	Connecticut D	lenartment of	F Public Haal	th Drin	king M	Istor Sa	action			
		Quality Monit			_		ECCIOII			
DIA/C ID		Quality Monit	ornig and C					·!··· - ··· · C - ·		
PWS ID	PWS Name	ONCDECATIONAL CIT	IDCII		-		ner Type P		urce	
CT057013		UNGKEGATIONAL CHU		NC		36	P	GW	1	
	ress (where applicable)		Service Resi			Industrial	Combined	Agricult	urai	
	SVILLE ROAD		Connections	2	1					
rowns Ser	ved: GREENWICH									
Mater Sv	stem Facility: <b>DISTRIBUTI</b>		oring Requirer	ments						
	liform (3100)	ON STSTEIN (WSFT)	D. 00000j			1 ro	utine (RT)	nor allar	tor	
	oling Point (Sampling Point ID	n)	Moni	itoring Perio	d Collec	tion Period		per quar ance Stat		
	t from Inventory of Active Sar	-		25 - 6/30/25		tion Periou		mplete	us	
Selec	t Holli lilvelitory of Active Sar	ilpling Points						•		
				25 - 9/30/25 25 - 12/31/2			CO	mplete		
				25 - 12/31/2 26 - 3/31/26						
				26 - 3/31/26 26 - 6/30/26						
Physical	Parameters (PPS)		4/1/	20 - 0/30/20		1 ro	utine (RT)	ner aus-	ter	
-	Parameters (PPS) pling Point (Sampling Point ID	n)	Mon	itoring Perio	d Collec	tion Period		per quar ance Stat		
	t from Inventory of Active Sar			25 - 6/30/25	tion renou		mplete	us		
Jeiec	t Hom inventory of Active 3ai	ilpiilig i oliits						mplete		
				7/1/25 - 9/30/25 Co						
				26 - 3/31/26						
				26 - 6/30/26						
Mater Sv	stem Facility: ENTRY POIN	NT (WSF ID: 00700)	7/ 1/	20 0/30/20						
	•	41 (W31 1D. 00700)				1	routing /F	T) nor w	00r	
	And Nitrite (NOX) Dling Point (Sampling Point ID	n)	Mon	itoring Perio	d Collec	ı tion Period	routine (F	ance Stat		
	Y POINT (3)	<u>'/</u>		24 - 12/31/24		tion Periou		mplete	us	
LININ	T POINT (3)			25 - 12/31/25				mplete		
				26 - 12/31/26 26 - 12/31/26			CO	inpiete		
		Othor C			)					
<b>.</b> "		Other C	ompliance Sch							
	ce Schedule Activity			Due Date		Achieved	Date			
CROSS CO	NNECTION EXEMPTION			3/1/2026						
	Wat	er System Facili	ity and Sampli	ing Point	Invento	ory				
Water					Total	Lead and	1			
System	Water System Facility		Sampling Point		Coliforn				age	
Facility ID		ID	Description	Stati		Rule Tiei	Asbestos	WQP 2 D	BPR	
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBU		Υ					
			WITHIN 5 SERVICE			_				
		NGCC001	UPSTAIRS KIT SINK		Y	1	Y			
		NGCC002	UPSTAIRS KIT SINK		Y	1				
		NGCC003	DOWNSTAIRS KIT S		Y	2				
		NGCC004	DOWNSTAIRS CLASSROOM	А	Y	2				
		NGCC005	<b>DOWNSTRS STAFF</b>	BATH A	Υ	2				
		Naccoos								
		UPSTREAM	WITHIN 5 SERVICE	CON A						
00700	ENTRY POINT			CON A						

Page 1

Schedule Generation Date: 12/12/2025

45093 TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source						
CT0570132	NORTH GREENWICH CONGREGATIONAL CHU		NC	36	Р	GW							
Local Address (	where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural						
606 RIVERSVILL	E ROAD	Connections	2	1									

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

## **Certified Operator Information**

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

Facility Classification:CLASS 2 TREATMENT PLANTCertificationOperator NameOperator TypeCertification(s)ExpirationHURLBUT, PAULCHIEF OPERATORWATER TREATMENT PLANT OPERATOR - CLASS II12/31/2028

HURLBUT, PAUL			CHIEF OPER	RATOR	WATER TREATMEN	OPERATOR - C	12/31/2028				
				Contact Inf	ormation						
Name				Organization	1			Job Title			
Mr. Jeff Junker				North Green	wich Cong Church		Chairman				
Mailing Address Lin	ie One		Mailing Ad	dress Line Two		City	State	Zip Code			
Chairman			606 Rivers	ille Road		Greenwi	ch	СТ	06831		
Business Phone	Extension	Fax	ľ	Mobile Phone	Emergency Phone	Email Ad					
203-869-7763		203-869-	6586		203-869-6586	office@greenwichchruch.org					
Contact Dala(s).		C	-1 C								

### 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

Schedule Generation Date: 12/12/2025

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Connecticut Department	of Dublic L	[aalth	Dr	inlein	σ <b>Ι</b> Λ	lator	Sc	oction	
Connecticut Department o					_			ction	
Water Quality Moni	itoring an	u Con						T D.	·
PWS ID PWS Name	DING)		Clas		Рор		OW		imary Source
CT0570014 NATIONAL AUDUBON SOCIETY (MAIN BUIL		D = = ! = ! = . = 4		NC	-:-!	25	-1	P	GW
Local Address (where applicable) 613 RIVERSVILLE ROAD	Service Connections	Resident	tiai	Commerc	ciai	Industria	aı	Combined	Agricultura
Towns Served: GREENWICH	COMMECCIONS			1					
	tarina Dan	.:							
	toring Requ	ııremei	nts						
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)						_		
Total Coliform (3100)			_		- "			= =	per month
Sampling Point (Sampling Point ID)		Monitorii			Collec	ction Per	riod		ance Status
Select from Inventory of Active Sampling Points		7/1/25 -							mplete
		8/1/25 -							mplete
		9/1/25 - 10/1/25 -							mplete mplete
		11/1/25 -							mplete
		12/1/25 -						CO	inpiete
		1/1/26 -		-					
		2/1/26 -							
		3/1/26 -							
	4/1/26 - 4/30/26								
	5/1/26 - 5/31/26								
		6/1/26 -	6/30	)/26					
Total Coliform (3100)							3 r	epeat (RP)	per period
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	eriod (	Collec	ction Per	riod	Compli	ance Status
Select from Inventory of Active Sampling Points	1	0/16/25 -	- 10/2	21/25				Co	mplete
	1	1/15/25 -	- 11/2	20/25				Co	mplete
Physical Parameters (PPS)							1 ro	utine (RT)	per month
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	eriod (	Collec	ction Per	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/25 -	7/31	./25				Co	mplete
		8/1/25 -							mplete
		9/1/25 -		•					mplete
		10/1/25 -							mplete
		11/1/25 -						Co	mplete
		12/1/25 -							
		1/1/26 -		•					
		2/1/26 -		•					
		3/1/26 -		•					
		4/1/26 -							
		5/1/26 - 6/1/26 -							
Water System Easility: ENTRY DOINT (MSE ID. 00700	11	0/1/20-	0/30	)/ ZO					
Water System Facility: ENTRY POINT (WSF ID: 00700	1						p.c.	utine (DT)	00 K C 11
Nitrate (1040)					- "	1	. rol	une (KT)	per quarter

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

**Monitoring Period** 

4/1/25 - 6/30/25

**Collection Period** 

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.

Schedule Generation Date: 12/12/2025

**ENTRY POINT (3)** 

Sampling Point (Sampling Point ID)

**Compliance Status** 

Complete

Сс	nnectic	ut Depa	rtment	of Public	Health	Drink	ing V	Water	Sec	ction	
	Wa	ter Qua	lity Mon	itoring a	ind Con	nplian	ce Sc	hedul	e		
PWS ID PW	'S Name			<u> </u>						er Type F	Primary Sourc
CT0570014 NA	TIONAL AUD	UBON SOCIE	TY (MAIN BU	ILDING)		NC		25		Р	GW
Local Address (wher	e applicable)			Service	Residen	tial Comr	nercial	Industria	al (	Combined	Agricultura
613 RIVERSVILLE RO	AD			Connectio	ns		1				
Towns Served: GREE	NWICH										
Water System Fac	ili+ve ENTD	V DOINT (M		itoring Re	quireme	nts					
Water System Fac	IIILY. EINIK	T POINT (W	73F ID: 0070	U)						tino (DT)	
Nitrate (1040)  Sampling Point	+ /Camplina D	oint ID)			Monitori	ing Period	Colle	ı ection Peı			per quarter liance Status
Sumpling Point	. (Sumpling P	יטוונוטן				6/30/26	Cone	ection Per	Tou	Compi	iunce status
Nitrate And Nitri	to (NOV)				4/1/20-	0/30/20			1 -	outino /	RT) per year
Sampling Point	• •	oint ID)			Monitori	ing Period	Colle	ection Pei		_	k i ) per year liance Status
ENTRY POINT (		o.ne ibj				12/31/24	COM	Jenon rei	.00		omplete
LIVINI I OIVI (	<i>-</i> ,					12/31/25					omplete
						12/31/26					ompiece
Water System Fac	ility: WFII	(WSF ID: 2	0966)		1, 1, 20	12/31/20					
E. Coli (3014)	mcy. WLLL	(4431 10.2	03001					1 -	triaa	orod /TG	i) per period
Sampling Point	t (Samnlina P	oint ID)			Monitori	ing Period	Colle	ection Per			liance Status
WELL (2)	. (Sumpling F	onic iDj				- 11/20/25		etion rei	100		omplete
E. Coli (3014)					11/14/23	11/20/23		1	rout		per quarter
Sampling Point	t (Samplina P	oint ID)			Monitori	ing Period	Colle	- ection Per			liance Status
WELL (2)	. (Jannipinnig i	······································				6/30/25	00110			сор.	rance status
						9/30/25				Co	omplete
						12/31/25					omplete
						3/31/26					
						6/30/26					
		Water Sy	ystem Fac	cility and S			nvent	ory			
Water							Tota	l Lead	and		
- /	stem Facility	•		nt Sampling			Colifor				Stage
Facility ID			ID	Description		Status		Rule	Tier	Asbestos	WQP 2 DBP
00600 DISTRIBU	TION SYSTEM		4		ION SYSTEM		Υ				
				M WITHIN 5							
			UPSTREAM		SERVICE CON						
00700 ENTRY PO	JINT		3	ENTRY POI	NT	Α					
20966 WELL			2	WELL		Α					
	ENT PLANT										
62875 ATMOSP	HERIC STORA	GE TANK									
			Co	ontact Info	ormation	1					
Name				Organization						Job Title	
Ms. Rochelle Thoma	as			National Aud	ubon Society	/	C	Center Dir	ector	-	
Mailing Address Line	e One		Mailing Addr	ess Line Two				City		State	Zip Code
613 Riversville Rd.						Gr	eenwicl	h		СТ	06831
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	Phone Er	nail Add	lress			
203-930-1349						ro	chelle.tl	homas@a	udub	on.org	

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

		_								
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source
CT0570014	NATIONAL AUDUBON	SOCIETY	(MAIN BUILD	ING)			NC	25	Р	GW
Local Address (v	ocal Address (where applicable)			Service Resid		ntial	Commerci	al Industri	al Combine	ed Agricultural
13 RIVERSVILLE ROAD				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.

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 5

	0	· CD III I	r 1.1	D : 1		YA7 .	0		
	Connecticut Departm				_			ection	
	Water Quality l	Monitoring an	d Com	plian	ce S	chedul	e		
PWS ID	PWS Name			Classifica	ition P	opulation	Ow	ner Type Pr	imary Sourc
CT0570034	G. E. HARRIS GOLF COURSE (MAINT	ENANCE)		NC		25		Р	GW
ocal Address	(where applicable)	Service	Resident	ial Com	mercial	Industri	al	Combined	Agricultura
1323 KING STF	REET	Connections			1				
Towns Served:	GREENWICH								
		Monitoring Requ	ıiremer	nts					
<b>Nater Syster</b>	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Colifor	m (3100)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Col	lection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/31/25				Cor	mplete
			8/1/25 -	8/31/25				Cor	mplete
			9/1/25 -	9/30/25				Cor	mplete
			10/1/25 -	10/31/25	;			Cor	mplete
			11/1/25 -	11/30/25	,			Cor	mplete
			12/1/25 -	12/31/25	;				
			1/1/26 -	1/31/26					
			2/1/26 - :	2/28/26					
			3/1/26 - 3	3/31/26					
			4/30/26						
			6/1/26 -	6/30/26					
Physical Par	ameters (PPS)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Col	lection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/31/25				Cor	mplete
			8/1/25 -	8/31/25				Cor	mplete
			9/1/25 - 9	9/30/25				Cor	mplete
			10/1/25 -	10/31/25	j			Cor	mplete
			11/1/25 -	11/30/25	j			Cor	mplete
			12/1/25 -	12/31/25	, )				
			1/1/26 -	1/31/26					
			2/1/26 - 3	2/28/26					
			3/1/26 - 3	3/31/26					
			4/1/26 - 4	4/30/26					
			5/1/26	5/31/26					
			6/1/26 -	6/30/26					
Water Syster	m Facility: ENTRY POINT (WSF ID:	: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per yeaı
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Col	lection Pe	riod	Complic	ance Status
ENTRY PO	DINT (3)		1/1/24 - 1	.2/31/24				Cor	mplete
			1/1/25 - 1	.2/31/25				Cor	mplete
			1/1/26 - 1	2/31/26					
Water Syster	n Facility: WELL (WSF ID: 20967)								
E. Coli (301	4)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Col	lection Pe	riod	Complic	ance Status
								_	

7/1/25 - 7/31/25

8/1/25 - 8/31/25

Schedule Generation Date: 12/12/2025

WELL (2)

Complete

Complete

WS ID	PWS Name	or Quan	ity Monit	or mg ar						ner Type	Primary Source
T0570034	G. E. HARRIS GOL	F COURSE (N	(AINTENANCE)	<u> </u>		N		25	OW	P P	GW
	where applicable)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Service	Resident		mmercial		ial	Combined	_
323 KING STRI				Connections			1				
owns Served:	GREENWICH										
			Monito	oring Req	uiremei	nts					
Vator Systom	Facility: <b>WELL</b>	/\\/SE ID: 20		oring neq	un cirici						
•	•	(WSF 1D. 20	<i>307</i> j						1	utino (DT	'l nor month
E. Coli (3014	I Point (Sampling Po	int ID)			Monitorii	na Dori	nd Co	llection Po		=	') per montl <i>liance Status</i>
Sumpling	rome (Samping re	ilit ibj			9/1/25 -			nection r	inou		omplete
					10/1/25 -						omplete
					11/1/25 -						omplete
					12/1/25 -						
					1/1/26 -						
					2/1/26 -	-					
					3/1/26 -						
					4/1/26 -						
					5/1/26 -	5/31/2	6				
					6/1/26 -	6/30/2	6				
	,	Water Sv	stem Facili	itv and Sa	mpling	Point	Inven	torv			
Water							Tot		l and		
	er System Facility	S	ampling Point	Sampling Po	oint		Colife		per		Stag
acility ID			ID	Description		Sta	tus Ru	le Rule	e Tier	Asbestos	WQP 2 DBF
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUTIO	N SYSTEM	Þ	<b>Υ</b>	,			
			OWNSTREAM	WITHIN 5 SE	RVICE CON	l A	١				
			GEHM001	SLOP SINK SI	HED	P	\ Y	,		Υ	
			GEHM002	MENS RR		P	\ Y	•		Υ	
			GEHM003	LADIES RR		ļ		•		Υ	
			UPSTREAM	WITHIN 5 SE							
	RY POINT		3	ENTRY POIN	T	P					
20967 WEL			2	WELL		P	١				
61102 TREA	ATMENT PLANT										
			Con	tact Infor	mation						
lame			Or	rganization						Job Title	
/lr. Jay F. Collin	ns		Gr	riffith E. Harri	s Golf Cour	se		Grounds	Mana	ager	
Mailing Address	s Line One	N	Mailing Address	s Line Two				City		State	Zip Code
323 King Stree	et						Greenwi	ch		СТ	06831
	ne Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ldress			
Business Pho	ve .	203-531-33	162		203-561-7	7953	Jay.Collii	ns@green	wich	ct.org	
203-531-109	: Administrative (		<u> </u>								

(	Julilectic	ut Depa	n unent (	of Fublic	Hearth	ווזעו	uking	vvalei	Section	Ĺ
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ince S	Schedu	le	
PWS ID P	WS Name		_			Classif	ication	Population	Owner Type	Primary Sou
CT0570034	. E. HARRIS GO	LF COURSE (	MAINTENAN	CE)		N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed Agricultu
1323 KING STREET	Γ			Connections			1			
Towns Served: GR	EENWICH				'			'	,	
Name				Organization					Job Titl	е
Mr. Steve Pyo				G. E. Harria Go	olf Course			Operation	ns Manager	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
1323 King St							Greenw	vich	СТ	06831
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress	,	
203-531-7158										
Contact Polo(s):	Local Contact C	Junor	,	<u>'</u>			-			

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): 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.

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

End of schedule

C	lonnecticu	ıt Departme	nt of	Public	Health	Di	rink	ing V	Water	r Se	ection	
	Wat	er Quality M	lonit	oring ar	nd Con	nnl	iano	re Sc	hedu	le		
PWS ID P	WS Name	er quarrey in	OIIIC	or mg ar	ila doll	_					ner Tyne	Primary Source
	AMP SIMMONS	_ \M/ELL #1				Cia	NC	1011 1 0	31	OW	Р	GW
		- WELL #1		Comico	Docidon	+ial	_	acroial		ial	-	_
Local Address (who	ere applicable)			Service Connection	Residen	tiai	Comn		Industr	iai	Combine	d Agricultura
744 LAKE AVENUE				Connection	3			L				
Towns Served: GRI	EENWICH					_				_		
Matau Costana Fa	-ilia - Dictri			oring Req	Juireme	nts	<u> </u>					
-		BUTION SYSTEM	(WSF II	D: 00600)								
Total Coliform	•										=	) per quarter
Sampling Poi	nt (Sampling Po	int ID)			Monitori	ng P	Period	Coll	ection Pe	riod	Comp	oliance Status
Select from Ir	ventory of Activ	e Sampling Points			4/1/25 -	6/3	0/25				(	Complete
					7/1/25 -	9/3	0/25				(	Complete
					4/1/26 -	6/3	0/26					
Physical Parame	eters (PPS)									1 ro	utine (RT	) per quarter
•	nt (Sampling Po	int ID)			Monitori	na P	Period	Coll	ection Pe		<del>-</del>	oliance Status
		ve Sampling Points			4/1/25 -			2000				Complete
23.232 11011111	, 01710111				7/1/25 -							Complete
					4/1/26 -							complete
\A/-1C1F-	. The FAITDY	DOINT AMELIA	20700		4/1/20-	0/3	0/20					
•		POINT (WSF ID: 0	)0/00)									
Nitrate And Niti	• •									1		(RT) per year
Sampling Poi	nt (Sampling Po	int ID)			Monitori			Coll	ection Pe	riod	Comp	oliance Status
ENTRY POINT	(3)				1/1/24 -	12/3	31/24		4/1-9/30	)	(	Complete
					1/1/25 -	12/3	31/25		4/1-9/30	)	(	Complete
					1/1/26 -	12/3	31/26		4/1-9/30	)		
	,	Water System	Facili	ity and Sa	mnling	Pο	int l	nvent	torv			
144		vater system	i aciii	ity ana se	инрин Б	. 0	1116 11		<u>-</u>	,	,	
Water Water	System Facility	Samplin	a Doint	Sampling Po	oint			Tota Colifo				Ctago
System Water S Facility ID	system rucinty	Samping		Description				D. I	_	-	Achesto	Stage s WQP 2 DBPI
	LITION CYCTEM			DISTRIBUTION			<u>Status</u> ^	Y	e Kule	1161	ASDESTO	3 WQI Z DDI I
00600 DISTRIB	OTION SYSTEM	5004045					A	ř				
				WITHIN 5 SE			Α					
		SIN		HOUSE KITC			Α	Υ				
		UPSTR	EAM	WITHIN 5 SE		١	Α					
00700 ENTRY I	POINT	3		ENTRY POIN	IT		Α					
20969 WELL#	1	2		WELL #1			Α					
			Con	tact Info	rmation	)						
Name			Or	ganization							Job Title	
Ms. Megan Sween	iey		Вс	ys & Girls Clu	ub of Greer	nwic	h	,	Vp of Adı	ninis	tration	
Mailing Address Li	ne One	Mailing	Address	s Line Two				,	City		State	Zip Code
4 Horseneck Lane							Gr	eenwic	h		СТ	06830
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho						
203-869-3224	103	203-869-1814		-	<u> </u>				y@bgcg.	org		
Contact Role(s):								230	, = = 5 - 6.	- 0		

C	onnectic	ut Depa	irtment of	Public	Health	$\mathbf{D}$	rinking	g Water	Secti	on	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID PY	WS Name					Cla	ssification	Population	Owner 1	ype P	rimary Source
CT0570054 C	AMP SIMMONS	S - WELL #1					NC	31	Р		GW
Local Address (who	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Con	bined	Agricultural
744 LAKE AVENUE				Connection	ıs		1				
Towns Served: GRI	ENWICH				·			·	·		
Name			Or	ganization					Job	Title	
Ms. Cristina Vittor	ia		Во	ys & Girls Cl	ub of Gree	nwic	:h	Chief Exec	Officer		
Mailing Address Li	ne One		Mailing Address	Line Two				City	St	ate	Zip Code
4 Horseneck Lane							Greenv	wich		CT	06830
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address		,	
203-869-3224	122				917-734-	-240	3 cvittor	ia@bgcg.org	;		
Contact Role(s): L	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.
- 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 De	partmer	it o	f Public H	lealth !	Drinkii	ng W	ater S	Section	
	Water Q	uality Mo	onit	oring an	d Com	pliance	e Sch	edule		
PWS ID	PWS Name				(	Classificatio	n Popu	ulation O	wner Type P	rimary Source
CT0570074		CAMP - MAIN	BLDG			NC		25	Р	GW
	ess (where applicable)			Service	Residenti		ercial II	ndustrial	Combined	Agricultural
	VILLE ROAD			Connections		1				
Towns Serv	ed: GREENWICH									
				oring Requ	uiremen	its				
	tem Facility: DISTRIBUTION	N SYSTEM (\	NSF I	D: 00600)					(==)	
	form (3100)				0.0 14 1	u Dauta d	C-11			per quarter
	from Inventory of Active Comp	ling Doints			Monitorin		Collect	tion Perio		iance Status
Select	from Inventory of Active Samp	ning Points			4/1/25 - 6 7/1/25 - 9					omplete omplete
					10/1/25 - 1					mplete
					1/1/26 - 3					лирісте
					4/1/26 - 6					
Physical F	Parameters (PPS)							1 r	outine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)				Monitorin	g Period	Collect	tion Perio	d Compl	iance Status
Select	from Inventory of Active Samp	ling Points			4/1/25 - 6				Co	mplete
					7/1/25 - 9					mplete
					10/1/25 - 1				Co	mplete
					1/1/26 - 3					
					4/1/26 - 6	5/30/26				
,	tem Facility: ENTRY POINT	(WSF ID: 00	700)							
	nd Nitrite (NOX)				Manitarin	a Doulod	Callact	tion Dovid	·=·	RT) per year
	ling Point (Sampling Point ID) POINT (3)			_	<i>Monitorin</i> 1/1/24 - 1		Conect	tion Perio		iance Status omplete
LINITAL	POINT (5)				1/1/25 - 1					mplete
					1/1/26 - 1					лирістс
		Oth	er C	ompliance						
Compliance	Schedule Activity			•	D	ue Date		Achieve	ed Date	
RESPOND T	O SANITARY SURVEY				8/	24/2013				
RESPOND T	O SANITARY SURVEY				3,	/7/2019				
		Public	Not	tification F	Require	nents				
			C	Compliance	Notice	Public	Notific	<u>ation</u>	PN Cer	<u>tification</u>
Violation/S	ituation			Period	Tier	Require	d Pe	rformed	Due to DPH	Received
Distribution	n Odor M&R Violation		4/1	/11 - 6/30/11	3	9/5/201	L2		9/15/2012	
Physical Pa	rameters M&R Violation		7/1	/15 - 9/30/15	3	12/27/20	)16		1/6/2017	
	Water	r System F	acil	ity and Sa	mpling I	Point Inv	vento	ry		
Water	Matan Contain F. 199	C !:	0-1-1	C			Total	Lead ar		
System Facility ID	Water System Facility	Sampling ID	Point	Sampling Police Description	nt		Coliform Rule			Stage WQP 2 DBPR
_	DISTRIBUTION SYSTEM	4		DISTRIBUTIO	N SYSTEM	<u>Status</u> A	Y			
	-		REAM	WITHIN 5 SEF		Α				
		UPSTRE		WITHIN 5 SEF		Α				
00700	ENTRY POINT	3		ENTRY POINT	•	Α				
20971	WELL	2		WELL		Α				

Schedule Generation Date: 12/12/2025

55748 ATMOSPHERIC TANKS

(	Connectic	ut Depa	rtme	ent of Public	Health	Dı	inking	Water	Sect	ion	
	Wat	ter Qua	lity N	Monitoring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner	Туре	Primary Source
CT0570074	.T. SETON BOY	SCOUT CAM	P - MAI	N BLDG			NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerci	al Industri	al Co	mbine	d Agricultural
363 RIVERSVILLE	ROAD			Connection	ns		1				
Towns Served: GF	REENWICH			,	·				·		
				Contact Info	rmation	1					
Name				Organization					Jo	b Title	!
Mr. Thomas M. J	ansen			Greenwich Co	uncil, B.S.A			Council So	out Exe	c.	
Mailing Address L	ine One		Mailing	Address Line Two				City	9	State	Zip Code
63 Mason St							Greenv	vich		CT	06830
Business Phone	Extension	Fax		Mobile Phone	Emergency	y Pho	ne Email A	ddress	·		
203-869-8424	3007	203-869-	2732		203-869	-6633	3				
Contact Role(s):	Legal Contact										
Name				Organization					Jo	b Title	!

**Greenwich Council Boy Scouts** 

Ranger

City

jeff.campseton@gmail.com

Greenwich

Emergency Phone Email Address

Contact Role(s): Administrative Contact

Extension

### Please note the following:

Mr. Jeffrey Raiente

363 Riversville Road

**Business Phone** 

203-921-8252

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.

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

End of schedule

Zip Code

06831

State

CT

	Connecticut Departmen	t of Public H	lealth	Dr	inking	g Water	c Se	ection	
	Water Quality Mo	onitoring an	d Con	npli	ance S	Schedu	le		
PWS ID	PWS Name	<u> </u>		-			1	ner Type Pr	imary Source
CT0570084	E.T. SETON BOY SCOUT CAMP - DORMS	5			NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industr	ial	Combined	Agricultura
363 RIVERSVIL	LE ROAD	Connections			1				
Towns Served:	GREENWICH								
	Mo	onitoring Requ	iireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)							
Total Colifor	m (3100)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing Pe	eriod C	ollection Pe	eriod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/31	/25			Co	mplete
			8/1/25 -	- 8/31	/25			Co	mplete
			9/1/25 -						mplete
			10/1/25 -					Co	mplete
			11/1/25 -					Co	mplete
			12/1/25 -						
			1/1/26						
			2/1/26						
			3/1/26						
			4/1/26						
			5/1/26	-	-				
Dhysical Dar	ameters (PPS)		6/1/26	- 0/30	/20		1 -	outing (DT)	per month
-	Point (Sampling Point ID)		Monitor	ina Pe	eriod C	ollection Pe			ance Status
	om Inventory of Active Sampling Points		7/1/25 -						mplete
	,		8/1/25	-	•				mplete
			9/1/25						mplete
			10/1/25	- 10/3	1/25				mplete
			11/1/25						mplete
			12/1/25 -	- 12/3	1/25				
			1/1/26	- 1/31	/26				
			2/1/26	- 2/28	/26				
			3/1/26 -	- 3/31	/26				
			4/1/26	- 4/30	/26				
			5/1/26 -	- 5/31	/26				
			6/1/26	- 6/30	/26				
Water Syster	m Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrate (104						:	1 ro	utine (RT) լ	oer quarter
	Point (Sampling Point ID)		Monitor			ollection Pe	eriod		ance Status
ENTRY PO	DINT (3)		4/1/25						mplete
			7/1/25						mplete
			10/1/25					Co	mplete
			1/1/26						
			4/1/26	- 6/30	/26				

**Monitoring Period** 

1/1/24 - 12/31/24

Schedule Generation Date: 12/12/2025

**Nitrate And Nitrite (NOX)** 

**ENTRY POINT (3)** 

Sampling Point (Sampling Point ID)

1 routine (RT) per year

**Compliance Status** 

Complete

**Collection Period** 

Connecticut Departme	nt of Public	Health	Drinki	ng V	Vater	Sec	ction	
Water Quality M				_				
PWS ID PWS Name	omtoring a	na don					er Type P	rimary Source
CT0570084 E.T. SETON BOY SCOUT CAMP - DORN	ЛS		NC		25		Р	GW
Local Address (where applicable)	Service	Residen	tial Commo	ercial	Industri	al (	Combined	Agricultural
363 RIVERSVILLE ROAD	Connection	ns	1					
Towns Served: GREENWICH								
N	lonitoring Red	uireme	nts					
Water System Facility: ENTRY POINT (WSF ID: 0		10						
Nitrate And Nitrite (NOX)	•					1 r	outine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitori	ng Period	Colle	ection Pe		_	ance Status
			12/31/25					mplete
		1/1/26 -	12/31/26					<u> </u>
Water System Facility: WELL (WSF ID: 20972)								
E. Coli (3014)					1	l rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	Colle	ction Pe			ance Status
WELL (2)		4/1/25 -	6/30/25				Со	mplete
		7/1/25 -	9/30/25				Со	mplete
		10/1/25 -	12/31/25				Со	mplete
		1/1/26 -	3/31/26					
		4/1/26 -	6/30/26					
Otl	ner Complian	ce Sched	lules					
Compliance Schedule Activity			Due Date		Achie	ved D	ate	
RESPOND TO SANITARY SURVEY		9	/23/2018					
RESPOND TO SANITARY SURVEY		1:	1/30/2023					
SANITARY DEFECT CORRECTIVE ACTION		3	/15/2024					
Publi	c Notification	Require	ments					
	Compliance	Notice	Publi	ic Notij	fication		PN Cert	<u>tification</u>
Violation/Situation	Period	Tier	Requir	ed F	Performe	d Du	ie to DPH	Received
Physical Parameters M&R Violation	6/1/25 - 6/30/25	5 3	10/1/20	026		10	/11/2026	
Total Coliform M&R Violation	6/1/25 - 6/30/25	5 3	10/1/20	026		10	/11/2026	
Water System	Facility and S	ampling	<b>Point In</b>	vent	ory			
Water				Tota	Lead	and		
	Point Sampling P			Colifor				Stage
Facility ID ID	Description	1	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTI			Υ				
	TREAM WITHIN 5 S							
UPSTR								
00700 ENTRY POINT 3	ENTRY POIN	N I	Α .					
20972 WELL 2	WELL		Α					
55746 ATMOSPHERIC STORAGE	_							
	Contact Info	rmation	l					
Name	Organization						Job Title	
Mr. Thomas M. Jansen	Greenwich Co	uncil, B.S.A.	T	C	Council Sc	out E	xec.	
	Address Line Two				City		State	Zip Code
63 Mason St	Т			enwich			СТ	06830
Business Phone Extension Fax	Mobile Phone		Phone Ema	ail Add	ress			
203-869-8424 3007 203-869-2732	antono of mublic must be a	203-869-		د اد عاماند،	n leim av		tur manufacture (* )	

(	Connecticu	ıt Depa	rtment	of Public	Health	ı Drir	ıking	Water	Se	ction	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classifi	cation	Population	Own	er Type P	rimary Source
CT0570084 E	.T. SETON BOY S	COUT CAM	P - DORMS			N	С	25		Р	GW
Local Address (wh	ere applicable)			Service	Residen	ntial Co	mmercia	l Industri	ial	Combined	Agricultural
363 RIVERSVILLE F	OAD			Connection	ns		1				
Towns Served: GR	EENWICH			,							
Contact Role(s):	egal Contact										
Name				Organization						Job Title	
Mr. Jeffrey Raient	е			Greenwich Co	uncil Boy So	couts		Ranger			
Mailing Address Li	ne One		Mailing Addr	ess Line Two			City			State	Zip Code
363 Riversville Roa	nd						Greenw	rich		CT	06831
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	/ Phone	Email A	ddress			
203-921-8252							jeff.cam	pseton@g	mail.c	com	
Contact Role(s):	Administrative C	ontact									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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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	artment of	Public Health	Drinki	ng Wa	ater Se	ction	
Water Ou	alitv Monit	oring and Con	plianc	e Sche	edule		
PWS ID PWS Name		0 - 1 - 2 - 3 - 1 - 1	_			ner Type P	rimary Source
CT0570134 ST. BARNABAS CHURCH			NC	2		P	GW
Local Address (where applicable)		Service Residen			dustrial	Combined	Agricultural
954 LAKE AVENUE		Connections	1				
Towns Served: GREENWICH							
	Monit	oring Requireme	nts				
Water System Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collecti	on Period		iance Status
Select from Inventory of Active Samplir	ng Points	4/1/25 -	6/30/25			Co	mplete
		7/1/25 -	9/30/25			Co	mplete
		10/1/25 -	12/31/25			Co	mplete
		1/1/26 -	3/31/26				
		4/1/26 -	6/30/26				
Physical Parameters (PPS)					1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collecti	on Period	Compl	iance Status
Select from Inventory of Active Samplir	ng Points	4/1/25 -	6/30/25			Co	mplete
		7/1/25 -	9/30/25			Co	mplete
		10/1/25 -	12/31/25			Co	mplete
		1/1/26 -	3/31/26				
		4/1/26 -	6/30/26				
Water System Facility: ENTRY POINT (	WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collecti	ion Period	Compl	iance Status
ENTRY POINT (3)		4/1/25 -	6/30/25			Cc	mplete
		7/1/25 -	9/30/25			Co	mplete
		10/1/25 -	12/31/25			Co	mplete
		1/1/26 -	3/31/26				
		4/1/26 -	6/30/26				
	Other C	ompliance Sched	ules				
Compliance Schedule Activity		L	Due Date		Achieved	Date	
RESPOND TO SANITARY SURVEY		12	2/24/2025				
CORRECTIVE ACTION/CORRECTIVE ACTION F	PLAN	3	/24/2026				
Water	System Facili	ity and Sampling	Point Ir	ventor	у		
Water				Total	Lead and		
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
2.5		WITHIN 5 SERVICE CON		•			
	UPSTREAM	WITHIN 5 SERVICE CON					
00700 ENTRY POINT	3	ENTRY POINT	Α				

54367 TREATMENT SYSTEM

Schedule Generation Date: 12/12/2025 Page 16

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source					
CT0570134	ST. BARNABAS CHURCH				NC	25	Р	GW					
Local Address	(where applicable)	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural						
954 I AKF AVF	NUF			1									

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

954 LAKE AVENUE

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Ms. Lori Sodergree	n			St. Barnabas	Church		Operations	Director	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
954 Lake Avenue						Greenwi	ch	СТ	06831
Business Phone	Business Phone Extension Fax			obile Phone	Emergency Phone	Email Ad	dress		
203-661-5526					203-733-9503	Isodergr	een@stbarr	nabasgreenwi	ch.org

Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

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

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

End of schedule

	Connecticut Dep	oartment of	Public Health	Drinki	ing Wa	ater Se	ction
	Water Qu	ality Monit	oring and Com	plianc	e Sche	edule	
PWS ID	PWS Name		(	Classificati	ion Popu	lation Owr	ner Type Primary Source
CT0570144	ST. PAULS CHURCH			NC	2	.5	P GW
	where applicable)		Service Residenti	al Comm	nercial In	dustrial	Combined Agricultural
84 SHERWOOD	AVENUE		Connections	1	_		
Towns Served:	GREENWICH						
		Monite	oring Requiremen	ts			
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)				
Total Colifor						1 rou	itine (RT) per quarter
	Point (Sampling Point ID)		Monitorin		Collecti	ion Period	Compliance Status
Select from	m Inventory of Active Sampli	ng Points	4/1/25 - 6				Complete
			7/1/25 - 9				Complete
			10/1/25 - 1				Complete
			1/1/26 - 3				
			4/1/26 - 6	5/30/26			
-	nmeters (PPS)		Manitaria	a Doriod	Callage		itine (RT) per quarter
	Point (Sampling Point ID)  m Inventory of Active Sampli	ng Doints	Monitoring		Collecti	ion Period	Compliance Status
Select II of	in inventory of Active Sample	ing Politis	4/1/25 - 6 7/1/25 - 9				Complete Complete
			10/1/25 - 9				Complete
			1/1/26 - 3				Complete
			4/1/26 - 6				
Water System	Facility: ENTRY POINT	(\WSE ID: 00700)	4/1/20-0	730720			
-	Nitrite (NOX)	(4431 15. 00700)				1	routine (RT) per year
	Point (Sampling Point ID)		Monitoring	a Period	Collecti	ion Period	Compliance Status
ENTRY PO			1/1/24 - 1			ion i criou	Complete
Ziviiki i G	(5)		1/1/25 - 12				Complete
			1/1/26 - 12				Complete
Water System	n Facility: WELL (WSF ID	: 20978)	_, _, _,	_,			
E. Coli (3014		<b>,</b>				1 rou	itine (RT) per quarter
-	Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Compliance Status
WELL (2)	, , , ,		4/1/25 - 6				Complete
			7/1/25 - 9				Complete
			10/1/25 - 1				Complete
			1/1/26 - 3				•
			4/1/26 - 6	/30/26			
		Other C	ompliance Schedu	ıles			
Compliance Sci	hedule Activity		Di	ue Date		Achieved	Date
RESPOND TO S	ANITARY SURVEY		12/	10/2025			
	Water	System Facili	ity and Sampling F	oint Ir	nventor	ry	
Water					Total	Lead and	
	ter System Facility	Sampling Point	Sampling Point		Coliform	Copper	Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENT	RY POINT	3	ENTRY POINT	Α			

Page 18

	domicetic							<b>,</b>		
	Wa	ter Qua	lity Moni	toring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0570144	ST. PAULS CHUR	СН				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residen	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
84 SHERWOOD A	VENUE			Connections	S		1			
Towns Served: G	REENWICH				·	·			·	·
		Water Sy	ystem Faci	lity and Sa	mpling	Poin	t Inve	ntory		
Water							To	tal Lead	and	
System Wate	r System Facility		Sampling Poin	t Sampling Po	oint		Coli	form Cop	per	Stage
Facility ID			ID	Description		Sta	itus R	ule Rule	Tier Asbest	os WQP 2 DBPR
20978 WELL			2	WELL		,	4			
59142 TREA	TMENT PLANT									
			Co	ntact Info	mation	1				
Name			C	Organization					Job Titl	е
Reverend Micha	el J. V. Clark		S	t Pauls Roman	Catholic (	Church				
Mailing Address	ss Line Two	ss Line Two			City	State	Zip Code			
84 Sherwood Av	е						Greenv	vich	СТ	06831
Business Phon	e Extension	Fax	Mok	oile Phone	Emergency	/ Phone	Email A	ddress		
203-531-8741							office@	stpaulgreer	nwich.org	

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Extension

Contact Role(s): Legal Contact, Owner

### Please note the following:

Mailing Address Line One

Name

Ms. Rose Vartulli

84 Sherwood Ave

**Business Phone** 

203-531-8741

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

Mailing Address Line Two

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.

Organization

Mobile Phone

St Pauls Roman Catholic Church

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

06831

Job Title

State

CT

City

office@stpaulschurch.org

Greenwich

Emergency Phone Email Address

	Connecticut Dep	artment o	f Public F	[ealth]	Drir	ıking '	Wate	er Se	ection	
	* · · · · · · · · · · · · · · · · · · ·	ality Moni				_			,000011	
PWS ID	PWS Name	arrey Morri	corning and						ner Type	Primary Source
CT0570154	ST. TIMOTHY CHAPEL				N		25	<i></i>	Р	GW
	(where applicable)		Service	Residenti		mmercial	Indus	trial	Combine	_
1034 NORTH	* * * * * * * * * * * * * * * * * * * *		Connections			1				
Towns Served	l: GREENWICH									
		Monit	oring Requ	iiremen	ts					
Water Syste	m Facility: DISTRIBUTION									
<b>Total Colifo</b>	rm (3100)							1 ro	utine (RT	) per quarter
Samplin	g Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection	Period	Comp	liance Status
Select fr	om Inventory of Active Samplir	g Points		4/1/25 - 6	/30/2	5			C	omplete
				7/1/25 - 9	/30/2	5			C	omplete
				10/1/25 - 1	.2/31/	25				omplete
				1/1/26 - 3	/31/2	6				
				4/1/26 - 6	/30/2	6		-		
<b>Physical Pa</b>	rameters (PPS)							1 ro	utine (RT	) per quarter
Samplin	g Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection	Period	Comp	liance Status
Select fr	om Inventory of Active Samplir	g Points		4/1/25 - 6	/30/2	5			C	omplete
				7/1/25 - 9	/30/2	5			C	omplete
			:	10/1/25 - 1	.2/31/	25			C	omplete
				1/1/26 - 3	/31/2	6				
				4/1/26 - 6	/30/2	6				
Water Syste	m Facility: ENTRY POINT (	WSF ID: 00700	)							
Nitrate And	Nitrite (NOX)							1 ro	utine (RT	) per quarter
Samplin	g Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection	Period	Comp	liance Status
ENTRY P	OINT (3)			4/1/25 - 6	/30/2	5			C	omplete
				7/1/25 - 9	/30/2	5			C	omplete
			<u> </u>	10/1/25 - 1	.2/31/	25			C	omplete
				1/1/26 - 3	/31/2	6				
				4/1/26 - 6	/30/2	6				
		Other 0	Compliance	Schedu	ıles					
Compliance S	chedule Activity			D	ue Dat	e	Aci	hieved	Date	
RESPOND TO	SANITARY SURVEY			11/	′29/20	25				
	Water	System Faci	lity and Sar	mpling F	Point	Inven	tory			
Water						Tota	al Le	ad and		
*	ater System Facility	Sampling Point		nt		Colifo		opper		Stage
Facility ID		ID	Description		Sta		e Ru	ile Tier	Asbesto	s WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION		Δ					
			1 WITHIN 5 SER		Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 511	ITDV DOINIT	2			^	١				
	TRY POINT	3	ENTRY POINT		Α					
00700 EN 20979 W		2	WELL		Д					
		2 Coi	WELL ntact Inform	nation						
20979 W	ELL	2 Coi	WELL  ntact Inforr  organization			<b>\</b>			Job Title	
Name Reverend lan	ELL Jeremiah	COI	WELL  Tract Inform  Organization  t. Timothy Chap			<b>\</b>	Revere	nd		
20979 W	ELL Jeremiah	2 Coi	WELL  Tract Inform  Organization  t. Timothy Chap			<b>\</b>	Revere City	nd	Job Title State CT	Zip Code 06830

	Connectic	ut Depa	rtmer	nt of	Public	Health	n Dri	nking	y Water	r Se	ection	
	Wa	ter Qua	lity Mo	onit	oring a	nd Cor	nplia	ance S	Schedu	le		
PWS ID	PWS Name						Classi	fication	Population	Ow	ner Type P	rimary Source
CT0570154	<b>ST. ТІМОТНҮ СН</b>	APEL					1	١C	25		Р	GW
Local Address (wl	nere applicable)				Service	Resider	ntial Co	ommerci	al Industr	ial	Combined	Agricultural
1034 NORTH STR	EET				Connection	ns		1				
Towns Served: GI	REENWICH						,					
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	Email A	Address			
203-869-5421								frjerem	niah@diobp	t.or	g	
Contact Role(s):	Legal Contact											
Name				Org	ganization						Job Title	
Mr. Brendan Gal	vin			St <sup>-</sup>	Timothys Cl	napel			Care Tak	er		
Mailing Address I	ine One		Mailing A	ddress	Line Two				City		State	Zip Code
469 North St								Greenv	wich		СТ	06830
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	e Email A	Address			
203-496-0029						203-496	-0029	bgalvin	@gcsct.org	5		
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.
- B. 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

	Connecticut De	nartment of	f Public H	lealth	Dr	inki	ng V	Vate	r Se	ection	
		iality Monit					_			CCIOII	
PWS ID	PWS Name	dancy 1-10111c	oring and							ner Type P	rimary Source
CT0570194	BANKSVILLE COMMUNITY	Y HOUSE				NC		25		Р	GW
Local Address	(where applicable)		Service	Resident	ial (	Comme	ercial	Industr	ial	Combined	Agricultural
12 BANKSVILLI			Connections			1					
Towns Served:	GREENWICH										
		Monito	oring Requ	iremer	nts						
Water Syster	n Facility: DISTRIBUTION										
<b>Total Colifor</b>	m (3100)								1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Colle	ection Pe			ance Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/25 -	6/30	/25				Out	of Service
	· · · · · · · · · · · · · · · · · · ·			7/1/25 - 9	9/30	/25				Со	mplete
				10/1/25 -						Со	mplete
				1/1/26 - 3	3/31	/26					•
				4/1/26 -	6/30	/26					
Physical Par	ameters (PPS)								1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Colle	ection Pe	eriod	Compli	ance Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/25 -	6/30	/25				Out	of Service
				7/1/25 -	9/30	/25				Со	mplete
				10/1/25 -	12/3	1/25				Со	mplete
				1/1/26 - 3	3/31	/26					
				4/1/26 -	6/30	/26					
Water Syster	n Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (F	RT) per year
Sampling	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Colle	ection Pe	eriod	Compli	ance Status
ENTRY PO	DINT (3)		_	1/1/24 - 1	12/31	L/24				Со	mplete
				1/1/25 - 1	12/31	L/25				Со	mplete
				1/1/26 - 1	L2/31	L/26					
		Other C	ompliance	Sched	ule	S					
Compliance Sc	hedule Activity		-	D	ue D	ate		Achi	eved	Date	
CROSS CONNE	CTION SURVEY REPORT			3	/1/2	024					
CROSS CONNE	CTION SURVEY REPORT			3	/1/2	025					
CROSS CONNE	CTION SURVEY REPORT			3	/1/2	026					
	Water	System Facili	ity and Sar	mpling	Poi	nt In	vent	ory			
Water							Tota	l Lead	l and	'	
*	ter System Facility	Sampling Point		nt		(	Colifor		per		Stage
Facility ID		ID	Description		S	tatus	Rule	Rule	? Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ				
		BCH001	MENS ROOM	LEFT SINK		Α			2	Υ	
		BCH002	MENS ROOM		ΙK	Α			2	Υ	
		BCH003	KITCHEN SINK			Α	Υ		2	Υ	
		BCH004	WOMENS RM			Α			2	Υ	
		BHC005	WOMENS RM			Α			2	Υ	
		DOWNSTREAM				Α	Υ				
UPSTREAM WITHIN 5 SERVICE CON						Α	Υ				
00700 EN	TRY POINT	3	ENTRY POINT			Α					
10962 WE	LL	2	WELL			Α					

	Water Qu	ality Monit	oring an	d Con	nplian	ce Sc	hedul	.e		
PWS ID	PWS Name				Classificat	tion Po	pulation	Owner Type	Primar	y Source
CT0570194 BANKSVILLE COMMUNITY HOUSE							25	Р	G'	W
Local Address	Local Address (where applicable)				itial Comn	nercial	Industri	al Combine	ed Agr	icultural
12 BANKSVIL	LE ROAD	Connections			1					
Towns Served	d: GREENWICH				,	,		,		
	Water	System Facili	ity and Sar	npling	Point I	nvent	tory			
Water						Tota	ıl Lead	and		
System W	ater System Facility	Sampling Point	Sampling Poi	nt		Colifo	rm Cop <sub>l</sub>	per		Stage
Facility ID		ID	Description		Status	, Rule	e Rule	Tier Asbesto	os WQP	2 DBPR
51845 TR	REATMENT PLANT									
C2020 LIT	TH DNA DECODE COETENIED									

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation						
Name				Organization				Job Title			
Ms. Ali Cornelius-Ya	antorno			Banksville Co	mmunity House	President					
Mailing Address Lin	e One		Mailing /	Address Line Two			City	State	Zip Code		
12 Banksville Ave			Greenwich CT 0								
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address					
203-496-9866			ali.cornelius618@gmail.com								
Contact Role(s): O	wner										
Name				Organization		Job Title					
Mr. Daniel Natale				Banksville Co	mmunity House		Vice Preside	nt			
Mailing Address Lin	e One		Mailing Address Line Two City State						Zip Code		
1028 North Street						Greenwi	ch	СТ	06831		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress				
203-515-8573						danjr94(	poptonline.n	et			

### 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 Departm					_			
	Water Quality	Monit	oring an	d Con	<u> </u>				
	PWS Name					ion Pop		Owner Type Pr	•
	G. E. HARRIS GOLF COURSE (CONC	ESSION)		I	NC		25	Р	GW
Local Address (w			Service	Residen			Industrial	Combined	Agricultural
1300 KING STREE			Connections			1			
Towns Served: G	REENWICH								
			oring Requ	uireme	nts				
•	Facility: DISTRIBUTION SYSTEM	/I (WSF I	D: 00600)						
Total Coliform								routine (RT)	
	oint (Sampling Point ID)			Monitori		Colle	ction Peri		ance Status
Select from	Inventory of Active Sampling Point	S		4/1/25 -					mplete
				7/1/25 -					mplete
					12/31/25			Со	mplete
				1/1/26 -					
				4/1/26 -	6/30/26				
Physical Param	•							routine (RT)	· ·
	oint (Sampling Point ID)			Monitori	_	Colle	ction Peri		ance Status
Select from	Inventory of Active Sampling Point	S		4/1/25 -					mplete
				7/1/25 -					mplete
					12/31/25			Со	mplete
				1/1/26 -					
				4/1/26 -	6/30/26				
Water System F	Facility: ENTRY POINT (WSF ID	): 00700 <u>)</u>							
Nitrate And Ni	•							1 routine (R	
	oint (Sampling Point ID)			Monitori		Colle	ction Peri		ance Status
ENTRY POIN	IT (3)			1/1/24 - :					mplete
				1/1/25 -	12/31/25			Со	mplete
				1/1/26 - :	12/31/26				
	Pul	olic Not	ification R	Require	ments				
		C	ompliance	Notice	<u>Pub</u>	lic Notifi	<u>cation</u>	PN Cert	<u>ification</u>
Violation/Situati	ion		Period	Tier	Requi	red P	erformed	Due to DPH	Received
Total Coliform M	&R Violation	5/1,	/25 - 5/31/25	3	10/9/2	026		10/19/2026	
E. Coli M&R Viola	ation		4/16/25 -	3	10/9/2	.026		10/19/2026	
Total Coliform M	&R Violation	1/1,	/25 - 3/31/25	3	10/9/2	.026		10/19/2026	
Physical Paramet	ers M&R Violation	1/1,	/25 - 3/31/25	3	10/9/2	026		10/19/2026	
	Water System	m Facil	ity and Sai	mpling	Point I	nvent	ory		
Water						Total	Lead a	nd	
System Water	r System Facility Samp	ling Point	Sampling Poi	nt		Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
	DOW	NSTREAM	WITHIN 5 SER	VICE CON	I A				
	GE	GEHC001 KIT DISH WASH SINK				Υ		Υ	
	GE	HC002	Α			Υ			
	GE	HC003	Α			Υ			
	GE	HC004	MENS ROOM	SINK 1	Α	Υ		Υ	

MENS ROOM SINK 2

LADIES ROOM SINK 1

Α

Υ

Υ

GEHC005

GEHC006

Schedule Generation Date: 12/12/2025 Page 24

	Water Quality Monit	coring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0570214	G. E. HARRIS GOLF COURSE (CONCESSION)			NC	25	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1300 KING STR	Connections			1				
Towns Served:	GREENWICH							

Connecticut Department of Public Health Drinking Water Section

		<b>Water System Facili</b>	ity and Sampling P	oint Ir	nvento	ry
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
		GEHC007	LADIES ROOM SINK 2	A	Υ	Υ
		GEHC008	KITCHEN TRIPLE SINK	Α	Υ	Υ
		GEHC009	BAR DOUBLE SINK	Α	Υ	Υ
		GEHC010	KIT BACK HAND SINK	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
22810	WELL	2	WELL	Α		
61103	TREATMENT PLANT					
61104	WELL 2	2	WELL 2	Α		
		Con	tact Information			

			•						
Name				Organization		Job Title			
Mr. Jay F. Collins		Griffith E. Ha	rris Golf Course		Grounds Manager				
Mailing Address Line One Mailing Add				ress Line Two		City	State	Zip Code	
1323 King Street				Greenwi	ch	СТ	06831		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress		
203-531-1096		203-531-3	3162		203-561-7953	3 Jay.Collins@greenwichct.or			
Contact Role(s): A	dministrative	Contact	,						
Name				Organization	1	Job Title			

Name				Organization		Job Title			
Mr. Steve Pyo		G. E. Harria G	G. E. Harria Golf Course Operations Manager						
Mailing Address Lin	e One	lress Line Two			City	State	Zip Code		
1323 King St						Greenwich CT			06831
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ac	ldress		
203-531-7158									

Contact Role(s): Legal Contact, Owner

#### Please note the following:

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

End of schedule

Connecticut Department	of Public H	lealth	Dr	rinkin	g W	<i>l</i> ater	Se	ection	
Water Quality Mor	nitoring and	d Con	ıpl	iance	Sch	nedul	e		
PWS ID PWS Name				sification	_			ner Type Pr	imary Source
CT0570224 HARVEST TIME ASSEMBLY OF GOD				NC		250		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	cial	Industri	al	Combined	Agricultural
1338 KING STREET	Connections			1					
Towns Served: GREENWICH		I							
Mor	nitoring Requ	iireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)								
Total Haloacetic Acids (2456)							1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	ction Pe		<del>-</del>	ance Status
LADIES RM SINK (HT015)		1/1/24 -	12/3	1/24	9	/1-9/30		Coi	mplete
		1/1/25 -	12/3	1/25	9	/1-9/30		Соі	mplete
		1/1/26 -	12/3	1/26	9	/1-9/30			
Total Trihalomethanes (2950)							1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	ction Pe	riod	Compli	ance Status
RM 107A SINK (HT014)		1/1/24 -	12/3	1/24	9	/1-9/30		Соі	mplete
		1/1/25 -	12/3	1/25	9	/1-9/30		Соі	mplete
		1/1/26 -	12/3	1/26	9	/1-9/30			
Total Coliform (3100)							1 rc	utine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	ction Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/25 - 7/31/25						Coi	mplete
		8/1/25 -	8/32	1/25				Coi	mplete
		9/1/25 -	9/30	0/25				Coi	mplete
	:	10/1/25 -	10/3	31/25				Coi	mplete
		11/1/25 -	11/3	30/25				Coi	mplete
	:	12/1/25 -	12/3	31/25					
		1/1/26 -	1/32	1/26					
		2/1/26 -	2/28	8/26					
		3/1/26 -	3/32	1/26					
		4/1/26 -	4/30	0/26					
		5/1/26 -	5/32	1/26					
		6/1/26 -	6/30	0/26					
Physical Parameters (PPS)									per month
Sampling Point (Sampling Point ID)		Monitori			Collec	ction Pe	riod		ance Status
Select from Inventory of Active Sampling Points		7/1/25 -							mplete
		8/1/25 -							mplete
		9/1/25 -		-					mplete
		10/1/25 -							mplete
		11/1/25 -						Coi	mplete
	:	12/1/25 -							
		1/1/26 -							
		2/1/26 -							
		3/1/26 -	3/3:	1/26					

4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 6/30/26

Water System Facility: WELL #1 (WSF ID: 22853)

	Connecticut	Department of	Public H	ealth I	)rinki	ng W	ater Se	ection		
		Quality Monit								
PWS ID	PWS Name	Quality Monit	oring and					mor Tymo D	rimary Source	
CT0570224	HARVEST TIME ASSE	MRI V OF GOD		C	NC		250	P	GW	
	where applicable)	INDET OF GOD	Service	Residentia			ndustrial	Combined	_	
1338 KING STR			Connections	Residentia	1		iluustilai	Combined	Agricultural	
Towns Served:										
Towns served.	CHEZITOTO	Monite	oring Requ	iromoni	ł c					
Water System	Facility: WELL #1		ning Kequ	ii eiiieiii						
E. Coli (3014	)						1 ro	utine (RT)	per quarter	
Sampling	Point (Sampling Point	ID)		Monitoring	Period	Collec	tion Period	Compl	iance Status	
WELL #1 (	2)			4/1/25 - 6/	/30/25			Cc	mplete	
				7/1/25 - 9/	/30/25			Co	mplete	
				10/1/25 - 12	2/31/25					
				1/1/26 - 3/	/31/26					
				4/1/26 - 6/	/30/26					
Water System	Facility: HARVEST	TIME TREATMENT PL	ANT (WSFID	: 49891)						
Nitrate And I	Nitrite (NOX)						1	routine (F	RT) per year	
Sampling	Point (Sampling Point	ID)		Monitoring	Period	Collect	tion Period	Compl	iance Status	
ENTRY PO	INT (3)			1/1/24 - 12	/31/24			Co	mplete	
				1/1/25 - 12	/31/25			Co	mplete	
				1/1/26 - 12	/31/26					
	Monthly W	ater System Facil	ity (WSF) L	evel Mo	onitori	ng Red	quireme	ents		
Water System	Facility: HARVEST	TIME TREATMENT PLA	ANT (WSFID:	49891)						
Analyte	Monitori	ng Requirement (Summa	ary Type)	Operat	ting Limit			Samples R	eq/Month	
Chlorine	Entry Poi	nt Chlorine Residual Mor	itoring (CHLR)	Minim	um: 0.2 N	ИG/L		Da	ily	
Start Date:	7/1/2005		Complia	nce History	<b>/</b> :	Operati	ng Limit	Monito	ring	
			Monitor	ing Period		-	ance Status		nce Status:	
			7/1/2025	5 - 7/31/202	25					
			8/1/2025	5 - 8/31/202	25					
			9/1/2025	5 - 9/30/202	25					
			10/1/202	25 - 10/31/2	2025					
			11/1/202	25 - 11/30/2	2025					
		Other Co	ompliance	Schedu	les					
Compliance Sci	hedule Activity		-		e Date		Achieved	Date		
CROSS CONNEC	CTION SURVEY REPORT	-		3/:	1/2026					
	W	ater System Facili	ty and Sar	npling P	oint In	vento	ry			
Water	· · ·					Total	Lead and	1	_	
	er System Facility	Sampling Point ID	Sampling Poil Description	זנ		Coliform		. Ashaata	Stage 2 DBB	
Facility ID	DIDLITION CYCTER		•	LCVCTEN 4	<u>Status</u>	Rule	KUIE I IEI	ASDESTOS	WQP 2 DBPR	
00600 DIST	RIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION		Α Δ	Υ				
		HT001	RR LADY RM N		A	Υ		Υ		
		HT001 HT002			A	Υ Υ		Υ Υ		
		HT002 HT003					Y			
		HT003	RR MEN RM MAIN FLR R A					Ϋ́		
		HT005		R LWR LEV R A			Y Y Y			
		111003	THE LIVE VIII LE	v 11	$\sim$	1				

RR LR LWR LEV L

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Schedule Generation Date: 12/12/2025

HT006

	Co	onnectic	ut Depa	irtment o	f Public	: Не	alth	Dı	rinki	ng W	later S	ection	
	0.		•	lity Moni						_			
PWS ID	PW	/S Name			0			_				wner Type F	Primary Source
CT057022		RVEST TIME	ASSEMBLY O	F GOD					NC		250	P	GW
Local Add	ress (wher	e applicable)			Service	R	esiden	tial	Comm		Industrial	Combined	
1338 KINO		- app			Connectio				1				, g. rearear ar
	rved: GREI	NWICH											
			Water S	ystem Faci	lity and S	Samı	oling	Po	int In	vento	orv		
Water				,	,		8			Total	Lead an	d	
System	Water Sy	stem Facility	,	Sampling Poin	t Sampling	Point				Coliforn		-	Stage
Facility IE	_	•		ID	Descriptio				Status	Rule			WQP 2 DBPR
				HT007	RR MENS I	LWR L	EV L	-	A	Υ		Υ	
				HT008	RR MENS I	LWR L	EV R		Α	Υ		Υ	
				HT009	KITCHENE <sup>*</sup>				Α	Υ		Υ	
				HT010	PRESCHOO	_	_		Α	Υ		Υ	
				HT011	PRESCHOO				Α	Y		Y	
				HT012	PRESCHOO			Α	Y		Y		
				HT013	PRESCHOO				Α	Y		Y	
				HT014	RM 107A 9		11111 10	,,	Α	•			Υ
ı				HT015	LADIES RM				A				Ϋ́
				UPSTREAM	WITHIN 5			ı	A				•
22052	WELL #1					JLIVI	CL CON	<b>u</b>					
22853		TIA 45 TD 5 4 T		2	WELL #1				Α .				
49891	PLANT	TIME TREAT	MENI	3	ENTRY PO	INI			A				
60040	ATMOSP	HERIC STORA	GE TANKS	0 151	1.0		•						
				Certified	l Operato	or In	torm	atı	on				
Water Sy	stem Fac	ility: HARV	EST TIME T	REATMENT P	LANT (WSF	F ID: 4	19891)						
Facility Cl	lassificatio	n: CLASS 1 T	REATMENT P	LANT									Certification
Operator	Name			Operator Ty	pe	Cert	ificatio	n(s)					Expiration
HURLBUT	, ANDREW	1		CHIEF OPERAT	OR	WAT	ER TRE	ATM	1ENT PL	ANT OP	ERATOR -	CLASS II	6/30/2026
				Co	ntact Info	orma	ation						
Name				C	Organization							Job Title	
Mr. Rev. 0	Glenn A. H	larvison		F	larvest Time	Assen	nbly of	God	ł	Se	nior Pasto	r	
Mailing A	ddress Lin	e One		Mailing Addre	ss Line Two						City	State	Zip Code
1338 King					<u> </u>				Gre	enwich	·	СТ	06831
	ess Phone Extension Fax Mobile Phone Emergency Phone Email Address						ess						
	31-7778		203-912-0352 pastorglenn@htchurch.com										
		gal Contact,	203-531- Owner						15.50	- 6.5			
Name		J 22		(	Organization							Job Title	
	aze Robert	son			larvest Time	Assen	nbly of	Gor	······································			130 1100	
	lailing Address Line One Mailing Addre										State	Zip Code	
					OS EITIC TWO						06831		
	King Street				nile Phone								
	ness Phone Extension Fax Mobile Pho -531-7778					pastorblaze@htchurch.com							
203-53	οτ-\\\Q							pas	เบเมเล่น	-willChurc	11.00111		

Schedule Generation Date: 12/12/2025

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 ASSEMBLY (	OF GOD			NC	250	Р	GW
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 Department o	f Public H	lealth	Dr	inkin	g W	/ater	Se	ection			
Water Quality Monit	toring an	d Con	npl	iance	Sch	iedul	e				
PWS ID PWS Name	0		_	sification	_			ner Type	Primary Source		
CT0570234 ROUND HILL STORE/SERVICE STATION				NC		31		P	GW		
Local Address (where applicable)	Service	Residen	itial	Commerc	cial	Industri	al	Combine	d Agricultura		
369 ROUND HILL ROAD	Connections			1							
Towns Served: GREENWICH	,				'				'		
Monit	oring Requ	ireme	nts								
Water System Facility: DISTRIBUTION SYSTEM (WSF I											
Total Coliform (3100)							1 rc	outine (R	T) per month		
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (	Collec	tion Pe		<del>-</del>	liance Status		
Select from Inventory of Active Sampling Points		7/1/25 -							Complete		
		8/1/25 -							Complete		
		9/1/25 -							Complete		
		10/1/25 -							Complete		
		11/1/25 -							Complete		
		12/1/25 -	- 12/3	31/25							
		1/1/26 -	- 1/32	1/26							
		2/1/26 -	- 2/28	3/26							
		3/1/26 -	- 3/32	1/26							
		4/1/26 -	- 4/30	0/26							
		5/1/26 -	- 5/3:	1/26							
		6/1/26 -	- 6/30	0/26							
Physical Parameters (PPS)							1 rc	outine (R	T) per month		
Sampling Point (Sampling Point ID)		Monitori			Collec	tion Pe	riod	Comp	Compliance Status		
Select from Inventory of Active Sampling Points		7/1/25 -	- 7/3:	1/25				(	Complete		
		8/1/25 -							Complete		
		9/1/25 -							Complete		
		10/1/25 -						(	Complete		
		11/1/25 -						(	Complete		
		12/1/25 -									
		1/1/26 -									
		2/1/26 -		-							
		3/1/26 -									
		4/1/26 -									
		5/1/26 -		-							
		6/1/26 -	- 6/30	0/26							
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And Nitrite (NOX)					- <i></i>			<del>-</del>	) per quarter		
Sampling Point (Sampling Point ID)		Monitori			Collec	tion Pe	rıod		oliance Status		
ENTRY POINT (3)		4/1/25 -							Complete		
		7/1/25 -							Complete		
		10/1/25 -						(	Complete		
		1/1/26 -									
Mater System Easility, MELL #4 (DUG MELL) (MCC)	220251	4/1/26 -	· 0/3(	0/20							
Water System Facility: WELL #1 (DUG WELL) (WSF ID	. 22935)								\ ·		
E. Coli (3014)		Monitori			- "			=	) per quarter		

**Monitoring Period** 

**Collection Period** 

**Compliance Status** 

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Schedule Generation Date: 12/12/2025

Sampling Point (Sampling Point ID)

Co				of Public								
		ter Qua	lity Mo	nitoring a	and Con							
	/S Name							on Population Owner Type Prin				
	UND HILL STO	RE/SERVICE	STATION			N		31	Р	GW		
Local Address (when				Service	Residen	tial Co	mmercial	Industrial	Combine	d Agricultura		
369 ROUND HILL RO				Connectio	ons		1					
Towns Served: GREI	ENWICH											
			Mo	nitoring Re	quireme	nts						
Water System Fac	cility: WELL	#1 (DUG W	ELL) (WSF	ID: 22935)								
E. Coli (3014)								1 r	outine (RT	) per quarter		
Sampling Poin	t (Sampling P	oint ID)			Monitori	ing Perio	od Col	lection Perio	od Comp	liance Status		
DUG WELL (2)					4/1/25 -	6/30/2	5		C	Complete		
					7/1/25 -	9/30/2	5		C	omplete		
					10/1/25 -	12/31/2	25			Complete		
					1/1/26 -	3/31/2	5					
					4/1/26 -	6/30/2	5					
			Othe	r Compliar	ce Sched	lules						
Compliance Schedu	le Activity					Due Dat	е	Achieve	ed Date			
RESPOND TO SANIT	ARY SURVEY				1	2/24/20	25					
SANITARY DEFECT C	ORRECTIVE A	CTION			$\epsilon$	5/30/202	26					
		Water Sy	stem Fa	cility and S	Sampling	Point	Inven	tory				
Water							Tot					
,	stem Facility			oint Sampling			Colife			Stage		
Facility ID	ITION (0)(0TEN		ID	Descriptio		Sta			er Asbesto.	s WQP 2 DBP		
00600 DISTRIBU	JTION SYSTEM		4		TION SYSTEM							
				AM WITHIN 5								
20700 51170110	O.I.I.T		UPSTREAL		SERVICE CON							
00700 ENTRY P			3	ENTRY PO		Δ						
	(DUG WELL)		2	DUG WELI	<u></u>	Δ	1					
46688 TREATM	ENT PLANT											
			C	Contact Info	ormation							
Name				Organization					Job Title			
Estate of Francis H.			I				I					
Mailing Address Lin	e One			dress Line Two				City	State	Zip Code		
C/O William Strain			369 Round				Greenwi		СТ	06831		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency	Phone	Email Ad	dress				
203-661-7270												
Contact Role(s): O	wner											
Name				Organization	1.				Job Title			
Mr. William Strain	- One		N. ( = 11:	Bill Strain Rea	aity			Cite	Ct. ·	71:5 0 - 1		
Mailing Address Lings 369 Round Hill Road			iviaiiing Add	dress Line Two			Crocoud	City	State	Zip Code 06831		
Business Phone	Extension	Fax		Mobile Phone	Emergency	Dhone	Greenwi		CI	16900		
203-661-7270	LYCHISIOII	гах	IV	TODITE FITOITE	Lineigency	rnone	Liliali AU	ui C33				
Contact Role(s): Ac	lministrative (	Contact										
Contact Noice(3).												

	Jonnecuci	ut Depa	ar ument or	Public	пеани	ועו	HIIKIIIE	g water	Section	1		
	Wat	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le			
PWS ID	PWS Name					Cla	ssification	Population	Owner Type Pr		nary Source	
CT0570234	ROUND HILL STO	RE/SERVIC	STATION		NC			31	Р		GW	
Local Address (wh	nere applicable)			Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural	
369 ROUND HILL	Connection	ıs	1									
Towns Served: GF	REENWICH				,				1			
Name			Or	ganization					Job Tit	le		
Ms. Robin Vanac	ore		Ro	und Hill Sto	re			Owner				
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Z	Zip Code	
369 Round Hill Ro	I						Greenv	vich	СТ		06831	
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	Address	,			
203-629-1083					203-641-	-014	9 afstrair	ns@aol.com				
Contact Role(s):	Legal Contact, O	wner	1									

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): 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 Dep	artment of	Public H	lealth	Drin	king	, Wa	ater	Sec	tion		
		ality Monit	oring an	d Con	_							
PWS ID	PWS Name									er Type P		
CT0570254	STANWICH CONGREGATION	NAL CHURCH			NC		20			Р	GW	
	where applicable)		Service	Resident	tial Con	nmercia	al In	dustria	I C	ombined	Agric	ultural
	TACONIC ROAD		Connections			1						
Towns Served: (	GREENWICH								_			
			oring Requ	uireme	nts							
•	Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)									
Total Coliforn	•									ine (RT)		
	Point (Sampling Point ID)			Monitori			ollecti	on Peri	iod		iance St	
Select from	n Inventory of Active Samplin	g Points		4/1/25 -							mplete	
				7/1/25 -							mplete	
				10/1/25 -						Co	mplete	
				1/1/26 - 4/1/26 -								
Physical Para	motors (DDS)			4/1/20-	0/30/20	,		1	routi	ine (RT)	nor au	artor
•	Point (Sampling Point ID)			Monitori	na Perio	d Co	ollecti	on Peri			iance St	
	n Inventory of Active Samplin	g Points		4/1/25 -							mplete	
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		7/1/25 -							mplete	
				 10/1/25 -							mplete	
				1/1/26 -								
				4/1/26 -								
Water System	Facility: ENTRY POINT (	WSF ID: 00700)										
Nitrate And N	litrite (NOX)								1 rc	outine (I	RT) per	vear
	Point (Sampling Point ID)			Monitori	ng Perio	d Co	ollecti	on Peri		_	iance St	-
ENTRY POI	NT (3)			1/1/24 - :	12/31/24	4				Co	mplete	_
				1/1/25 - :	12/31/25	5				Co	mplete	
				1/1/26 - :	12/31/26	6						
Water System	Facility: WELL 2 (WSF ID	): 51461)										
E. Coli (3014)								1	routi	ine (RT)	per qu	arter
Sampling I	Point (Sampling Point ID)			Monitori	ng Perio	d Co	ollecti	on Peri	iod	Compl	iance St	atus
WELL 2 (2)				4/1/25 -	6/30/25	,				Cc	mplete	
				7/1/25 -	9/30/25	<u>,                                      </u>				Co	mplete	
				10/1/25 -	12/31/2	25				Co	mplete	
				1/1/26 -	3/31/26	5						
				4/1/26 -	6/30/26	5						
		Other C	ompliance	Sched	ules							
Compliance Sch	edule Activity			L	Due Date	е		Achiev	ed Do	ate		
RESPOND TO SA	NITARY SURVEY			12	2/10/202	25						
CORRECTIVE AC	TION/CORRECTIVE ACTION P	LAN		3	/10/202	6						
	Water 9	System Facili	ity and Sai	mpling	Point	Inve	ntor	у				
Water	6 . 5							Lead a				
	er System Facility	Sampling Point ID	Sampling Poil Description	nt			form ule	Coppe		Achosta -		Stage
Facility ID	DIDLITION CYCTEM			v1	Stat	us K	uie	KUIE I	ier A	Asbestos	WQP 2	אימט
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α .							
		DOWNSTREAM										
		UPSTREAM	WITHIN 5 SER	VICE CUI	I A							

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STANWICH CONGREGATIONAL CHURCH  Local Address (where applicable)  Local Ad													
PWS ID PWS Name CT0570254 STANWICH CONGREGATIONAL CHURCH NC 200 P GW AGRICATIONAL CHURCH Service Residential Commercial Industrial Combined Agricultural 1908 AMP; 202 TACONIC ROAD Connections 1 1 Total Lead and Colliform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF ACIDITY ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF ACIDITY ID DESCRIPTION AGRICATION A		Connectic	ut Depa	rtmei	nt of	f Public	Health	Dri	nking	y Wat	er S	ection	
PWS ID PWS Name CT0570254 STANWICH CONGREGATIONAL CHURCH NC 200 P GW AGRICATIONAL CHURCH Service Residential Commercial Industrial Combined Agricultural 1908 AMP; 202 TACONIC ROAD Connections 1 1 Total Lead and Colliform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF ACIDITY ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF ACIDITY ID DESCRIPTION AGRICATION A		Wa	ter Qual	lity M	onit	oring a	nd Con	nplia	nce S	Sched	lule		
Service   Residential   Commercial   Industrial   Combined   Agricultural   190 & AmP; 202 TACONIC ROAD   Connections   1	PWS ID					<u> </u>		_					Primary Source
Mater   System Facility and Sampling Point Inventory   Stage   System   Water   System Facility   Sampling Point   Sampling Point   Status   Rule   Tier   Asbestos   WQP 2 DBPF	CT0570254	STANWICH CON	GREGATION	AL CHURO	CH			N	IC	200		Р	GW
Water System Facility and Sampling Point Inventory  Water System Facility  Water System Facility  Sampling Point Sampling Point Colfform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF  0700 ENTRY POINT 3 ENTRY POINT A  51461 WELL 2 2 WELL 2 A  51465 TREATMENT PLANT  51467 ATMOSPHERIC TANK  Contact Information  Name Organization Organization Job Title Stanwich Congregational Church  Walling Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Winding Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Winding Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Winding Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Walling Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Walling Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Walling Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Winding Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Winding Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Organization Senior Trustee  Winding Address Line One Mailing Address Line Two Greenwich CT Type Code  The Address Line One Mailing Address Line Two Greenwich CT Type CT One CT T	Local Address (w	here applicable)				Service	Resider	ntial Co	mmerci	al Indu	strial	Combine	d Agricultural
Water System Facility and Sampling Point Inventory  Water System Water System Facility  Sampling Point Sampling Point Colform Copper Stage Racility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF O0700 ENTRY POINT 3 ENTRY POINT A  51461 WELL 2 2 WELL 2 A  51465 TREATMENT PLANT  51467 ATMOSPHERIC TANK  Contact Information  Name Organization Job Title  Stanwich Congregational Church  Wailing Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Emergency Phone Example Contact Role(s): Owner  Wailing Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Emergency Phone Emergency Phone Extension Stanwich Congregational Church Senior Trustee  Wailing Address Line One Mailing Address Line Two Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Emergency Phone Emergency Phone Email Address  203-661-4420 Organization Stanwich Congregational Church Senior Trustee  Wailing Address Line One Extension Fax Mobile Phone Emergency Phone Emergency Phone Email Address  Contact Role(s): Legal Contact  Work George Lega	190 & 202 T	ACONIC ROAD				Connection	ıs		1				
Water System Water System Facility Sampling Point Sampling Point Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPF Stage Rule Tier Asbestos Tier To A  Stage Rule Tier Tier Tier Tier To A	Towns Served: G	REENWICH											
System   Mater System Facility   Sampling Point   Description   Status   Rule   Terr   Asbestos   WQP 2 DBPR   DO700   ENTRY POINT   3   ENTRY POINT   A   51461   WELL 2   2   WELL 2   A   51465   TREATMENT PLANT   51467   ATMOSPHERIC TANK      Name			Water Sy	/stem	Facili	ity and Sa	ampling	Poin	t Inve	ntory			
Name	System Water	System Facility	:		Point				Col	iform (	Coppe	r	
S1461 WELL 2 2 WELL 2 A  S1465 TREATMENT PLANT  S1467 ATMOSPHERIC TANK    Contact Information						-			itus	Rule R	ule Ti	er Asbesto	s WQP 2 DBPR
Stafe TREATMENT PLANT  51467 ATMOSPHERIC TANK    Contact Information							NT						
Contact Information  Name Stanwich Congregational Church Mailing Address Line Two 237 Taconic Road Business Phone Extension Fax Mobile Phone Emergency Phone Extension Contact Role(s):  Mailing Address Line One Mailing Address Line Two  Contact Role Stanwich Congregational Church Mailing Address Line Two  Contact Role(s):  Owner  Mailing Address Line Two  Organization Stanwich Congregational Church Senior Trustee  Mailing Address Line One Mailing Address Line Two  City State Zip Code Contact Role(s):  Mailing Address Line One Mobile Phone Emergency Phone Email Address  203-661-4420  Contact Role(s):  Domer  Mailing Address Line Two  City State Zip Code Contact Role(s):  Contact Role(s):  Legal Contact  Name  Organization  Organization  Fax Mobile Phone Emergency Phone Email Address  Contact Role(s):  Legal Contact  Name  Mailing Address Line Two  Organization  Stanwich Congregational Church Building Supervisor  Mailing Address Line One  Mailing Address Line Two  Organization  Stanwich Congregational Church Building Supervisor  Mailing Address Line Two  City State Zip Code				2		WELL 2			4				
Contact Information  Name Stanwich Congregational Church  Mailing Address Line One Business Phone													
Name Organization Job Title  Stanwich Congregational Church  Mailing Address Line One Mailing Address Line Two City State Zip Code 237 Taconic Road Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-661-4420 Organization Job Title  Wr. George Leing Stanwich Congregational Church Senior Trustee  Mailing Address Line One Mailing Address Line Two City State Zip Code 237 Taconic Road Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Emergency Phone Email Address 203-661-4420 203-661-3901 Emergency Phone Emergency Phone Emergency Phone Emergency Phone Email Address  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code	51467 ATMO	SPHERIC TANK											
Stanwich Congregational Church  Mailing Address Line One Mailing Address Line Two Greenwich  Business Phone 203-661-4420 Contact Role(s):  Name Mailing Address Line One Mailing Address Line Two Greenwich  Conganization Greenwich Greenwich  Conformation  Conganization Greenwich  Conganization Job Title  Mailing Address Line One Mailing Address Line Two Mailing Address Line One Contact Role(s):  Mailing Address Line One Mailing Address Line Two Greenwich Greenwich Congregational Church Congregational Church Congregational Church Congregational Church Congregational Church Congregational Church Mailing Address Line One Mailing Address Line One Mailing Address Line One Mailing Address Line Two City State Zip Code Conganization Conganization Congregational Church Congregational Chur					Con	tact Info	rmation	1					
Mailing Address Line One Mailing Address Line Two Greenwich Greenw	Name				Oı	rganization						Job Title	9
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420  Contact Role(s): Owner  Name Organization Job Title  Mr. George Leing Stanwich Congregational Church Senior Trustee  Mailing Address Line One Mailing Address Line Two City State Zip Code  237 Taconic Road Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420 203-661-3901  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line Two City State Zip Code	Stanwich Congre	gational Church		ı									
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420  Contact Role(s): Owner  Name Organization Job Title  Mr. George Leing Stanwich Congregational Church Senior Trustee  Mailing Address Line One Mailing Address Line Two City State Zip Code  237 Taconic Road Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420 203-661-3901  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code	Mailing Address I	ine One		Mailing A	ddress	s Line Two			City			State	Zip Code
203-661-4420 Contact Role(s): Owner  Name Organization Job Title  Mr. George Leing Stanwich Congregational Church Senior Trustee  Mailing Address Line One Mailing Address Line Two City State Zip Code  237 Taconic Road Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420 203-661-3901  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code	237 Taconic Road	d	I									CT	06831
Contact Role(s): Owner  Name Organization Job Title  Mr. George Leing Stanwich Congregational Church Senior Trustee  Mailing Address Line One Mailing Address Line Two City State Zip Code  237 Taconic Road Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420 203-661-3901  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code			Fax		Mobi	le Phone	Emergency	/ Phone	Email A	Address			
Name Organization Mr. George Leing Stanwich Congregational Church Mailing Address Line One Mailing Address Line Two Organization Mailing Address Line Two Organization Organiz													
Mr. George Leing  Mailing Address Line One  Mailing Address Line Two  City  State  Zip Code  Greenwich  CT  06831  Business Phone  203-661-4420  Contact Role(s):  Legal Contact  Name  Organization  Organization  Senior Trustee  City  State  Zip Code  Greenwich  CT  06831  Do Title  Stanwich Congregational Church  Building Supervisor  Mailing Address Line One  Mailing Address Line Two  City  State  Zip Code  Code  City  State  Code  City  State  City  State  City  State  City  City  City  City  City  Code		Owner											
Mailing Address Line One  Mailing Address Line Two  City State Zip Code Greenwich CT 06831  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-661-4420 203-661-3901  Contact Role(s): Legal Contact  Name Organization Organization Stanwich Congregational Church Mailing Address Line One Mailing Address Line Two City State Zip Code CT 06831  Contact Role(s): Building Supervisor City State Zip Code										_			9
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420 203-661-3901 Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code							regational	Church			Trust		7: 6 1
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  203-661-4420 203-661-3901  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code				Mailing <i>P</i>	aares	s Line Two			C				•
203-661-4420 203-661-3901 203-6			F		N 4 - I- :	I. Disease	<b></b>	. Dl				CI	06831
Contact Role(s): Legal Contact  Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Mailing Address Line One Mailing Address Line Two City State Zip Code			_	2001	Idoivi	ie Prione	Emergency	/ Prione	Email A	Address			
Name Organization Job Title  Mr. Joseph A. Decrescenzo Jr Stanwich Congregational Church Building Supervisor  Mailing Address Line One Mailing Address Line Two City State Zip Code			203-001-3	PAOT									
Mr. Joseph A. Decrescenzo Jr  Mailing Address Line One  Stanwich Congregational Church  Building Supervisor  City  State  Zip Code		Legai Contact			0.	rganization						Ioh Ti+la	<u> </u>
Mailing Address Line One Mailing Address Line Two City State Zip Code		crescenzo Ir					regational	Church		Buildir	ıg Sıın		•
	-			Mailing A			- Sacional	Cital Cit			. <sub>2</sub> 2up		Zip Code
				, ,					Green				

Contact Role(s): Administrative Contact

Extension

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### Please note the following:

**Business Phone** 

203-661-4420

- 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.

Fax

203-661-3901

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.

Mobile Phone

Emergency Phone Email Address

joe@stanwichchurch.org

203-605-7158

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 De	partment of	f Public H	lealth	Dr	inki	ng W	'ater	· Se	ction		
	•	iality Monit										
PWS ID	PWS Name	adirey 1.10111e	or mg am	u don					_	er Type P	rimary Source	
CT057915		±2			Clas	NC	-	31	OWI	P	GW	
	ress (where applicable)	T <b>&amp;</b>	Service	Residen	tial	Comme		ndustri	al	Combined	_	
744 LAKE			Connections	Residen	ciai	1	.r ciui	Tidastiii	ui	Combined	7 Gricaltarar	
	rved: GREENWICH											
TOWNS SCI	Treat GREENWICH	Monite	oring Requ	ıirama	ntc							
Water Sy	stem Facility: <b>DISTRIBUTION</b>			in enne	1163							
Total Co	liform (3100)							1	l rou	tine (RT)	per quarter	
	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collec	tion Pe			ance Status	
Selec	ct from Inventory of Active Sampl	ing Points		4/1/25 -	6/30	)/25				Со	mplete	
				7/1/25 -	9/30	)/25				Со	mplete	
				4/1/26 -	6/30	0/26						
Physical	Parameters (PPS)							1	l rou	tine (RT)	per quarter	
Samj	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collec	tion Pe	riod	Compli	ance Status	
Selec	ct from Inventory of Active Sampl		4/1/25 -	6/30	0/25				Co	Complete		
				7/1/25 -	9/30	)/25				Co	mplete	
				4/1/26 -	6/30	0/26						
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate	(1040)							1	L rou	tine (RT)	per quarter	
Sam	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collec	tion Pe	riod	Compli	ance Status	
ENTF	RY POINT (3)			4/1/25 -	6/30	)/25				Co	mplete	
				7/1/25 -	9/30	0/25				Co	mplete	
				4/1/26 -	6/30	0/26						
Nitrite (	(1041)								1	routine (F	RT) per year	
Samı	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collec	tion Pe	riod	Compli	ance Status	
ENTF	RY POINT (3)		1/1/24 - 12/31/			1/24				Complete		
				1/1/25 -	12/3	1/25				Complete		
				1/1/26 - 12/31/26								
Water Sy	stem Facility: WELL #2 (WS	F ID: 55410)										
E. Coli (	3014)							1	L rou	tine (RT)	per quarter	
Samp	pling Point (Sampling Point ID)			Monitori				tion Pe		Compli	ance Status	
WELI	L #2 (2)			4/1/25 -	6/30	0/25	6/	1-6/30		Со	mplete	
				7/1/25 -								
				4/1/26 -	6/30	0/26	6/	1-6/30				
	Water	System Facili	ity and Sar	mpling	Poi	int In	vento	ry				
Water							Total	Lead				
System	Water System Facility	Sampling Point		nt		(	Coliforn				Stage	
Facility ID		ID	Description		9	<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A						
		DOWNSTREAM			N	A	.,					
		SINK4	GIRLSROOML			A	Υ					
00700	ENITRY DOIN'T	UPSTREAM	WITHIN 5 SER		N	Α						
00700	ENTRY POINT	3	ENTRY POINT			A						
55410	WELL #2	2	WELL #2			Α						
55742	HYDROPNEUMATIC TANK											

Schedule Generation Date: 12/12/2025

63048 TREATMENT PLANT

	Connectic	•					U			tion		
	wa	ter Qua	lity Moni	itoring a	nd Cor	nplia	ance S	chedu	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	er Type	Primary Source	
CT0579154	CAMP SIMMON	6 - WELL #2				١	NC	31		Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial C	ommercia	al Industrial		ombine	d Agricultural	
744 LAKE AVENU	E			Connection	ıs		1					
Towns Served: G	REENWICH											
			Со	ntact Info	rmation	1						
Name			(	Organization						lob Title	!	
Ms. Megan Swee	eney		E	Boys & Girls Cl	ub of Gree	nwich		Vp of Adn	ninistr	ation		
Mailing Address I	ine One		Mailing Addre	ess Line Two				City		State	Zip Code	
4 Horseneck Lane	9						Greenw	ich		СТ	06830	
Business Phone	e Extension	Fax	Mol	bile Phone	Emergenc	y Phone	e Email A	ddress				
203-869-3224	103	203-869-	1814				msweer	ney@bgcg.d	org			
Contact Role(s):	Administrative	Contact		<u> </u>			<u> </u>					
Name	1		(	Organization						lob Title	!	
Ms. Cristina Vitto	oria		E	Boys & Girls Club of Greenwich				Chief Exec Officer				
Mailing Address I	ine One		Mailing Addre	ss Line Two				City		State	Zip Code	
4 Horseneck Lane	3						Greenw	rich		СТ	06830	

Contact Role(s): Legal Contact

Extension

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### Please note the following:

**Business Phone** 

203-869-3224

- 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.

Mobile Phone

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

Emergency Phone Email Address

cvittoria@bgcg.org

917-734-2403

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

End of schedule