

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0570132	NORTH GREENWICH CONGREGATIONAL CHURCH	NC	36	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
606 RIVERSVILLE ROAD	Connections	2	1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/6/2026	
CROSS CONNECTION EXEMPTION	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2	DBPR	Stage
					Rule	Tier				
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		NGCC001	UPSTAIRS KIT SINK #1	A	Y	1			Y	
		NGCC002	UPSTAIRS KIT SINK #2	A	Y	1				
		NGCC003	DOWNSTAIRS KIT SINK	A	Y	2				
		NGCC004	DOWNSTAIRS CLASSROOM	A	Y	2				
		NGCC005	DOWNSTRS STAFF BATH	A	Y	2				
00700	ENTRY POINT	3	ENTRY POINT	A						
		2	WELL #1	A						
10748	WELL #1									
45093	TREATMENT PLANT									

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
CT0570132	NORTH GREENWICH CONGREGATIONAL CHURCH	NC	36	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
606 RIVERSVILLE ROAD	Connections	2	1		Agricultural

Towns Served: GREENWICH

Certified Operator Information

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

Facility Classification: CLASS 2 TREATMENT PLANT

Certification

Expiration

Operator Name	Operator Type	Certification(s)	
HURLBUT, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028

Contact Information

Name		Organization		Job Title		
Mr. Jeff Junker		North Greenwich Cong Church		Chairman		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
Chairman		606 Riversville Road		Greenwich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-869-7763		203-869-6586		203-869-6586	office@greenwichchruch.org	

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

Please note the following:

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

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

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

End of schedule

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
CT0570014	NATIONAL AUDUBON SOCIETY (MAIN BUILDING)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
613 RIVERSVILLE ROAD	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

3 repeat (RP) per period			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/16/25 - 10/21/25		Complete
	11/15/25 - 11/20/25		Complete

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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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
CT0570014	NATIONAL AUDUBON SOCIETY (MAIN BUILDING)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
613 RIVERSVILLE ROAD	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete	
	1/1/26 - 12/31/26			
	1/1/27 - 12/31/27			

Water System Facility: WELL (WSF ID: 20966)

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	11/14/25 - 11/20/25		Complete	
E. Coli (3014)			1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	7/1/25 - 9/30/25		Complete	
	10/1/25 - 12/31/25		Complete	
	1/1/26 - 3/31/26			
	4/1/26 - 6/30/26			

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Copper Rule Tier	Asbestos	WQP 2	DBPR	Stage
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						
20966	WELL	2	WELL	A						
47998	TREATMENT PLANT									
62875	ATMOSPHERIC STORAGE TANK									

Contact Information

Name	Organization	Job Title
Ms. Rochelle Thomas	National Audubon Society	Center Director
Mailing Address Line One	Mailing Address Line Two	City
613 Riversville Rd.		State
Business Phone	Extension	Zip Code
203-930-1349		06831
Mobile Phone	Emergency Phone	Email Address
		rochelle.thomas@audubon.org

Contact Role(s): Administrative Contact, Legal Contact

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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
CT0570014	NATIONAL AUDUBON SOCIETY (MAIN BUILDING)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
613 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

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<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
CT0570034	G. E. HARRIS GOLF COURSE (MAINTENANCE)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1323 KING STREET	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 20967)

E. Coli (3014)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete

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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
CT0570034	G. E. HARRIS GOLF COURSE (MAINTENANCE)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1323 KING STREET			1		

Towns Served: GREENWICH

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20967)

E. Coli (3014)		1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
	10/1/25 - 10/31/25			Complete
	11/1/25 - 11/30/25			Complete
	12/1/25 - 12/31/25			Complete
	1/1/26 - 1/31/26			
	2/1/26 - 2/28/26			
	3/1/26 - 3/31/26			
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper	Stage
					Coliform Rule	Copper Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GEHM001	SLOP SINK SHED	A	Y		Y	
		GEHM002	MENS RR	A	Y		Y	
		GEHM003	LADIES RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20967	WELL	2	WELL	A				
61102	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Jay F. Collins	Griffith E. Harris Golf Course	Grounds Manager
Mailing Address Line One	Mailing Address Line Two	City
1323 King Street		State
		Zip Code
Business Phone	Extension	Fax
203-531-1096		203-531-3162
Mobile Phone		Emergency Phone
		203-561-7953
Email Address		
		Jay.Collins@greenwichct.org

Contact Role(s): Administrative Contact

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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
CT0570034	G. E. HARRIS GOLF COURSE (MAINTENANCE)				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1323 KING STREET				1				
Towns Served: GREENWICH								
Name			Organization			Job Title		
Mr. Steve Pyo			G. E. Harria Golf Course			Operations Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
1323 King St					Greenwich	CT	06831	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-531-7158								

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

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
CT0570054	CAMP SIMMONS - WELL #1	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
744 LAKE AVENUE			1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
					Stage			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SINK4	HOUSE KITCHEN SINKL	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20969	WELL #1	2	WELL #1	A				

Contact Information

Name	Organization	Job Title
Ms. Megan Sweeney	Boys & Girls Club of Greenwich	Vp of Administration
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
4 Horseneck Lane		Greenwich CT 06830
Business Phone	Extension	Fax
203-869-3224	103	203-869-1814
Mobile Phone	Emergency Phone	Email Address
		msweeney@bgcg.org

Contact Role(s): Administrative Contact

Name	Organization	Job Title
Ms. Cristina Vittoria	Boys & Girls Club of Greenwich	Chief Exec Officer
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
4 Horseneck Lane		Greenwich CT 06830
Business Phone	Extension	Fax
203-869-3224	122	
Mobile Phone	Emergency Phone	Email Address
		917-734-2403 cvittoria@bgcg.org

Contact Role(s): Legal Contact

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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
CT0570054	CAMP SIMMONS - WELL #1	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
744 LAKE AVENUE			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

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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
CT0570074	E.T. SETON BOY SCOUT CAMP - MAIN BLDG	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
363 RIVERSVILLE ROAD	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/24/2013	
RESPOND TO SANITARY SURVEY	3/7/2019	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification	PN Certification	
			Required	Performed	Due to DPH
Distribution Odor M&R Violation	4/1/11 - 6/30/11	3	9/5/2012		9/15/2012
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	12/27/2016		1/6/2017

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule		Asbestos	WQP 2 DBPR	Stage
				Status	Rule	Tier	Rule			
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						
20971	WELL	2	WELL	A						
55748	ATMOSPHERIC TANKS									

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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
CT0570074	E.T. SETON BOY SCOUT CAMP - MAIN BLDG	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
363 RIVERSVILLE ROAD	Connections		1		

Towns Served: GREENWICH

Contact Information

Name	Organization	Job Title		
Mr. Raymond Garrison	Greenwich Council Bsa	Ceo		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
63 Mason St		Greenwich	CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-869-8424	107			Email Address ray.garrison@scouting.org

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

Please note the following:

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0570084	E.T. SETON BOY SCOUT CAMP - DORMS	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
363 RIVERSVILLE ROAD	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

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
CT0570084	E.T. SETON BOY SCOUT CAMP - DORMS	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
363 RIVERSVILLE ROAD			1		

Towns Served: GREENWICH

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20972)

Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
WELL (2)		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/23/2018	
RESPOND TO SANITARY SURVEY	11/30/2023	
SANITARY DEFECT CORRECTIVE ACTION	3/15/2024	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
Physical Parameters M&R Violation	6/1/25 - 6/30/25	3	10/1/2026	10/11/2026	
Total Coliform M&R Violation	6/1/25 - 6/30/25	3	10/1/2026	10/11/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage WQP 2 DBPR
					Rule	Rule Tier	
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			
20972	WELL	2	WELL	A			
55746	ATMOSPHERIC STORAGE						

Contact Information

Name	Organization	Job Title
Mr. Raymond Garrison	Greenwich Council Bsa	Ceo
Mailing Address Line One	Mailing Address Line Two	City
63 Mason St		State
Business Phone	Extension	Zip Code
203-869-8424	107	
		Email Address
		ray.garrison@scouting.org

Contact Role(s): Administrative Contact, Legal Contact

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
CT0570084	E.T. SETON BOY SCOUT CAMP - DORMS	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
363 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

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
CT0570134	ST. BARNABAS CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
954 LAKE AVENUE			1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	12/24/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/24/2026	

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				
20977	WELL	2	WELL	A				
54367	TREATMENT SYSTEM							

Contact Information

Name	Organization	Job Title
Ms. Lori Sodergreen	St. Barnabas Church	Operations Director
Mailing Address Line One	Mailing Address Line Two	City
954 Lake Avenue		State
	Greenwich	Zip Code
Business Phone	Extension	
	Fax	
	Mobile Phone	
	Emergency Phone	Email Address

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
CT0570134	ST. BARNABAS CHURCH			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
954 LAKE AVENUE		Connections		1			
Towns Served: GREENWICH							
203-661-5526				203-733-9503	lsodergreen@stbarnabasgreenwich.org		
Contact Role(s): Administrative Contact, Legal Contact							

Please note the following:

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

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<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
CT0570144	ST. PAULS CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
84 SHERWOOD AVENUE			1		

Towns Served: GREENWICH

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 20978)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	12/10/2025	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier
					Asbestos	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		
20978	WELL	2	WELL	A		
59142	TREATMENT PLANT					

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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
CT0570144	ST. PAULS CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
84 SHERWOOD AVENUE			1		

Towns Served: GREENWICH

Contact Information

Name	Organization	Job Title		
Reverend Michael J. V. Clark	St Pauls Roman Catholic Church			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
84 Sherwood Ave		Greenwich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-531-8741				Email Address office@stpaulgreenwich.org

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

Name	Organization	Job Title		
Ms. Rose Vartulli	St Pauls Roman Catholic Church			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
84 Sherwood Ave		Greenwich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-531-8741				Email Address office@stpaulschurch.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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0570154	ST. TIMOTHY CHAPEL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1034 NORTH STREET			1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	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				
20979	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Reverend Ian Jeremiah	St. Timothy Chapel	Reverend
Mailing Address Line One	Mailing Address Line Two	City
469 North St		State
		Zip Code
Business Phone	Extension	Fax
203-869-5421		
		Mobile Phone
		Emergency Phone
		Email Address
		frjeremiah@diobpt.org
Contact Role(s):	Legal Contact	

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
CT0570154	ST. TIMOTHY CHAPEL				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1034 NORTH STREET				1				
Towns Served: GREENWICH								
Name			Organization			Job Title		
Mr. Brendan Galvin			St Timothys Chapel			Care Taker		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
469 North St					Greenwich	CT	06830	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-496-0029				203-496-0029	bgalvin@gcsct.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

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<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
CT0570194	BANKSVILLE COMMUNITY HOUSE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
12 BANKSVILLE ROAD	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BCH001	MENS ROOM LEFT SINK	A		2	Y	
		BCH002	MENS ROOM RIGHT SINK	A		2	Y	
		BCH003	KITCHEN SINK	A	Y	2	Y	
		BCH004	WOMENS RM LEFT SINK	A		2	Y	
		BHC005	WOMENS RM RIGHT SINK	A		2	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
10962	WELL	2	WELL	A				
51845	TREATMENT PLANT							
62830	UTIL RM - BEFORE SOFTENER							

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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
CT0570194	BANKSVILLE COMMUNITY HOUSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
12 BANKSVILLE ROAD			1		

Towns Served: GREENWICH

Contact Information

Name		Organization			Job Title				
Ms. Ali Cornelius-Yantorno		Banksville Community House			President				
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code		
12 Banksville Ave					Greenwich	CT	06831		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-496-9866					ali.cornelius618@gmail.com				
Contact Role(s): Owner									
Name		Organization			Job Title				
Mr. Daniel Natale		Banksville Community House			Vice President				
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code		
1028 North Street					Greenwich	CT	06831		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-515-8573					danjr94@optonline.net				

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0570214	G. E. HARRIS GOLF COURSE (CONCESSION)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1300 KING STREET	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	5/1/25 - 5/31/25	3	10/9/2026		10/19/2026	
E. Coli M&R Violation	4/16/25 -	3	10/9/2026		10/19/2026	
Total Coliform M&R Violation	1/1/25 - 3/31/25	3	10/9/2026		10/19/2026	
Physical Parameters M&R Violation	1/1/25 - 3/31/25	3	10/9/2026		10/19/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
				Status	Rule				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		GEHC001	KIT DISH WASH SINK	A	Y				
		GEHC002	KIT FRONT HAND SINK	A					
		GEHC003	BAR HAND SINK	A					
		GEHC004	MENS ROOM SINK 1	A	Y				
		GEHC005	MENS ROOM SINK 2	A	Y				
		GEHC006	LADIES ROOM SINK 1	A	Y				
		GEHC007	LADIES ROOM SINK 2	A	Y				
		GEHC008	KITCHEN TRIPLE SINK	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
CT0570214	G. E. HARRIS GOLF COURSE (CONCESSION)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1300 KING STREET			1		

Towns Served: GREENWICH

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
		GEHC009	BAR DOUBLE SINK	A	Y			Y
		GEHC010	KIT BACK HAND SINK	A	Y			Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22810	WELL	2	WELL	A				
61103	TREATMENT PLANT							
61104	WELL 2	2	WELL 2	A				

Contact Information

Name	Organization	Job Title		
Mr. Jay F. Collins	Griffith E. Harris Golf Course	Grounds Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1323 King Street		Greenwich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-531-1096		203-531-3162		203-561-7953
				Jay.Collins@greenwichct.org

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

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

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

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

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

End of schedule

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
CT0570224	HARVEST TIME ASSEMBLY OF GOD	NC	250	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1338 KING STREET			1		

Towns Served: GREENWICH

Monitoring Requirements

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

1 routine (RT) per year			
Total Haloacetic Acids (2456)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period
LADIES RM SINK (HT015)		1/1/25 - 12/31/25	9/1-9/30
		1/1/26 - 12/31/26	9/1-9/30
		1/1/27 - 12/31/27	9/1-9/30
Total Trihalomethanes (2950)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period
RM 107A SINK (HT014)		1/1/25 - 12/31/25	9/1-9/30
		1/1/26 - 12/31/26	9/1-9/30
		1/1/27 - 12/31/27	9/1-9/30
Total Coliform (3100)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period
Select from Inventory of Active Sampling Points		8/1/25 - 8/31/25	Complete
		9/1/25 - 9/30/25	Complete
		10/1/25 - 10/31/25	Complete
		11/1/25 - 11/30/25	Complete
		12/1/25 - 12/31/25	Complete
		1/1/26 - 1/31/26	
		2/1/26 - 2/28/26	
		3/1/26 - 3/31/26	
		4/1/26 - 4/30/26	
		5/1/26 - 5/31/26	
		6/1/26 - 6/30/26	
		7/1/26 - 7/31/26	
Physical Parameters (PPS)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period
Select from Inventory of Active Sampling Points		8/1/25 - 8/31/25	Complete
		9/1/25 - 9/30/25	Complete
		10/1/25 - 10/31/25	Complete
		11/1/25 - 11/30/25	Complete
		12/1/25 - 12/31/25	Complete
		1/1/26 - 1/31/26	
		2/1/26 - 2/28/26	
		3/1/26 - 3/31/26	
		4/1/26 - 4/30/26	
		5/1/26 - 5/31/26	
		6/1/26 - 6/30/26	
		7/1/26 - 7/31/26	

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

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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
CT0570224	HARVEST TIME ASSEMBLY OF GOD	NC	250	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1338 KING STREET			1		

Towns Served: GREENWICH

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: HARVEST TIME TREATMENT PLANT (WSFID: 49891)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
			Compliance History:	Monitoring
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L		Daily
Start Date:	Monitoring Period	Operating Limit	Compliance Status:	Compliance Status:
7/1/2005	8/1/2025 - 8/31/2025			
	9/1/2025 - 9/30/2025			
	10/1/2025 - 10/31/2025			
	11/1/2025 - 11/30/2025			
	12/1/2025 - 12/31/2025			

Other Compliance Schedules

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

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
				Status	Rule				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		HT001	RR LADY RM MN FLR L	A	Y				
		HT002	RR LADY RM MN FLR R	A	Y				
		HT003	RR MEN RM MAIN FLR L	A	Y				
		HT004	RR MEN RM MAIN FLR R	A	Y				
		HT005	RR LR LWR LEV R	A	Y				
		HT006	RR LR LWR LEV L	A	Y				
		HT007	RR MENS LWR LEV L	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
CT0570224	HARVEST TIME ASSEMBLY OF GOD	NC	250	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1338 KING STREET			1		

Towns Served: GREENWICH

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
		HT008	RR MENS LWR LEV R	A	Y			
		HT009	KITCHENETTE SNK OFF	A	Y			
		HT010	PRESCHOOL CLS RM 104	A	Y			
		HT011	PRESCHOOL CLS RM 105	A	Y			
		HT012	PRESCHOOL CLS RM 106	A	Y			
		HT013	PRESCHOOL CLS RM 107	A	Y			
		HT014	RM 107A SINK	A				Y
		HT015	LADIES RM SINK	A				Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
22853	WELL #1	2	WELL #1	A				
49891	HARVEST TIME TREATMENT PLANT	3	ENTRY POINT	A				
60040	ATMOSPHERIC STORAGE TANKS							

Certified Operator Information

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

Facility Classification: CLASS 1 TREATMENT PLANT

Certification

Operator Name

Operator Type

Certification(s)

Expiration

HURLBUT, ANDREW

CHIEF OPERATOR

WATER TREATMENT PLANT OPERATOR - CLASS II

6/30/2026

Contact Information

Name	Organization	Job Title		
Mr. Rev. Glenn A. Harvison	Harvest Time Assembly of God	Senior Pastor		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1338 King Street		Greenwich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-531-7778		203-531-4974		203-912-0352
				pastorglenn@htchurch.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title		
Pastor Blaze Robertson	Harvest Time Assembly of God			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1338 King Street		Greenwich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-531-7778				pastorblaze@htchurch.com

Contact Role(s): Administrative Contact

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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
CT0570224	HARVEST TIME ASSEMBLY OF GOD	NC	250	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1338 KING STREET			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

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
CT0570234	ROUND HILL STORE/SERVICE STATION	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
369 ROUND HILL ROAD			1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: WELL #1 (DUG WELL) (WSF ID: 22935)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DUG WELL (2)	7/1/25 - 9/30/25		Complete

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
CT0570234	ROUND HILL STORE/SERVICE STATION	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
369 ROUND HILL ROAD			1		

Towns Served: GREENWICH

Monitoring Requirements

Water System Facility: WELL #1 (DUG WELL) (WSF ID: 22935)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SANITARY DEFECT CORRECTIVE ACTION	6/30/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
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				
22935	WELL #1 (DUG WELL)	2	DUG WELL	A				
46688	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Estate of Francis H. Strain		
Mailing Address Line One	Mailing Address Line Two	City
C/O William Strain	369 Round Hill Road	State
Business Phone	Extension	Zip Code
203-661-7270		

Contact Role(s):	Owner	Organization	Job Title
Mr. William Strain			
Mailing Address Line One	Mailing Address Line Two	City	State
369 Round Hill Road		Greenwich	CT
Business Phone	Extension	Zip Code	
203-661-7270			06831

Contact Role(s):	Administrative Contact	Organization	Job Title
Mailing Address Line One	Mailing Address Line Two	City	State
369 Round Hill Road		Greenwich	CT
Business Phone	Extension	Zip Code	
203-661-7270			06831

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
CT0570234	ROUND HILL STORE/SERVICE STATION				NC	31	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
369 ROUND HILL ROAD				1				
Towns Served: GREENWICH								
Name			Organization			Job Title		
Ms. Robin Vanacore			Round Hill Store			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
369 Round Hill Rd					Greenwich	CT	06831	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-629-1083				203-641-0149	afstrains@aol.com			

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

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
CT0570254	STANWICH CONGREGATIONAL CHURCH	NC	200	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
190 & 202 TACONIC ROAD	Connections		1		

Towns Served: GREENWICH

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL 2 (WSF ID: 51461)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	12/10/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/10/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
51461	WELL 2	2	WELL 2	A			
51465	TREATMENT PLANT						

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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
CT0570254	STANWICH CONGREGATIONAL CHURCH	NC	200	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
190 & 202 TACONIC ROAD	Connections		1		

Towns Served: GREENWICH

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total	Lead and Coliform	Copper	Stage	
				Status	Rule	Rule Tier		
51467	ATMOSPHERIC TANK							

Contact Information

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		

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0579154	CAMP SIMMONS - WELL #2	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
744 LAKE AVENUE			1		

Towns Served: GREENWICH

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL #2 (WSF ID: 55410)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #2 (2)	7/1/25 - 9/30/25		
	4/1/26 - 6/30/26	6/1-6/30	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
E. Coli M&R Violation	7/1/25 - 9/30/25	3	12/31/2026	1/10/2027	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2	DBPR	Stage
					Coliform Rule	Rule Tier				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A						
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		SINK4	GIRLSROOMLAV	A	Y					
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						
55410	WELL #2	2	WELL #2	A						
55742	HYDROSTATIC TANK									
63048	TREATMENT PLANT									

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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
CT0579154	CAMP SIMMONS - WELL #2	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
744 LAKE AVENUE			1		

Towns Served: GREENWICH

Contact Information

Name		Organization			Job Title		
Ms. Megan Sweeney		Boys & Girls Club of Greenwich			Vp of Administration		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 Horseneck Lane					Greenwich		06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-869-3224	103	203-869-1814			msweeney@bgcg.org		

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

Name		Organization			Job Title		
Ms. Cristina Vittoria		Boys & Girls Club of Greenwich			Chief Exec Officer		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 Horseneck Lane					Greenwich		06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-869-3224	122			917-734-2403	cvittoria@bgcg.org		

Contact Role(s): **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

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

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

End of schedule

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.