	C	ation to			D		- 147 - 1		a ah <sup>t</sup> a	
	Conne	ecticut Departme					0		ection	
		Water Quality M	onitoring and	d Con	npl	liance	Schedu	le		
PWS ID	PWS Nam	e			Cla	ssification	Population	n Ow	ner Type Pr	imary Source
СТ1620034	GREENW	OOD TRAILS				NC	25		Р	GW
Local Address (v	where appl	icable)	Service	Residen	ntial	Commerc	ial Industi	rial	Combined	Agricultural
390 WINCHEST	ER ROAD (R	OUTE 263)	Connections			1				
Towns Served:	WINCHEST	ER								
		Μ	onitoring Requ	ireme	nts	5				
Water System	Facility:	DISTRIBUTION SYSTEM (	WSF ID: 00600)							
Total Coliforn	n (3100)							1 ro	utine (RT) p	per quarter
Sampling	Point (Sam	pling Point ID)		Monitor	ing F	Period (	Collection P			ance Status
Select fror	n Inventory	of Active Sampling Points		7/1/19 -	- 9/3	0/19			Со	mplete
				4/1/20 -	- 6/3	0/20				
				7/1/20 -	- 9/3	0/20				
<b>Physical Para</b>	meters (P	PPS)						1 ro	utine (RT) p	oer quarter
Sampling	Point (Sam	pling Point ID)	1	Monitor	ing F	Period (	Collection P	erioa	l Complie	ance Status
Select fror	n Inventory	of Active Sampling Points		7/1/19 -	- 9/3	0/19			Co	mplete
				4/1/20 -						
				7/1/20 -	- 9/3	0/20				
Water System	Facility:	ENTRY POINT (WSF ID: 0	0700)							
Nitrate And N	-	•							routine (R	
		pling Point ID)		Monitor			Collection P	erioa		ance Status
ENTRY PO	INT (3)			1/1/19 -		-			Co	mplete
				1/1/20 -						
				1/1/21 -						
	Μοι	nthly Water System	Facility (WSF) L	evel N	Νοι	nitoring	g Require	eme	ents	
Water System	Facility:	ENTRY POINT (WSFID: 00	700)							
Analyte		Monitoring Requirement (	Summary Type)	Оре	erati	ng Limit			Samples Re	q/Month
Chlorine		Entry Point Chlorine Residu	al Monitoring (CHLR)	) Min	imu	m: 0.2 MG	i/L		Dai	ly
Start Date:	7/1/2014		Complia		- T	0	perating Lin	nit	Monitor	ing
			Monitor	-			ompliance S	tatu	s: Complia	nce Status:
			10/1/202		•					
			11/1/202							
			12/1/202							
			1/1/2020							
			2/1/2020							
			er Compliance	Scheo	dule	es				
Compliance Sch						Date	Achi	eved	l Date	
SEASONAL STAI	RT UP COM	PLETION				2020				
CROSS CONNEC	CTION SURV	YEY REPORT			3/1/	2024				
		Public	c Notification R	equire	eme	ents				
			Compliance	Notice	2	Public N	<u>Notification</u>		PN Cert	ification
Violation/Situa			Period	Tier		Required			Due to DPH	Received
Chlorine M&R \	Violation		5/1/15 - 5/31/15	3		7/8/2016			7/18/2016	
		Water System	Facility and San	npling	; Po	oint Inve	entory			
Water						1	<sup>-</sup> otal Lead	d and	1	
System Wat Facility ID	er System I	Facility Sampling ID	Point Sampling Poin Description	nt				oper e Tie	r Asbestos	Stage WQP 2 DBPR
NOTE: This inform	ntion has been	nrovided to help owners and oper	ators of public water syste	ms mainta			h drinking wa	for au	ality monitoring	a requirements

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1620034	GREENWOOD TRAILS			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
390 WINCHEST	TER ROAD (ROUTE 263)	Connections		1			
Towns Served:	WINCHESTER						

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System	Water System Facility	Sampling Point			Coliform	Copper			Stage	
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
			WITHIN 5 SERVICE CON	A						
		GWTA1	BUILDING A SINK 1	A	Y					
		GWTA2	BUILDING A SINK 2	A	Y					
		GWTA3	BUILDING A SINK 3	A	Y					
		GWTC1	BUILDING C SINK 1	A	Y					
		GWTDC1	BUILDING D SINK 1	A	Y					
		GWTDC2	BUILDING D SINK 2	A	Y					
		GWTDC3	BUILDING D SINK 3	A	Y					
		GWTHC1	HEALTH CENTER SINK 1	A	Y					
		GWTHC2	HEALTH CENTER SINK 2	A	Y					
		GWTHC3	HEALTH CENTER SINK 3	A	Y					
		GWTHC4	HEALTH CENTER SINK 4	А	Y					
		GWTK1	KITCHEN SINK 1	А	Y					
		GWTK10	KITCHEN SINK 10	A	Y					
		GWTK11	KITCHEN SINK 11	A	Y					
		GWTK12	KITCHEN SINK 12	Α	Y					
		GWTK2	KITCHEN SINK 2	А	Y					
		GWTK3	KITCHEN SINK 3	А	Y					
		GWTK4	KITCHEN SINK 4	А	Y					
		GWTK5	KITCHEN SINK 5	А	Y					
		GWTK6	KITCHEN SINK 6	А	Y					
		GWTK7	KITCHEN SINK 7	А	Y					
		GWTK8	KITCHEN SINK 8	А	Y					
		GWTK9	KITCHEN SINK 9	А	Y					
		GWTM1	BUILDING M SINK 1	А	Y					
		GWTM2	BUILDING M SINK 2	А	Y					
		GWTP1	BUILDING P SINK 1	А	Y					
		GWTP2	BUILDING P SINK 2	А	Y					
		GWTS1	BUILDING S SINK 1	А	Y					
		GWTS2	BUILDING S SINK 2	А	Y					
		GWTS3	BUILDING S SINK 3	А	Y					
		GWTS4	BUILDING S SINK 4	А	Y					
		GWTS5	BUILDING S SINK 5	А	Y					
		GWTS6	BUILDING S SINK 6	А	Y					
		GWTS7	BUILDING S SINK 7	А	Y					
		GWTS8	BUILDING S SINK 8	А	Y					
		GWTT1	BUILDING T SINK 1	А	Y					
		GWTT2	BUILDING T SINK 2	Α	Y					

### **Connecticut Department of Public Health Drinking Water Section** Water Ouality Monitoring and Compliance Schedule

		· ·	<u> </u>	U						
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT1620034	GREENWOOD TRAILS						NC	25	Р	GW
Local Address (	where applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
390 WINCHEST	ER ROAD (ROUTE 263)			Connections			1			
Towns Served:	WINCHESTER								· ·	

Motor System Facility and Compling Doint In

	water System Facili	ity and Sampling P	oint ir	ivento	r <b>y</b>			
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
	GWTTT1	TUCCI TIPI SINK 1	А	Y				
	GWTW1	BUILDING W SINK 1	А	Y				
	GWTW2	BUILDING W SINK 2	А	Y				
	GWTWW1	WIGWAM SINK 1	А	Y				
	GWTWW2	WIGWAM SINK 2	А	Y				
	GWTWW3	WIGWAM SINK 3	А	Y				
	UPSTREAM	WITHIN 5 SERVICE CON	А					
00700 ENTRY POINT	3	ENTRY POINT	А					
22570 WELL 1	2	WELL	А					
55197 ATMOSPHERIC STORAG	GE TANK							
61058 TREATMENT PLANT								

#### **Contact Information** Name Organization Job Title Mr. Owen S. Langbart Greenwood Trails Owner Zip Code Mailing Address Line One Mailing Address Line Two State City 1075 Merrick Avenue Merrick NY 11566 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-379-6517 516-697-7023 owen@greenwoodtrails.com 516-483-7271 Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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

	Connecticu Wat	ut Depart er Qualit									ction		
PWS ID	PWS Name			0		A		-		-	er Type	Prima	ary Sourc
T1620074	CRYSTAL PEAK					Ν	С	2	.5		Р		GW
ocal Addres	s (where applicable)			Service	Resident	ial Co	mmerc	ial Ir	dustri	al	Combine	ed A	gricultur
64 TORRING	GTON ROAD			Connectio	ons		1						
owns Serve	d: WINCHESTER												
			Monite	oring Re	quiremer	nts							
Vater Syste	em Facility: DISTRI	BUTION SYST	EM (WSFI	D: 00600)									
otal Colifo	orm (3100)								1	L rou	tine (RT	) per	quarte
	ng Point (Sampling Po	oint ID)			Monitorin	g Perio	od (	Collect	ion Pe		-		e Status
Select fr	rom Inventory of Activ	ve Sampling Po	nts		7/1/19 - 9	9/30/1	9				(	Comp	lete
					10/1/19 - 1	12/31/	19				(	Comp	lete
					1/1/20 - 3	3/31/2	0						
					4/1/20 - 6	5/30/2	0						
					7/1/20 - 9	9/30/2	0						
hysical Pa	arameters (PPS)								1	L rout	tine (RT	) per	quarte
Samplin	ng Point (Sampling Po	oint ID)			Monitorin	g Perio	od (	Collect	ion Pe	riod	Com	olianc	e Status
Select fr	rom Inventory of Activ	ve Sampling Po	nts		7/1/19 - 9	9/30/1	9				(	Comp	lete
					10/1/19 - 1	12/31/	19				(	Comp	lete
					1/1/20 - 3								
					4/1/20 - 6								
					7/1/20 - 9	9/30/2	0						
Vater Syste	em Facility: ENTRY	' POINT (WSF	ID: 00700)										
	d Nitrite (NOX)												per yea
	ng Point (Sampling Po	oint ID)			Monitorin	-		Collect	ion Pe	riod			e Status
ENTRY F	POINT (3)				1/1/19 - 1						(	Comp	lete
					1/1/20 - 1								
					1/1/21 - 1			_					
		Water Syst	em Facili	ity and S	Sampling	Point	t Inve	ento	ry				
Water		6		Constitution	Defet			otal	Lead				
System W Facility ID	ater System Facility	San	npling Point ID	Sampling Descriptio		_		liform Rule			Acheste		Stag QP 2 DBI
	ISTRIBUTION SYSTEM		4		ION SYSTEM	<u>Sta</u>	lus	Y	nuic	1101	ASDESIC	5 000	
00000 DI					SERVICE CON			T					
			PSTREAM		SERVICE CON								
00700 EN	NTRY POINT	C	3	ENTRY PO									
	/ELL #1		2	WELL #1									
	/ELL #2			WELL #1									
22574 \			2	VVELL #Z		A	4						
	TMOSPHERIC TANKS		-										
			Con	tact Info	ormation								
			O	rganization							Job Title	5	
58408 AT													
58408 AT lame <b>Ar. John Rol</b>			Cr	ystal Peak				I					
58408 AT lame <b>Ar. John Rol</b> Aailing Addr	ess Line One	Ma		-					ty		State		p Code
58408 AT Jame Ar. John Rol Aailing Addr 64 Torringto	ess Line One on Road		Cr iling Addres	s Line Two	1		Winch	ester			State CT		p Code )6098
58408 AT lame <b>/r. John Rol</b> Jailing Addr	ress Line One on Road hone Extension	Fax 860-379-579	Cr iling Address Mobi	-	Emergency	Phone	Email	ester Addre	SS			(	-

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

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ1620074	CRYSTAL PEAK		NC	25	Р	GW	
Local Address (	where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
164 TORRINGT	ON ROAD		1				
Towns Served:	WINCHESTER	·				1	
Please note the	e following:						
1. The residual	disinfectant concentration must be measured at th	e same location	and time a	as each total coli	form sample.		
2. If a Collectio	n Period is specified, all water quality samples must	be collected du	ring the sp	ecified period.			
1 0	n results, additional monitoring may be required (i. nce sent by the DWS on or after the generation dat	1 State 1 Stat		1 1		0,	'

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

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

End of schedule

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1620104 GREEN WOODS COUNTRY CLUB NC 50 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 300 TORRINGFORD STREET 1 Towns Served: WINCHESTER **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from 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 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from 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 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Monthly Water System Facility (WSF) Level Monitoring Requirements Water System Facility: ENTRY POINT (WSFID: 00700) Analyte **Monitoring Requirement (Summary Type) Operating Limit** Samples Reg/Month Entry Point pH Monitoring (PHRD) 4 pН Minimum: 7 PH Start Date: 8/1/2013 **Compliance History: Operating Limit** Monitoring **Monitoring Period Compliance Status: Compliance Status:** 10/1/2019 - 10/31/2019 11/1/2019 - 11/30/2019 12/1/2019 - 12/31/2019 1/1/2020 - 1/31/2020 2/1/2020 - 2/29/2020 **Other Compliance Schedules** Compliance Schedule Activity **Due Date Achieved Date** CROSS CONNECTION SURVEY REPORT 3/1/2024 Water System Facility and Sampling Point Inventory

			-	-
Water			Total	Lead and
System Water System Faci	ity Sampling Point	Sampling Point	Coliform	n Copper Stage
Facility ID	ID	Description	Status Rule	Rule Tier Asbestos WQP 2 DBPR

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID Р CT1620104 GREEN WOODS COUNTRY CLUB NC 50 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 300 TORRINGFORD STREET 1 Towns Served: WINCHESTER Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM γ Α DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT Α 2 WELL 22576 WFII Α 58424 TREATMENT PLANT **Contact Information** Job Title Name Organization Green Woods Country Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code 300 Torringford St P. O. Box 598 Winsted СТ 06098 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address Contact Role(s): Legal Contact, Owner Organization Job Title Name Mr. Matt Smith Green Woods Country Club Inc President Mailing Address Line One Mailing Address Line Two City State Zip Code 3 Fathers Court Dix Hills NY 11746 **Business Phone** Fax **Mobile Phone** Emergency Phone Email Address Extension Contact Role(s): Legal Contact, Owner Name Organization Job Title Mr. Jared Smith Green Woods Country Club Inc Mailing Address Line Two Mailing Address Line One City State Zip Code 300 Torringford Street P.O. Box 598 Winstead, 06098 CT **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-379-8302 theperfectmatch@greenwoodscc.biz 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.aov/dph/publicdrinkinawater

End of schedule