distribution Color MCL Violation

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | | Classification | Population | Owner Type | Primary Source |
|-----------------|-------------------|--|-------------|---------|----------------|-------------|------------|-----------------|
| CT0570144 | ST. PAULS CHURCH | | | | NC | 25 | Р | GW |
| Local Address (| where applicable) | | Service | Residen | ntial Commerc | ial Industr | ial Combin | ed Agricultural |
| 84 SHERWOOD | AVENUE | | Connections | | 1 | | | |

Towns Served: GREENWICH

| | 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 | WQP | Stage 2 DBPR | | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | | | |
| 20978 | WELL | 2 | WELL | Α | | | | | | | | | | |
| 59142 | TREATMENT PLANT | · | | | | | | | | | | | | |

| Contact Information | | | | | | | | | | | | |
|--------------------------------|-----------|--------------|-----------------|------------------|--------------------|------------|----------|-------|----------|--|--|--|
| Name | | Organization | 1 | | Job Title | | | | | | | |
| Reverend Leszek P. | Szymaszek | | | St. Paul Rom | an Catholic Church | | Pastor | | | | | |
| Mailing Address Lin | e One | | Mailing / | Address Line Two | | | City | State | Zip Code | | | |
| 84 Sherwood Ave. | | | | | | Greenwi | ch | СТ | 06831 | | | |
| Business Phone Extension Fax N | | Mobile Phone | Emergency Phone | Email Address | | | | | | | | |
| 203-531-8741 203-532-1414 | | | | | office@s | tpaulgreen | wich.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.

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

End of schedule

| Connecticut Departme | nt of Public H | lealth I | Prinking | Water S | Section | |
|---|----------------------|----------------|---------------------------|----------------|------------------------------|--------------|
| Water Quality M | onitoring and | d Comp | oliance S | chedule | | |
| PWS ID PWS Name | | | lassification F | | | imary Source |
| CT0570154 ST. TIMOTHY CHAPEL | | | NC | 25 | P | GW |
| Local Address (where applicable) | Service | Residentia | I Commercia | Industrial | Combined | Agricultural |
| 1034 NORTH STREET | Connections | | 1 | | | |
| Towns Served: GREENWICH | | | | | | |
| M | Ionitoring Requ | irement | tc | | | |
| Water System Facility: DISTRIBUTION SYSTEM (| | | .5 | | | |
| Total Coliform (3100) | | | | 1 re | outine (RT) բ | er quarter |
| Sampling Point (Sampling Point ID) | | Monitoring | Period Co | llection Perio | d Compli | ance Status |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9/ | /30/19 | | Coi | mplete |
| | : | 10/1/19 - 12 | 2/31/19 | | Coi | mplete |
| | | 1/1/20 - 3/ | /31/20 | | | |
| | | 4/1/20 - 6/ | | | | |
| | | 7/1/20 - 9/ | /30/20 | | | |
| Physical Parameters (PPS) | | | | 1 r | outine (RT) բ | - |
| Sampling Point (Sampling Point ID) | | Monitoring | | llection Perio | | ance Status |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9/ | | | | mplete |
| | : | 10/1/19 - 12 | | | Соі | mplete |
| | | 1/1/20 - 3/ | | | | |
| | | 4/1/20 - 6/ | | | | |
| | | 7/1/20 - 9/ | /30/20 | | | |
| Water System Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | |
| Nitrate And Nitrite (NOX) | | | | 1 r | outine (RT) բ | - |
| Sampling Point (Sampling Point ID) | | Monitoring | | llection Perio | | ance Status |
| ENTRY POINT (3) | | 7/1/19 - 9/ | • | | | mplete |
| | : | 10/1/19 - 12 | | | Соі | mplete |
| | | 1/1/20 - 3/ | | | | |
| | | 4/1/20 - 6/ | | | | |
| | | 7/1/20 - 9/ | /30/20 | | | |
| Public | c Notification R | | | | | |
| Violation/Situation | Compliance Period | Notice Tier | Public No | | PN Cert | |
| Distribution Color MCL Violation | 4/1/08 - 6/30/08 | 2 | Required 10/8/2008 | Performed | Due to DPH 10/18/2008 | Received |
| Distribution Color MCL Violation | 7/1/08 - 9/30/08 | 2 | 11/22/2008 | | 12/2/2008 | |
| Distribution Color MCL Violation | 10/1/08 - 12/31/08 | 2 | 2/12/2009 | | 2/22/2009 | |
| Distribution Color MCL Violation | 1/1/10 - 3/31/10 | 2 | 5/26/2010 | | 6/5/2010 | |
| Distribution Color MCL Violation | 4/1/10 - 6/30/10 | 2 | 8/26/2010 | | 9/5/2010 | |
| Distribution Turbidity MCL Violation | 1/1/11 - 3/31/11 | 2 | 3/22/2012 | | 4/1/2012 | |
| Distribution Color MCL Violation | 1/1/11 - 3/31/11 | 2 | 3/22/2012 | | 4/1/2012 | |
| Distribution Color MCL Violation | 1/1/12 - 3/31/12 | 2 | 6/14/2012 | | 6/24/2012 | |
| Total Coliform M&R Violation | 4/1/13 - 6/30/13 | 2 | 10/17/2013 | | 10/27/2013 | |
| Physical Parameters M&R Violation | 4/1/13 - 6/30/13 | 3 | 9/17/2014 | | 9/27/2014 | |
| Water System | | | | itorv | 0, -1, -021 | |
| Water | | 1 | Tot | <u> </u> | nd | |
| | Point Sampling Point | nt | Colif | | | Stage |
| Facility ID ID | | | Status Ru | | er Asbestos | _ |
| 00600 DISTRIBUTION SYSTEM 4 | DISTRIBUTION | | A Y | , | | |

Schedule Generation Date: 3/10/2020 Page 17

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
|---------------|--|--|--|----------------|--------------|------------|-----------------|--|--|--|--|--|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | | | | | |
| CT0570154 | ST. TIMOTHY CHAPEL | | | NC | 25 | Р | GW | | | | | |
| Local Address | Local Address (where applicable) | | | ntial Commerc | ial Industri | al Combin | ed Agricultural | | | | | |
| 1034 NORTH S | 034 NORTH STREET | | | 1 | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

| Water System Facility and Sampling Point Inventory | | | | | | | | | | | | | |
|--|-----------------------|----------------|----------------------|--------|----------|-----------|-----------|-----|--------|--|--|--|--|
| Water | | | | | Total | Lead and | | | | | | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | | Stage | | | | |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | | |
| 20979 | WELL | 2 | WELL | Α | | | | | | | | | |
| | | Cor | ntact Information | | | | | | | | | | |
| Name | | C | Organization | | | | Job Title | | | | | | |

St. Timothy Chapel

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Reverend Ian Jeremiah

469 North St

Business Phone

203-869-5421

Mailing Address Line One

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

Zip Code

06830

Reverend

State

CT

City

frjeremiah@diobpt.org

Greenwich

Emergency Phone Email Address

Schedule Generation Date: 3/10/2020

Page 18

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | | |
|-------------|---|-------------------|-----------------------|----------------|--------|--|------------------|----------------|-----------|-------|-------------------------------|--|--|
| | | ality Monit | oring and | d Con | | | | | | | | | |
| PWS ID | PWS Name | | | | Class | | - | | Owner Typ | e Pr | imary Source | | |
| CT0570214 | | E (CONCESSION) | | | | NC | 2. | 5 | Р | | GW | | |
| | ess (where applicable) | | Service | Residen | tial | Commer | cial Ind | dustrial | Combi | ned | Agricultural | | |
| 1300 KING | | | Connections | | | 1 | | | | | | | |
| Towns Ser | ved: GREENWICH | | | | | | | | | | | | |
| Water Sv | stem Facility: DISTRIBUTION | | oring Requ | ireme | nts | | | | | | | | |
| • | iform (3100) | 31312101 (0031 11 | J. 00000 ₁ | | | | | 1 1 | routine (| RT) r | er quarter | | |
| | oling Point (Sampling Point ID) | | | Monitori | ina Pe | eriod | Collection | | = | | ance Status | | |
| | t from Inventory of Active Sampli | ng Points | | 7/1/19 - | | | Concett | 01111 0111 | - | | mplete | | |
| Seree | t from mivement of the five sumpling | 18 1 011163 | | 10/1/19 - | | | | | | | mplete | | |
| | | | • | 1/1/20 - | | - | | | | | - Inpiece | | |
| | | | 4/1/20 - | | | | | | | | | | |
| | | | 7/1/20 - | | | | | | | | | | |
| Physical | Parameters (PPS) | | | ,,1,20 | 3,30 | , | | 1 1 | routine (| RT) r | er quarter | | |
| - | oling Point (Sampling Point ID) | | | Monitori | ina Pe | eriod | Collection | | - | | ance Status | | |
| _ | t from Inventory of Active Sampli | ng Points | | 7/1/19 - | | | | | | | mplete | | |
| | , | 0 | | 10/1/19 - | • | • | | | | | mplete | | |
| | | | | 1/1/20 - | | - | | | | | | | |
| | | | | 4/1/20 - | | | | | | | | | |
| | | | | 7/1/20 - | | | | | | | | | |
| Water Svs | stem Facility: ENTRY POINT | (WSF ID: 00700) | | · · | , | <u>, </u> | | | | | | | |
| • | and Nitrite (NOX) | (| | | | | | | 1 routin | e (B | T) per year | | |
| | oling Point (Sampling Point ID) | | | Monitori | ina Pe | eriod | Collection | on Peri | | - | ance Status | | |
| | Y POINT (3) | | | 1/1/19 - | | | | | | | mplete | | |
| | , | | | 1/1/20 - | | | | | | | <u>'</u> | | |
| | | | | 1/1/21 - | | | | | | | | | |
| | | Public Not | | | | | | | | | | | |
| | | | | | | | Natifia. | Atau | DA | Cant | ificantia a | | |
| Violation/ | Situation | | ompliance Period | Notice Tier | | <u>Public.</u> Required | Notifica Doct | tion formed | | | i <u>fication</u> Received | | |
| | orm M&R Violation | 1/1/ | '04 - 3/31/04 | 2 | | 1/18/200 | | ormeu | 11/28/2 | | neceiveu | | |
| | arameters M&R Violation | | 04 - 3/31/04 | 3 | | 0/19/200 | | | 10/29/2 | | | | |
| ,o.ca | | System Facili | | | | | | У | 20/20/2 | | | | |
| Water | | - | - | | | | Total | Lead a | nd | | | | |
| System | Water System Facility | Sampling Point | Sampling Poi | nt | | Co | oliform | Сорре | er | | Stage | | |
| Facility ID | | ID | Description | | S | tatus | Rule | Rule T | ier Asbes | tos | WQP 2 DBPR | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | I SYSTEM | l | Α | Υ | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SER | VICE CON | V | Α | | | | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | N | Α | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | | Α | | | | | | | |
| 22810 | WELL | 2 | WELL | | | Α | | | | | | | |
| 61103 | TREATMENT PLANT | | | | | | | | | | | | |

Α

WELL 2

2

61104 WELL 2

| | Connectic | ut Depa | irtment | of Public | : Healt | h Di | rinking | g Water | · Section | |
|--------------------|-------------------------------------|-------------|--------------------------|----------------|--|------------------|-------------|--------------|-------------|-----------------|
| | Wa | ter Qua | lity Mor | nitoring a | and Co | mp] | liance : | Schedu | le | |
| PWS ID | PWS Name | | | | | Cla | ssification | Population | Owner Type | Primary Source |
| CT0570214 | G. E. HARRIS GO | LF COURSE (| CONCESSIO | N) | | | NC | 25 | Р | GW |
| Local Address (w | here applicable) | | | Service | Reside | esidential Comme | | al Industri | ial Combine | ed Agricultural |
| 1300 KING STREE | ΞΤ | | | Connecti | ons | | 1 | | | |
| Towns Served: G | REENWICH | | | | | | | | | |
| | | | C | ontact Inf | ormatic | n | | | | |
| Name | | | | Organization | | | | | Job Titl | e |
| Mr. Jay F. Collins | i | | | Griffith E. Ha | Griffith E. Harris Golf Course Grounds Manager | | | | | |
| Mailing Address | Line One | | Mailing Add | ress Line Two | | | City State | | | Zip Code |
| 1323 King Street | | | | | | | Green | Greenwich CT | | |
| Business Phone | e Extension | Fax | N | obile Phone | Emergen | cy Pho | one Email | Address | | |
| 203-531-1096 | | 203-531-3 | 3162 | | 203-56 | 1-795 | 3 Jay.Co | llins@green | wichct.org | |
| Contact Role(s): | Administrative | Contact | | | | | · | | | |
| Name | | | | Organization | | | | | Job Titl | e |
| Mr. Lou Berlingo | 1 | | G. E. Harris Golf Course | | | | | | | |
| Mailing Address | Mailing Address Line One Mailing Ad | | | | ess Line Two | | | City | State | Zip Code |
| 1323 King Street | | | | | | | Green | wich | СТ | 06831 |

Please note the following:

Contact Role(s): Legal Contact

Extension

Business Phone

203-531-7158

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

Emergency Phone Email Address

I.berlingo@greenwichct.org

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 H | ealth i | Drinkii | ng Wa | iter | Sec | ction | |
|---|---|----------------|--------------------------|---------------|----------|--------|-------|------------|--------------|
| | Water Quality Mo | nitoring and | Com | pliance | Sche | dul | e | | |
| PWS ID | PWS Name | 8 | | Classificatio | | | | er Type Pr | imary Source |
| CT0570224 | HARVEST TIME ASSEMBLY OF GOD | | | NC | 25 | | | P | GW |
| Local Address | s (where applicable) | Service | Residenti | al Comme | rcial In | dustri | al C | Combined | Agricultura |
| 1338 KING ST | | Connections | | 1 | | | | | |
| Towns Serve | d: GREENWICH | | | | | | | | |
| | Mo | nitoring Requi | remen | ts | | | | | |
| Water Syste | em Facility: DISTRIBUTION SYSTEM (W | | | | | | | | |
| Asbestos (| 1094) | | | | | 1 ro | utine | (RT) per | nine years |
| - | ng Point (Sampling Point ID) | ٨ | /onitorin | g Period | Collecti | | | | ance Status |
| Select fr | om Inventory of Active Sampling Points | 1 | /1/15 - 1 | 2/31/17 | 1/1- | 12/31 | | | |
| Total Haloa | acetic Acids (2456) | | | | | | 1 r | outine (R | T) per year |
| Samplin | g Point (Sampling Point ID) | ٨ | /lonitorin | g Period | Collecti | on Pei | riod | Complia | nce Status |
| LADIES I | RM SINK (HT015) | 1 | /1/19 - 1 | 2/31/19 | 9/1 | -9/30 | | Cor | mplete |
| | | 1 | /1/20 - 1 | 2/31/20 | 9/1 | -9/30 | | | |
| | | 1 | /1/21 - 1 | 2/31/21 | 9/1 | -9/30 | | | |
| Total Triha | lomethanes (2950) | | | | | | 1 r | outine (R | T) per year |
| Samplin | g Point (Sampling Point ID) | ٨ | /lonitorin | g Period | Collecti | on Pei | riod | Complic | ance Status |
| RM 107 | A SINK (HT014) | 1 | /1/19 - 1 | 2/31/19 | | -9/30 | | Cor | mplete |
| | | 1 | /1/20 - 1 | 2/31/20 | 9/1 | -9/30 | | | |
| | | 1 | /1/21 - 1 | 2/31/21 | 9/1 | -9/30 | | | |
| Total Colifo | orm (3100) | | | | | 1 | rout | ine (RT) p | er quarter |
| Samplin | g Point (Sampling Point ID) | Λ | /lonitorin | g Period | Collecti | on Pei | riod | Complic | ance Status |
| Select fr | om Inventory of Active Sampling Points | | 7/1/19 - 9 | /30/19 | | | | Cor | mplete |
| | | | 0/1/19 - 1 | | | | | | nplete |
| | | | 1/1/20 - 3 | | | | | Cor | nplete |
| | | | 4/1/20 - 6 | | | | | | |
| | | | 7/1/20 - 9 | /30/20 | | | | | |
| | opper (PBCU) | | | | | | | | hree years |
| | g Point (Sampling Point ID) | | /onitorin | | Collecti | | riod | Complic | ance Status |
| | rom Inventory of Active Sampling Points | 1 | ./1/17 - 1 | 2/31/17 | 6/1 | -9/30 | | . () | |
| • | rameters (PPS) | | | | 6 II .: | | | | er quarter |
| | ng Point (Sampling Point ID) | | /onitorin | | Collecti | on Pei | rioa | | ance Status |
| Select fr | om Inventory of Active Sampling Points | | 7/1/19 - 9 | | | | | | mplete |
| | | | 0/1/19 - 1 | | | | _ | _ | mplete |
| | | | 1/1/20 - 3 | | | | | Cor | mplete |
| | | | 4/1/20 - 6 7/1/20 - 9 | | | | | | |
| Water Syste | em Facility: WELL #1 (WSF ID: 22853) | | 7/1/20 - 3 | 730720 | | | | | |
| E. Coli (30 | | | | | | 1 | rout | ine (PT) = | er quarter |
| - | ng Point (Sampling Point ID) | Λ | /onitorin | a Period | Collecti | | | | ance Status |
| WELL #1 | | | 7/1/19 - 9 | | Concell | on rei | iou | | nplete |
| *************************************** | - \-/ | | 0/1/19 - 1 | | | | | | nplete |
| | | <u> </u> | 1/1/20 2 | | | | | 201 | |

Water System Facility: HARVEST TIME TREATMENT PLANT (WSF ID: 49891)

1/1/20 - 3/31/20

4/1/20 - 6/30/20 7/1/20 - 9/30/20

Schedule Generation Date: 3/10/2020

Complete

| Conn | ecticut Depa | artment of | Public H | ealth D | rinki | ng M | ater | Sa | ctio | n | | | |
|--|---|---|---|--|---|-----------------------------------|-------------------------|------------|----------------------|-------------------------|--------------------|---------|--|
| Comin | Water Qua | | | | | _ | | | LUO | П | | | |
| PWS ID PWS Nan | | inty Monit | oring and | | assification | | | | er Tyn | ρ Pri | mary S | OUICE | |
| | Γ TIME ASSEMBLY C | OF GOD | | Cit | NC | | 50 | OWII | P P | C 111 | GW | ource | |
| Local Address (where app | | 31 GOD | Service | Residential | | | ndustria | al (| Combi | ned | Agricu | ıltural | |
| 1338 KING STREET | neasie, | | Connections | residential | 1 | | Taastiit | 41 \ | COIIIDI | iicu | 7.61100 | iicarai | |
| Towns Served: GREENWIC | | | | | | | | | | | | | |
| | | Monito | oring Requi | irement | S | | | | | | | | |
| Water System Facility: | HARVEST TIME | | | | | | | | | | | | |
| Inorganic Chemicals (I | | | • | • | | | 1 rou | tine | (RT) _I | er t | hree y | ears | |
| Sampling Point (Sam | npling Point ID) | | ٨ | Monitoring Period Collection Period Compliance St | | | | | | | | | |
| ENTRY POINT (3) | | | 1 | L/1/17 - 12/ | /31/17 | 1/1 | -12/31 | | | | | | |
| Nitrate And Nitrite (N | OX) | | | | | | | 1 r | outin | e (R | Γ) per | year | |
| Sampling Point (Sam | npling Point ID) | | ٨ | Monitoring | Period | Collect | ion Per | | | - | nce Sto | - | |
| ENTRY POINT (3) | | 1 | 1/1/19 - 12/ | /31/19 | | | | | | | | | |
| | | 1 | L/1/20 - 12/ | /31/20 | | | | | | | | | |
| | | | 1 | L/1/21 - 12/ | /31/21 | | | | | | | | |
| Pesticides, Herbicides | and PCBs - Phase | II & V (SOCS) | | | | | 1 rou | tine | (RT) | er t | hree y | ears | |
| Sampling Point (Sam | | | ٨ | Monitoring | Period | Collect | ion Per | | | | nce St | | |
| ENTRY POINT (3) | | | 1 | L/1/17 - 12/ | /31/17 | 1/1 | -12/31 | | | | | | |
| Mo | nthly Water S | System Facil | ity (WSF) L | evel Mo | nitori | ng Rec | uirer | ner | nts | | | | |
| | - | | | | | .,, | 1 4 C. | | | | | | |
| Water System Facility: HARVEST TIME TREATMENT PLANT (WSFID: 49891) | | | | | | | | | | | | | |
| | | | | - | ing Limit | | | 9 | Sample | es Re | a/Mon | th | |
| Analyte | Monitoring Requ | uirement (Summa | ary Type) | Operat | ing Limit | | | S | Sample | | q/Mo n | th | |
| Analyte Chlorine | Monitoring Requ Entry Point Chlor | | ary Type) nitoring (CHLR) | Operat Minimu | um: 0.2 N | MG/L | | | - | Dail | У | th | |
| Analyte | Monitoring Requ Entry Point Chlor | uirement (Summa | ary Type) nitoring (CHLR) Compliar | Operat Minimunce History | um: 0.2 N | MG/L Operati | _ | t | Mor | Dail nitori | y ng | | |
| Analyte Chlorine | Monitoring Requ Entry Point Chlor | uirement (Summa | ary Type) nitoring (CHLR) Compliar Monitori | Operat Minimunce History | um: 0.2 N | MG/L | _ | t | Mor | Dail nitori | У | | |
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| Analyte Chlorine Start Date: 7/1/2005 Compliance Schedule Acta CROSS CONNECTION SURV Water System Water System Facility ID | ivity VEY REPORT Water S | Other Co | ary Type) nitoring (CHLR) Compliar Monitorin 10/1/201 11/1/201 12/1/201 1/1/2020 2/1/2020 compliance ty and Sam Sampling Poin Description | Operat Minimunce History Ing Period 9 - 10/31/2 9 - 11/30/2 9 - 12/31/2 - 1/31/202 - 2/29/202 Schedul Due 3/1 apling Period | um: 0.2 N : : : : : : : : : : : : : : : : : : : | Vento Total Coliform Rule | Achiev ry Lead (Copp | t tatus: | Mor Com | Dail nitori pliar | y ng nce Sta | tus: | |
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| | C. | | * | lity Monit | | | | _ | _ | | | CIOII | | |
| PWS ID | PV | /S Name | ter Qua | iity Moille | ornig a | na con | _ | | _ | | | er Tyne P | rimary Sou | rce |
| CT057022 | | RVEST TIME A | ASSEMBLY O | F GOD | | | | NC | - | 50 | | P | GW | |
| | | re applicable) | | | Service | Residen | | ommerci | | ndustria | | combined | Agricultu | ıral |
| 1338 KING | · · · · · · · · · · · · · · · · · · · | те аррпсавте, | | | Connection | | iciai oc | 1 | | 14456116 | | | 7 15 10 0110 | |
| Towns Ser | | FNWICH | | | | | | | | | | | | |
| | | | Water Sy | stem Facili | ity and S | ampling | Poin | t Inve | ento | ry | | | | |
| Water | | | | | | | | To | otal | Lead | and | | | |
| System | Water S | ystem Facility | | Sampling Point | Sampling P | Point | | Col | iform | Сорр | oer | | Sta | ge |
| Facility ID |) | | | ID | Description | 1 | Sto | atus R | Rule | Rule | Tier 1 | Asbestos | WQP 2 DE | 3PR |
| | | | | HT009 | KITCHENET | TE SNK OFF | : | Α | Υ | | | Υ | | |
| | | | | HT010 | PRESCHOO | L CLS RM 10 | 04 | Α | Υ | | | Υ | | |
| | | | | HT011 | PRESCHOO | L CLS RM 10 | 05 | Α | Υ | | | Υ | | |
| | | | | HT012 | PRESCHOO | L CLS RM 10 | 06 | Α | Υ | | | Υ | | |
| | | | | HT013 | PRESCHOO | L CLS RM 10 | 07 | Α | Υ | | | Υ | | |
| | | | | HT014 | RM 107A S | INK | | Α | | | | | Υ | , |
| | | | | HT015 | LADIES RM | SINK | | Α | | | | | Υ | , |
| | | | | UPSTREAM | WITHIN 5 S | ERVICE COI | V | Α | | | | | | |
| 22853 | WELL #1 | | | 2 | WELL #1 | | | A | | | | | | |
| 49891 | HARVEST PLANT | T TIME TREATI | MENT | 3 | ENTRY POII | NT | | A | | | | | | |
| 60040 | ATMOSP | HERIC STORA | GE TANKS | | | | | | | | | | | |
| | | | | Certified | Operato | r Inform | natio | n | | | | | | |
| Water Sy | stem Fac | cility: HARV | EST TIME T | REATMENT PL | ANT (WSF | ID: 49891 |) | | | | | | | |
| Facility Cla | assificatio | n: CLASS 1 TF | REATMENT P | LANT | | | | | | | | | Certificati | on |
| Operator l | Name | | | Operator Typ | e | Certification | on(s) | | | | | | Expiration | n |
| HURLBUT, | ANDREW | I | | CHIEF OPERATO |)R | WATER TRE | EATMEI | NT PLAN | IT OPE | RATOR | - CLA | SS II | 6/30/202 | 20 |
| | | | | Con | tact Info | rmation | 1 | | | | | | | |
| Name | | | | Oi | rganization | | | | | | | Job Title | | |
| Mr. Rev. G | Glenn A. H | larvison | | На | arvest Time | Assembly o | f God | | Ser | nior Pas | tor | | | |
| Mailing Ad | ddress Lin | e One | | Mailing Address | s Line Two | | | | С | ity | | State | Zip Code | |
| 1338 King | Street | | | | | | | Green | wich | | | СТ | 06831 | |
| Business | s Phone | Extension | Fax | Mobi | le Phone | Emergency | / Phone | e Email / | Addre | SS | | | | |
| | | | | | 203-912- | | | | @htchi | urch.c | om | | | |
| Contact Ro | ole(s): Le | gal Contact, (| Owner | + | | | | | | | | | | |
| Name | | | | Oı | rganization | | | | | | | Job Title | | |
| Pastor Fai | th Battist | а | | | arvest Time | Church | | | Exe | ecutive | Pasto | r | | |
| Mailing Ac | ddress Lin | e One | | Mailing Address | s Line Two | | | | С | ity | | State | Zip Code | |
| 1338 King | | | | | | | | Green | | | | СТ | 06831 | |
| Business | s Phone | Extension | Fax | Mobi | le Phone | Emergency | / Phone | e Email / | Addre | SS | | 1 | | |

Office@htchurch.com

914-262-1477

203-531-7778

Contact Role(s): Administrative Contact

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | | _ | | | | _ I | | | |
|------------------|----------------------------------|-------------|-----|---------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | | | Classification | Population | Owner Type | Primary Source |
| CT0570224 | HARVEST TIME ASSEN | /IBLY OF | GOD | | | NC | 250 | Р | GW |
| Local Address (v | Local Address (where applicable) | | | Service | Resider | ntial Commerc | ial Industri | al Combine | ed Agricultural |
| 1338 KING STREET | | Connections | | 1 | | | | | |
| | | | | · | | | | · | |

Towns Served: GREENWICH

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 Dep | | | | | | | | ction | | |
|-------------------------|--|-----------------|--------------|------------------------------|-------------|------------------|----------|----------------|--------------------------------|---------------------|--|
| | Water Qu | ality Monit | oring an | d Com | ipliand | ce Scl | nedu | ıle | | | |
| PWS ID | PWS Name | | | | Classificat | ion Pop | oulation | Owr | ner Type Pr | imary Source | |
| CT0570234 | | CE STATION | | | NC | | 31 | | Р | GW | |
| | ess (where applicable) | | Service | Resident | ial Comm | nercial | Industi | rial | Combined | Agricultural | |
| 369 ROUND | | | Connections | | 1 | 1 | | | | | |
| Towns Serve | ed: GREENWICH | | | | | | | | | | |
| | | Monito | oring Requ | ıiremei | nts | | | | | | |
| Water Syst | tem Facility: DISTRIBUTION | SYSTEM (WSF II | D: 00600) | | | | | | | | |
| | form (3100) ing Point (Sampling Point ID) | | | Monitori | an Dariad | Calla | ction P | | | per quarter | |
| | from Inventory of Active Samplin | ng Points | | <i>Monitorii</i> 7/1/19 - | _ | Colle | CLIOII P | eriou | od Compliance Status Complete | | |
| Select | Tront inventory of Active Samplin | ig Fullits | | 10/1/19 - | | | | | | mplete | |
| | | • | 1/1/20 - | | | | | | mplete | | |
| | | | | 4/1/20 - | | | CO | inpiete | | | |
| | | | | 7/1/20 - | | | | | | | |
| Physical P | Parameters (PPS) | | | 771720 | 3/30/20 | | | 1 rou | ıtine (RT) ı | er quarter | |
| _ | ing Point (Sampling Point ID) | | | Monitorii | na Period | Colle | ction P | | | ance Status | |
| | from Inventory of Active Samplin | ng Points | | 7/1/19 - | | | | | | mplete | |
| | - Color Colo | | | | 12/31/19 | | | | Complete | | |
| | | | | 1/1/20 - 3/31/20 | | | | | | mplete | |
| | | | | 4/1/20 - | | | | | | | |
| | | | | 7/1/20 - | 9/30/20 | | | | | | |
| Water Syst | tem Facility: ENTRY POINT (| (WSF ID: 00700) | | | | | | | | | |
| Nitrate Ar | nd Nitrite (NOX) | | | | | | | 1 rou | tine (RT) | er quarter | |
| Sampli | ing Point (Sampling Point ID) | | | Monitorii | ng Period | Colle | ction P | | | ance Status | |
| ENTRY | POINT (3) | | | 7/1/19 - | 9/30/19 | | | | Со | mplete | |
| | | | | 10/1/19 - | 12/31/19 | Complete | | | | | |
| | | | | 1/1/20 - | 3/31/20 | | | | Со | mplete | |
| | | | | 4/1/20 - | 6/30/20 | | | | | | |
| | | | | 7/1/20 - | 9/30/20 | | | | | | |
| Water Syst | tem Facility: WELL #1 (DUG | WELL) (WSF ID: | 22935) | | | | | | | | |
| E. Coli (30 | 014) | | | | | | | 1 rou | ر (RT) tine | er quarter | |
| Sampli | ing Point (Sampling Point ID) | | | Monitorii | ng Period | Colle | ction P | eriod | Compli | ance Status | |
| DUG W | VELL (2) | | | 7/1/19 - | 9/30/19 | | | | Co | mplete | |
| | | | | 10/1/19 - | | | | | Co | mplete | |
| | | | _ | 1/1/20 - | | | | | Co | mplete | |
| | | | | 4/1/20 - | | | | | | | |
| | | | | 7/1/20 - | 9/30/20 | | | | | | |
| | Water | System Facili | ity and Sar | npling | Point Ir | | | | | | |
| Water | Water System Facility | Sampling Point | Samplina Poi | nt | | Total | | d and | | Ctaao | |
| System V Facility ID | water system rudnity | ID | Description | | Charter | Colifori Rule | - | oper e Tier | Asbestos | Stage WQP 2 DBPR | |
| | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | I SYSTEM | Status A | Y | | | 232203 | DDI N | |
| 23000 L | 2.3.1113011311 3131 LIVI | WITHIN 5 SER | | | | | | | | | |
| | | WITHIN 5 SER | | | | | | | | | |
| 00700 E | ENTRY POINT | UPSTREAM 3 | ENTRY POINT | | A | | | | | | |
| | WELL #1 (DUG WELL) | 2 | DUG WELL | | Α | | | | | | |
| | FREATMENT PLANT | - | · · · | | ,, | | | | | | |
| .5000 | | | | | | | | | | | |

| | Connectic | ut Depa | irtment (| of Public | Health | Drin | iking | Water | Section | l |
|--------------------------------|-------------------|-------------|---------------------|------------------------------|-----------|-----------|---------------------------|-----------|------------|------------------------|
| | Wa | ter Qua | lity Mon | itoring a | nd Com | plia | nce So | chedul | e | |
| PWS ID | PWS Name | | | | | Classifi | cation P | opulation | Owner Type | Primary Source |
| CT0570234 | ROUND HILL STO | ORE/SERVICE | STATION | | | N | С | 31 | Р | GW |
| Local Address (w | here applicable) | | | Service | Resident | tial Co | mmercial | Industria | al Combin | ed Agricultural |
| 369 ROUND HILL | | Connection | าร | | 1 | | | | | |
| Towns Served: G | REENWICH | | | | | | | | | |
| | | Water S | ystem Fac | ility and Sa | ampling | Point | Inven | tory | | |
| Water System Water Facility ID | r System Facility | | Sampling Poir ID | nt Sampling P Description | | Sta | Toto Colifo tus Rui | orm Copp | per | Stage os WQP 2 DBPR |
| | | | Co | ntact Info | rmation | | | | | |
| Name | | | | Organization | | Job Title | | | e | |
| Estate of Francis | H. Strain | | | | | | | | | |
| Mailing Address | Line One | | Mailing Addre | ess Line Two | | | | City | State | Zip Code |
| C/O William Stra | in | | 369 Round Hi | ill Road | | | Greenwi | ch | СТ | 06831 |
| Business Phone | e Extension | Fax | Мо | bile Phone | Emergency | Phone | Email Ad | dress | | |
| 203-661-7270 | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | |
| Name | | | | Organization | | Job Title | | | | e |
| Mr. William Stra | in | | | Bill Strain Real | lty | | | | | |

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact Name

Extension

| Ms. Robin Vanacore | | Round Hill Store | | Owner | | |
|--------------------------|---------|------------------|--------|-------|-------|----------|
| Mailing Address Line One | Mailing | Address Line Two | | City | State | Zip Code |
| 369 Round Hill Rd | | | Greenw | ich | СТ | 06831 |
| | | | | | | |

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address
203-629-1083 203-641-0149 afstrains@aol.com

Mailing Address Line Two

Mobile Phone

Organization

Contact Role(s): Legal Contact, Owner

Please note the following:

Mailing Address Line One

369 Round Hill Road

Business Phone

203-661-7270

- 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.

Fax

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

City

Greenwich

Emergency Phone Email Address

State

CT

Job Title

Zip Code

06831

| Connecticut Departmer Water Quality Mo | | | | | | | | | | |
|--|---------------------------------|---|------------------|-----------------------|------------------|---------------|---------------------|--|--|--|
| PWS ID PWS Name | | | - Classificat | ion P | opulation C | wner Type Pr | imary Source | | | |
| CT0570254 STANWICH CONGREGATIONAL CHURC | CH | | NC | | 200 | Р | GW | | | |
| Local Address (where applicable) | Service | Resident | ial Comm | nercial | Industrial | Combined | Agricultural | | | |
| 190 & 202 TACONIC ROAD | Connections | | 1 | L | | | | | | |
| Towns Served: GREENWICH | , | | 1 | | | | | | | |
| M | onitoring Requ | iremer | nts | | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (V | | | | | | | | | | |
| Total Coliform (3100) | | | | | | outine (RT) լ | - | | | |
| Sampling Point (Sampling Point ID) | ı | Monitorin | | Col | lection Perio | | ance Status | | | |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9 | | | | | mplete | | | |
| | | 10/1/19 - | • • | | | Со | mplete | | | |
| | | 1/1/20 - : | | | | | | | | |
| | 4/1/20 - | | | | | | | | | |
| | | 7/1/20 - | 9/30/20 | | | | | | | |
| Physical Parameters (PPS) | | | | | | outine (RT) լ | • | | | |
| Sampling Point (Sampling Point ID) | ı | Monitorin | | Col | lection Perio | | ance Status | | | |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9 | | | | | mplete | | | |
| | | 10/1/19 - 12/31/19 Complete | | | | | | | | |
| | | 1/1/20 - 3/31/20 | | | | | | | | |
| | | 4/1/20 - 6/30/20 | | | | | | | | |
| | | 7/1/20 - 9 | 9/30/20 | | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00 | 0700) | | | | | | | | | |
| Nitrate And Nitrite (NOX) | | | | | | 1 routine (R | | | | |
| Sampling Point (Sampling Point ID) | | Monitoring Period Collection Period Compliance St | | | | | | | | |
| ENTRY POINT (3) | | 1/1/19 - 12/31/19 Complete | | | | | | | | |
| | | | 12/31/20 | | | | | | | |
| | | 1/1/21 - 1 | .2/31/21 | | | | | | | |
| Water System Facility: WELL 2 (WSF ID: 51461) | | | | | | | | | | |
| E. Coli (3014) | | | | | 1 r | outine (RT) լ | - | | | |
| Sampling Point (Sampling Point ID) | ı | Monitorin | | Col | lection Perio | od Compli | ance Status | | | |
| WELL 2 (2) | | 7/1/19 - | | | | | mplete | | | |
| | | 10/1/19 - | | | | Со | mplete | | | |
| | | 1/1/20 - : | | | | | | | | |
| | | 4/1/20 - | | | | | _ | | | |
| | | 7/1/20 - 9 | 9/30/20 | | | | | | | |
| Public | Notification R | equire | ments | | | | | | | |
| | Compliance | Notice | Pub | lic Not | <u>ification</u> | PN Cert | i <u>fication</u> | | | |
| Violation/Situation | Period | Tier | Requi | | Performed | Due to DPH | Received | | | |
| E. Coli M&R Violation | 7/1/16 - 9/30/16 | 3 | 2/17/2 | | | 2/27/2018 | | | | |
| E. Coli M&R Violation | 10/1/16 - 12/31/16 | 3 | 5/2/20 | | | 5/12/2018 | | | | |
| E. Coli M&R Violation | 1/1/17 - 3/31/17 | 3 | 6/5/20 | | | 6/15/2018 | | | | |
| Water System F | acility and Sar | npling | Point Ir | nven | tory | | | | | |
| Water System Water System Facility Sampling Facility ID ID | Point Sampling Poil Description | nt | Status | Tota Colifo Rul | rm Coppe | r | Stage WQP 2 DBPR | | | |

DISTRIBUTION

Α

DISTRIBUTION SYSTEM

00600

| | Connectic | ut Dana | rtmont (| of Dublic | Haalth | Drin | bine | т W2 | tor | Section | | |
|------------------------------|-------------------|-----------|------------------|---------------|------------------|------------|--------|----------------|-----------------|-----------|----------------------|--|
| | | • | | | | | ` | _ | | | | |
| | | ter Qua | lity Moni | itoring a | na Con | - | | | | | | |
| PWS ID | PWS Name | | | | | | | - | | | Primary Sourc | |
| | STANWICH CON | GREGATION | AL CHURCH | | | N | | 20 | - | Р | GW | |
| | here applicable) | | | Service | Resider | ntial Co | mmerc | ial Inc | dustrial | Combine | d Agricultura | |
| 190 & 202 TACO | | | | Connectio | 115 | | 1 | | | | | |
| Towns Served: G | REENWICH | Motor C | ustom Fooi | ility and C | ampling | Doint | · leve | ntor | ., | | | |
| | | watersy | stem Fac | ility and 5 | ampling | Poini | | | - | | | |
| Water | r System Facility | | Sampling Poir | nt Camplina I | Doint | | | | Lead a | | Charac | |
| System Wate Facility ID | r System Facility | • | ID | Description | | Cha | | liform Rule | Coppe Rule T | | Stage s WQP 2 DBP | |
| | | | DOWNSTREAM | | | Sta N A | tus | 1470 | 71470 7 | 7.5500500 | , | |
| | | | UPSTREAM | | SERVICE CO | | | | | | | |
| 00700 ENTR | Y POINT | | 3 | ENTRY POI | | μ | | | | | | |
| 51461 WELL | | | 2 | WELL 2 | | Α | | | | | | |
| | TMENT PLANT | | | ****** | | | • | | | | | |
| | DSPHERIC TANK | | | | | | | | | | | |
| | SURE TANKS | | | | | | | | | | | |
| 31103 111200 | 70112 17 11 110 | | Co | ntact Info | rmation | 1 | | | | | | |
| Name | | | | Organization |) i i i a ci o i | • | | | | Job Title | | |
| | egational Church | | | Organization | | | | | | JOD TILLE | | |
| Mailing Address | | | Mailing Addre | ass Line Two | | | | Cit | v | State | Zip Code | |
| 237 Taconic Roa | | | Ivialiling Addit | 233 LITIC TWO | | | Green | | У | CT | 06831 | |
| Business Phon | | Fax | Mo | bile Phone | Emergency | / Phone | | | <u> </u> | Ci | 00031 | |
| 203-661-4420 | | Tux | 1110 | | Zillergelle | y 1 11011C | Linair | riadi est | | | | |
| Contact Role(s): | | | | | | | | | | | | |
| Name | | | | Organization | | | | | | Job Title | | |
| Mr. George Lein | g | | | Stanwich Con | gregational | Church | | Seni | or Trus | | | |
| Mailing Address | <u> </u> | | Mailing Addre | | <u> </u> | | | Cit | У | State | Zip Code | |
| 237 Taconic Roa | | | | | | | Green | | • | СТ | 06831 | |
| Business Phone Extension Fax | | | | bile Phone | Emergence | y Phone | Email | mail Address | | | | |
| 203-661-4420 | | 203-661-3 | | | | | | | | | | |
| Contact Role(s): | Legal Contact | ı | l . | | ı | | 1 | | | | | |
| Name | | | | Organization | | | | | | Job Title | | |
| Mr. Joseph A. D | ecrescenzo Jr | | | Stanwich Con | gregational | Church | | Build | ding Su | pervisor | | |
| Mailing Address | Line One | | Mailing Addre | ess Line Two | | | | Cit | У | State | Zip Code | |
| 202 Taconic Poa | 4 | | | | | | Green | wich | | СТ | 06831 | |

202 Taconic Road Greenwich CT 06831 **Business Phone** Fax Mobile Phone **Emergency Phone Email Address** Extension 203-661-4420 292 203-661-3901 203-605-7158 joe@stanwichchurch.org

Contact Role(s): Administrative 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 schedule.

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

http://www.ct.qov/dph/publicdrinkingwater

End of schedule

| | Connecticut Dep | | | | | | | | ction | | |
|--------------------|---|-----------------|---------------|------------------|--------------------|------------------|----------------|-------|------------|----------------------------|--|
| PWS ID | PWS Name | ality Monit | oring and | | lassificati | | | | or Typo D | rimary Source | |
| CT0579154 | CAMP SIMMONS - WELL # | 2 | | Ci | NC | IOII POL | 31 | OWI | P | GW | |
| | ess (where applicable) | | Service | Residentia | | ercial | Industri | اد | Combined | Agricultura | |
| 744 LAKE A | * | | Connections | Residentia | 1 | | maastri | ш | Combined | Agricultura | |
| | ed: GREENWICH | | | | | | | | | | |
| | | Monit | oring Requ | irement | te | | | | | | |
| Water Syst | tem Facility: DISTRIBUTION | | | iii eiiieiii | | | | | | | |
| Total Colif | form (3100) | | | | | | | 1 ro | utine (RT) | per month | |
| Sampli | ing Point (Sampling Point ID) | | ı | Monitoring | Period | Colle | ction Pe | riod | Compli | ance Status | |
| Select | from Inventory of Active Samplin | ng Points | | 6/1/20 - 6/ | /30/20 | | | | | | |
| | | | | 7/1/20 - 7/ | | | | | | | |
| | | | | 8/1/20 - 8/ | | | | | | | |
| | | | | 9/1/20 - 9/ | /30/20 | | | | | | |
| - | arameters (PPS) | | | | | | | | | per month | |
| | ing Point (Sampling Point ID) | | | Monitoring | | Colle | ction Pe | riod | Compli | ance Status | |
| Select | from Inventory of Active Sampli | ng Points | | 6/1/20 - 6/ | | | | | | | |
| | | | | 7/1/20 - 7/ | - | | | | | | |
| | | | | 8/1/20 - 8/ | | | | | | | |
| Mator Crest | ham Facility FNTDV DOINT | (MCE ID: 00700) | | 9/1/20 - 9/ | 30/20 | | | | | | |
| - | tem Facility: ENTRY POINT (| (WSF ID: 00700) | | | | | | | tin - (DT) | | |
| Nitrate (1 | ing Point (Sampling Point ID) | | | Monitoring | Dorind | Collo | ı ction Pel | | | per quarter ance Status | |
| | POINT (3) | | | 7/1/19 - 9/ | | Cone | ction Fe | ilou | | mplete | |
| LINTINI | FOINT (3) | | | 4/1/20 - 6/30/20 | | | | | | | |
| | | | | 7/1/20 - 9/ | | | | | | | |
| Nitrite (1 | <u>0</u> 41) | | | 7/1/20 3/ | 30/20 | | | 1 | routine (R | T) per year | |
| - | ing Point (Sampling Point ID) | | | Monitoring | Period | Colle | ction Pe | | - | ance Status | |
| _ | POINT (3) | | | 1/1/19 - 12 | | | | | | mplete | |
| | - (-) | | | 1/1/20 - 12 | | | | | | | |
| | | | | 1/1/21 - 12 | | | | | | | |
| | | Other Co | ompliance | | | | | | | | |
| Compliance | Schedule Activity | Other C | omphance | | e Date | | Achie | vod I | Date | | |
| | START UP COMPLETION | | | | 1/2020 | | Acrile | veu I | Jule | | |
| JEAJONAL S | | Custom Fasili | the and Car | • | - | | 5 W) / | | | | |
| | water | System Facili | ity and Sar | npling P | oint ir | | = = | | | | |
| Water System V | Nater System Facility | Sampling Point | Samplina Doi: | nt | | Total | | | | Ctaca | |
| Facility ID | water system rudnity | ID | Description | 16 | Charter- | Coliforr Rule | | | Asbestos | Stage WQP 2 DBPF | |
| | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | J | <u>Status</u> A | | | | | | |
| 33330 | J.J. M.DO HOM OTOTEM | DOWNSTREAM | | | A | | | | | | |
| | | UPSTREAM | WITHIN 5 SER | | Α | | | | | | |
| 00700 E | ENTRY POINT | 3 | ENTRY POINT | | Α | | | | | | |
| | WELL #2 | 2 | WELL #2 | | A | | | | | | |
| | HYDROPNEUMATIC TANK | _ | ·- | | | | | | | | |
| | | | | | | | | | | | |

| | Connectic | ut Depa | rtment | of Public | Health | ı Dri | inking | Water | Se | ction | |
|----------------------------------|-----------------------------------|--------------|-------------|----------------|--|--------------------|--------------|------------|--------------|-------|----------|
| | Wa | ter Qua | lity Mor | nitoring a | nd Con | npli | ance S | chedul | e | | |
| PWS ID | | Class | ification | Population | Own | er Type Pr | imary Source | | | | |
| CT0579154 CAMP SIMMONS - WELL #2 | | | | | | | NC | 31 | | Р | GW |
| Local Address (wi | nere applicable) | Service | Resider | ntial C | Commercia | al Industri | al | Combined | Agricultural | | |
| 744 LAKE AVENU | Connection | ns | | 1 | | | | | | | |
| Towns Served: G | REENWICH | | | | ' | | | | | | • |
| | | | С | ontact Info | rmation | 1 | | | | | |
| Name | | | | Organization | | Job Title | | | | | |
| Ms. Megan Swee | eney | | | Boys & Girls C | oys & Girls Club of Greenwich Vp of Administration | | | | | | |
| Mailing Address I | ine One | | Mailing Add | lress Line Two | | | | City | | State | Zip Code |
| 4 Horseneck Lane | 2 | | | | | | Greenw | vich | | СТ | 06830 |
| Business Phone | Extension | Fax | N | lobile Phone | Emergency | / Phon | e Email A | ddress | | | |
| 203-869-3224 | 103 | 203-869- | 1814 | | | | mswee | ney@bgcg.c | org | | |
| Contact Role(s): | Administrative | Contact, Leg | al Contact | | | | | | | | |
| Name | Organization | Organization | | | | Job Title | | | | | |
| Mr. Bobby Walke | Boys & Girls Club of Greenwich Cl | | | | Chief Exec | Chief Exec Officer | | | | | |

Contact Role(s): Legal Contact

Extension

Please note the following:

Mailing Address Line One

4 Horseneck Lane

Business Phone

203-869-3224

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax 203-869-1814

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.

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

End of schedule

Page 30

Zip Code

06830

State

CT

City

bwalker@bgcg.org

Greenwich

Emergency Phone Email Address