

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	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
390 WINCHESTER ROAD (ROUTE 263)				1			
Towns Served: WINCHESTER							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	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 year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 7/1/2014	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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Chlorine M&R Violation	5/1/15 - 5/31/15	3	7/8/2016		7/18/2016	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1620034	GREENWOOD TRAILS	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
390 WINCHESTER ROAD (ROUTE 263)				1			

Towns Served: WINCHESTER

Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		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	A	Y			
		GWTK1	KITCHEN SINK 1	A	Y			
		GWTK10	KITCHEN SINK 10	A	Y			
		GWTK11	KITCHEN SINK 11	A	Y			
		GWTK12	KITCHEN SINK 12	A	Y			
		GWTK2	KITCHEN SINK 2	A	Y			
		GWTK3	KITCHEN SINK 3	A	Y			
		GWTK4	KITCHEN SINK 4	A	Y			
		GWTK5	KITCHEN SINK 5	A	Y			
		GWTK6	KITCHEN SINK 6	A	Y			
		GWTK7	KITCHEN SINK 7	A	Y			
		GWTK8	KITCHEN SINK 8	A	Y			
		GWTK9	KITCHEN SINK 9	A	Y			
		GWTM1	BUILDING M SINK 1	A	Y			
		GWTM2	BUILDING M SINK 2	A	Y			
		GWTP1	BUILDING P SINK 1	A	Y			
		GWTP2	BUILDING P SINK 2	A	Y			
		GWTS1	BUILDING S SINK 1	A	Y			
		GWTS2	BUILDING S SINK 2	A	Y			
		GWTS3	BUILDING S SINK 3	A	Y			
		GWTS4	BUILDING S SINK 4	A	Y			
		GWTS5	BUILDING S SINK 5	A	Y			
		GWTS6	BUILDING S SINK 6	A	Y			
		GWTS7	BUILDING S SINK 7	A	Y			
		GWTS8	BUILDING S SINK 8	A	Y			
		GWTT1	BUILDING T SINK 1	A	Y			
		GWTT2	BUILDING T SINK 2	A	Y			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1620034	GREENWOOD TRAILS	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
390 WINCHESTER ROAD (ROUTE 263)				1			
Towns Served: WINCHESTER							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		GWTTT1	TUCCI TIPI SINK 1	A	Y			
		GWTW1	BUILDING W SINK 1	A	Y			
		GWTW2	BUILDING W SINK 2	A	Y			
		GWTWW1	WIGWAM SINK 1	A	Y			
		GWTWW2	WIGWAM SINK 2	A	Y			
		GWTWW3	WIGWAM SINK 3	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22570	WELL 1	2	WELL	A				
55197	ATMOSPHERIC STORAGE TANK							
61058	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Mr. Owen S. Langbart			Greenwood Trails			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1075 Merrick Avenue						Merrick		NY	11566
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-6517		516-483-7271		516-697-7023	owen@greenwoodtrails.com				
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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1620074	CRYSTAL PEAK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
164 TORRINGTON ROAD				1			
Towns Served: WINCHESTER							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 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 year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22573	WELL #1	2	WELL #1	A				
22574	WELL #2	2	WELL #2	A				
58408	ATMOSPHERIC TANKS							

Contact Information

Name		Organization			Job Title			
Mr. John Roller		Crystal Peak						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
164 Torrington Road						Winchester	CT	06098
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-7999		860-379-5799			crystalpeakwedding@yahoo.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT1620074	CRYSTAL PEAK	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
164 TORRINGTON ROAD			1			
Towns Served: WINCHESTER						

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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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1620104	GREEN WOODS COUNTRY CLUB	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 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			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 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			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	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				

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4	
Start Date: 8/1/2013	Compliance History:	Operating Limit	Monitoring Compliance Status:	Monitoring 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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1620104	GREEN WOODS COUNTRY CLUB	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
300 TORRINGFORD STREET				1			
Towns Served: WINCHESTER							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22576	WELL	2	WELL	A				
58424	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Green Woods Country Club Inc								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
300 Toringford St			P. O. Box 598			Winsted	CT	06098
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

Name			Organization			Job Title		
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	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

Name			Organization			Job Title		
Mr. Jared Smith			Green Woods Country Club Inc					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
300 Toringford Street			P.O. Box 598			Winstead,	CT	06098
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-8302					theperfectmatch@greenwoodsc.org			

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule