	Connecticut De	*				0					
	Water Q	uality Mo	onitoring and	d Com	ipli	ance So	chedule				
PWS ID	PWS Name				Classification Population Owner Type Primary Source						
CT0570132	NORTH GREENWICH CO	NGREGATIONA	AL CHURCH			NC	36	Р	GW		
Local Address	(where applicable)		Service	Residen	tial C	Commercial	Industrial	Combined	Agricultural		
606 RIVERSVIL	LE ROAD		Connections	2		1					
Towns Served:	GREENWICH										
		Mo	onitoring Requ	ireme	nts						
Water Systen	m Facility: DISTRIBUTIO	N SYSTEM (V	WSF ID: 00600)								
Total Colifor	m (3100)						1 r	outine (RT) _I	per quarter		
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod Col	lection Perio	d Compli	ance Status		
Select fro	m Inventory of Active Sam	pling Points	:	10/1/23 -	12/32	1/23		Со	mplete		
				1/1/24 -	3/31/	/24		Со	mplete		
				4/1/24 -	6/30/	/24					
				7/1/24 -	9/30/	/24					
Physical Para	ameters (PPS)						1 r	outine (RT) _I	per quarter		
Sampling		Monitori	ng Pe	riod Col	lection Perio	d Compli	ance Status				
Select fro	m Inventory of Active Sam	:	10/1/23 -	12/32	1/23		Co	mplete			
				1/1/24 -	3/31/	/24		Co	mplete		
				4/1/24 -	6/30/	/24					
				7/1/24 -	9/30/	/24					
Water Systen	m Facility: ENTRY POIN	T (WSF ID: 00	700)								
Nitrate And	Nitrite (NOX)							1 routine (R	T) per year		
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod Col	lection Perio	d Compli	ance Status		
ENTRY PC	DINT (3)			1/1/23 -	Complete						
				1/1/24 -	12/31	/24					
				1/1/25 -	12/31	/25					
		Oth	er Compliance	Sched	ules	;					
Compliance Sc	hedule Activity			L	Due D	ate	Achieve	ed Date			
CROSS CONNE	CTION EXEMPTION			3	3/1/20	026					
		Public	Notification R	equire	mer	nts					
			Compliance	Notice		Public Not	i <u>fication</u>	PN Cert	<u>ification</u>		
Violation/Situ	ation		Period	Tier	R	Required	Performed	Due to DPH	Received		
	neters M&R Violation		4/1/23 - 6/30/23	3	8/	/14/2024		8/24/2024			
Total Coliform	M&R Violation		4/1/23 - 6/30/23	3	8/	/14/2024		8/24/2024			
	Wate	r System F	acility and Sar	npling	Poir	nt Inven	tory				
Water						Tota					
	ter System Facility		Point Sampling Poil	nt		Colifo			Stage		
Facility ID		ID	Description			tatus Rul	e Rule Ti	er Asbestos	WQP 2 DBPF		
00600 DIS	TRIBUTION SYSTEM	4	GENERIC DIST			A Y					
		DOWNSTF	REAM WITHIN 5 SER	VICE CON	1	Α					

DOWNSTAIRS

CLASSROOM

UPSTAIRS KIT SINK #1

UPSTAIRS KIT SINK #2

DOWNSTAIRS KIT SINK

DOWNSTRS STAFF BATH

WITHIN 5 SERVICE CON

Α

Α

Α

Α

Α

Υ

Υ

Υ

1

1 2

2

2

Υ

NGCC001

NGCC002

NGCC003

NGCC004

NGCC005

UPSTREAM

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 CHU	RCH	NC	36	Р	GW	
Local Address (v	Local Address (where applicable)			ntial Commerci	al Industri	al Combine	ed Agricultural
606 RIVERSVILL	Connections	2	1				

Towns Served: GREENWICH

	Water System Facility and Sampling Point Inventory												
Water System Facility IL	•	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00700	ENTRY POINT	3	ENTRY POINT	Α									
10748	WELL #1	2	WELL #1	Α									
45093	TREATMENT PLANT												

Certified Operator Information

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

Facility Classification: CLASS 2 TREATMENT PLANT									
Operator Name	Operator Type	Certification(s)	Expiration						
HURLBUT, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025						

HOREBOT, TAGE			CITIEI OIL	10 (101)	VV/ (TEIX TIXE/ (TIVIE)	OI LIVITOR C	L/ 133 II	12/31/2023				
Contact Information												
Name				Organization	1		Job Title					
Mr. Jeff Junker				North Green	North Greenwich Cong Church Chairman							
Mailing Address Line One Mailing Addre			ldress Line Two	ess Line Two			State	Zip Code				
Chairman			606 Rivers	ville Road		Greenwi	ch	CT	06831			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address						
203-869-7763		203-869-	6586		203-869-6586	northgreenwichchurch@gmail.com						
			•									

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: 4/3/2024

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

PWS ID	PWS ID PWS Name						Owner Type	Primary Source
CT0570014	NATIONAL AUDUBON SOCIETY (MAIN BUILD		NC	25	Р	GW		
Local Address (w	Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural	
613 RIVERSVILLE	ROAD	Connections			1			

010 1117 1110 111111 1107 110			
Towns Served: GREENWICH		,	
Monitoria	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0			
Total Coliform (3100)	,	1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		,
, , ,	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		·
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		·
	7/1/24 - 9/30/24		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

	Connecticut Do	epartmer	nt of	Public H	ealth	D	rinkin	g V	Vater	Sec	ction	
	Water Q	uality M	onit	oring and	d Con	np	liance	Sc	hedul	e		
PWS ID	PWS Name			<u> </u>		_	ssification	_			er Type Pr	imary Source
CT057001	NATIONAL AUDUBON S	OCIETY (MAIN	BUILD	ING)			NC		25		Р	GW
Local Add	lress (where applicable)			Service	Resider	ntial	Commer	cial	Industria	al C	Combined	Agricultural
613 RIVER	RSVILLE ROAD			Connections			1					
Towns Se	rved: GREENWICH											
		M	onito	oring Requ	ireme	ent	S					
Water Sy	stem Facility: WELL (WSF	ID: 20966)										
E. Coli (3014)								1	rout	ine (RT) p	er quarter
Sam	pling Point (Sampling Point ID))			Monitor	ing i	Period	Colle	ction Per			ance Status
WEL	L (2)			10/1/23	- 12	/31/23				Co	mplete	
					1/1/24	- 3/3	31/24				Co	mplete
					4/1/24	- 6/3	30/24					
					7/1/24	- 9/3	30/24					
		Oth	er Co	ompliance	Sched	luk	es					
Complian	ce Schedule Activity					Due	Date		Achie	ved D	ate	
L1 ASSESSMENT (MULTIPLE TC+) 8/28/2023												
RESPOND	TO SANITARY SURVEY				1	1/3	0/2023					
		Public	Not	ification R	equire	em	ents					
			Co	ompliance	Notice	2	Public	Notif	ication		PN Cert	<u>ification</u>
	/Situation			Period	Tier		Require		Performed		ie to DPH	Received
	&R Violation			18 - 12/31/18			2/22/202				/3/2020	
REVISED	TOTAL COLIFORM RULE (RTCR)	TT Violation	8	3/29/23 -	2		11/4/202	.3		11	/14/2023	
	Wate	er System I	Facili	ty and Sar	npling	Po	oint Inv	ent	ory			
Water		- "		- " - "				Total				
System	Water System Facility	Sampling ID	Point	Sampling Poil Description	nt		C	olifor			Ashastas	Stage
Facility IL				•	LCVCTER	4	Status	Rule	Kule	iier	Aspesios	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNST	DEANA	DISTRIBUTION			A	Y				
				WITHIN 5 SER WITHIN 5 SER			A					
00700	ENTRY DOINT	UPSTRE	AIVI		VICE COI	IN	Α					
00700	ENTRY POINT	3		ENTRY POINT			Α					
20966	TREATMENT PLANT	2		WELL			Α					
47998		v										
62875	ATMOSPHERIC STORAGE TAN	N	•									
			Con	tact Inforr	natior	1						
Name			Or	ganization							Job Title	

Name Organization Job Title Center Manager Ms. Madeline Dennis National Audubon Society Mailing Address Line One Mailing Address Line Two City State Zip Code 613 Riversville Rd 06831 Greenwich CT**Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 203-869-4437 MDENNIS@AUDUBON.ORG 203-869-5272 Contact Role(s): Legal Contact

	Connectic	ut Depa	rtmer	nt of	Public 1	Health	ı Drii	nking	Water	Section		
	Wat	ter Qua	lity Mo	onit	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID F	WS Name		-				Classif	ication	Population	Owner Type	Primary Source	
CT0570014 N	NATIONAL AUDI	JBON SOCIE	TY (MAIN	BUILD	ING)		N	IC	25	Р	GW	
Local Address (where applicable)					Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultural	
613 RIVERSVILLE ROAD					Connections	S		1				
Towns Served: GR	REENWICH						·					
Name				Or	ganization			Job Title				
Mr. John Fairty				Na	itional Auduk	on Societ	у		Facilities Manager			
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code	
613 Riversville Ro	ad							Greenv	vich	СТ	06831	
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email Address				
203-219-1747		203-869-	4437					jfairty@audubon.org				
Contact Role(s):	Administrative	Contact	<u> </u>		,							

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.
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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

Conn	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Cor	npliance S	Schedul	e								
PWS Nar	ne	Classification	Population	Owner Type	Primary							

PWS ID	PWS ID PWS Name			Classification	Po	pulation	Owner Type	Pri	mary Source
CT0570034 G. E. HARRIS GOLF COURSE (MAINTENANCE)				NC		25	Р		GW
Local Address (v	Service	Resider	ntial Commer	cial	Industria	al Combin	ed	Agricultural	
1323 KING STRE	ET	Connections		1					

Towns Served: GREENWICH			·
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 rep	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/12/23 - 10/17/23		Complete
	10/12/23 - 10/17/23		Complete
	10/12/23 - 10/17/23		Complete
	11/7/23 - 11/12/23		Complete
	11/18/23 - 11/23/23		Complete
	12/7/23 - 12/12/23		Complete
	12/7/23 - 12/12/23		Complete
	1/17/24 - 1/22/24		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	_	Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	2/1/24 2/23/24		
	3/1/24 - 3/31/24		Complete
			Complete
	3/1/24 - 3/31/24		Complete
	3/1/24 - 3/31/24 4/1/24 - 4/30/24		Complete
	3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24		Complete
	3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24		Complete
	3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24		Complete

	Connecticut I	Department of	Public H	lealth	Dri	nkin	ıg W	ater	Se	ction		
		Quality Monit					_					
PWS ID	PWS Name	Quality 1401116	or mg an	u dom		ification				ner Type P	rimary	/ Source
CT0570034		OURSE (MAINTENANCE	1			NC		25		Р	G\	
Local Addres	ss (where applicable)		Service	Resident	tial C	ommei	cial I	ndustri	al	Combined	Agri	cultural
1323 KING S	* * * * * * * * * * * * * * * * * * * *		Connections			1						
Towns Serve	d: GREENWICH											
		Monito	oring Requ	uireme	nts							
Water Syst	em Facility: ENTRY PO	INT (WSF ID: 00700)										
Nitrate An	d Nitrite (NOX)								1	routine (I	RT) pe	r year
Sampli	ng Point (Sampling Point I	D)		Monitorii	ng Per	riod	Collect	tion Pei	riod	Compl	iance S	Status
ENTRY	POINT (3)			1/1/23 - :	12/31,	/23				Co	mplet	:e
				1/1/24 - :	12/31,	/24						
				1/1/25 - :	12/31,	/25						
Water Syst	em Facility: WELL (WS	F ID: 20967)										
E. Coli (30	14)							1	trigg	ered (TG) per ¡	period
Sampli	ng Point (Sampling Point I	D)		Monitorii	ng Per	riod	Collect	tion Pei	riod	Compl	iance S	Status
WELL (2	2)		-	10/11/23 -	- 10/1	7/23				Co	mplet	.e
			-	10/11/23 -	- 10/1	7/23				Co	mplet	e
			-	10/11/23 -	- 10/1	7/23				Co	mplet	e
				11/6/23 -	11/12	2/23				Co	mplet	e
			-	11/17/23 -	- 11/2	3/23				Co	mplet	.e
				12/6/23 -	12/12	2/23				Co	mplet	.e
				12/6/23 -	12/12	2/23				Co	mplet	.e
				1/16/24	- 1/22,	/24				Co	mplet	.e
	Wa	ter System Facili	ity and Sai	mpling	Poir	nt Inv	ento	ry				
Water		-					Total	Lead	and			
System V	Vater System Facility	Sampling Point	Sampling Poi	nt		C	oliform	Сор	per			Stage
Facility ID		ID	Description		St	atus	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	1	Α						
		GEHM001	SLOP SINK SH	IED		Α	Υ		Υ			
		GEHM002	MENS RR			Α	Υ			Υ		
		GEHM003	LADIES RR			Α	Υ			Υ		
		UPSTREAM	WITHIN 5 SEF	RVICE CON	١	Α						
00700 E	NTRY POINT	3	ENTRY POINT	•		Α						
20967 V	VELL	2	WELL			Α						
61102 T	REATMENT PLANT											
		Con	tact Infor	mation								

contact information Job Title Name Organization 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** Mobile Phone Emergency Phone Email Address Extension Fax 203-531-1096 203-531-3162 203-561-7953 Jay.Collins@greenwichct.org Contact Role(s): Administrative 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.

C	onnecticu	ıt Depa	rtment of	t Public	Health	Drii	nking	g Water	Section		
	Wat	er Qual	lity Monit	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID PY	NS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0570034 G	. E. HARRIS GOL	F COURSE (MAINTENANCE	:)		١	IC	25	Р	GW	
Local Address (whe	ere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural	
1323 KING STREET	STREET Connections						1				
Towns Served: GRI	ENWICH			"				1	'		
Name			0	rganization					Job Titl	e	
Mr. Lou Berlingo			G	. E. Harris Go	If Course						
Mailing Address Lii	ne One		Mailing Addres	s Line Two				City	State	Zip Code	
1323 King Street							Greenwich CT 0683				
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address			
203-531-7158							I.berlingo@greenwichct.org				
Contact Role(s):	egal Contact		,	1			1				

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

		'onnocti-	ut Dans	n who c	nt of	f Dubli-	Haaltk	D	a lei-a-	- TA7	otor C	o ation	
	C	Connectic	_									ection	
			ter Qua	lity M	lonit	coring a	nd Com						
PWS ID		WS Name											Primary Source
CT057005		AMP SIMMON	S - WELL #1						IC		31	Р	GW
		ere applicable)				Service	Resident	ial Co	mmerc	ial II	ndustrial	Combine	d Agricultural
744 LAKE						Connection	ns		1				
Towns Ser	rved: GR	EENWICH											
				N	lonit	oring Re	quiremer	nts					
Water Sy	/stem Fa	acility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)							
Total Co	liform	(3100)									1 rc	outine (RT) per quarter
Samp	pling Poi	int (Sampling P	oint ID)				Monitorin	g Peri	od (Collect	tion Period	d Comp	oliance Status
Selec	ct from I	nventory of Act	ve Sampling	g Points			4/1/24 -	6/30/2	24				
							7/1/24 -	9/30/2	24				
-		eters (PPS)									1 rc) per quarter
		int (Sampling P					Monitorin			Collect	ion Perio	d Comp	oliance Status
Selec	ct from I	nventory of Act	ve Sampling	g Points			4/1/24 -	6/30/2	24				
							7/1/24 -	9/30/2	24				
Water Sy	/stem Fa	acility: ENTR	POINT (V	WSF ID: (0700)								
Nitrate A	And Nit	rite (NOX)									:	1 routine	(RT) per year
Samp	pling Poi	int (Sampling P	oint ID)				Monitorin	g Peri	od (Collect	tion Period	d Comp	oliance Status
ENTR	RY POINT	(3)					1/1/23 - 1	.2/31/	23	4/	1-9/30	C	Complete
							1/1/24 - 1	.2/31/	24	4/	1-9/30		
							1/1/25 - 1	.2/31/	25	4/	1-9/30		
				Otl	her C	omplian	ce Sched	ules					
Complian	ce Schea	lule Activity					D	ue Da	te		Achieve	d Date	
SEASONAI	L START	UP COMPLETIO	N				6	/1/202	24				
SEASONAI	L START	UP COMPLETIO	N				6	/1/202	24				
			Water S	ystem	Facili	ity and S	ampling	Poin [.]	t Inve	ento	ry		
Water									Т	otal	Lead an	d	
System		System Facility		Sampling	g Point	Sampling F				iform	Copper		Stage
Facility ID)			ID)	Description	1	Sta	itus l	Rule	Rule Tie	er Asbesto	s WQP 2 DBPF
00600	DISTRIE	BUTION SYSTEM	l	4		DISTRIBUTI	ON SYSTEM	,	A	Υ			
				DOWNS	TREAM	WITHIN 5 S	SERVICE CON	,	A				
				UPSTR	EAM	WITHIN 5 S	SERVICE CON	-	A				
00700	ENTRY	POINT		3		ENTRY POI	NT	-	A				
20969	WELL#	1		2		WELL #1		/	A				
					Con	tact Info	rmation						
Name					0	rganization						Job Title	
Ms. Mega	an Sweer	пеу			Во	oys & Girls C	lub of Green	wich		Vp	of Admin	istration	
Mailing Ad				Mailing		s Line Two					ity	State	Zip Code
4 Horsene									Green			СТ	06830
Business	s Phone	Extension	Fax		Mobi	ile Phone	Emergency	Phone	Email	Addre	:SS		
		1							+				

203-869-3224

103

Contact Role(s): Administrative Contact, Legal Contact

203-869-1814

msweeney@bgcg.org

(Connectic	ut Depa	rtmen	t of	Public 1	Health	Dri	nking	Water	Section	
	Wa	ter Qua	lity Mo	nite	oring ar	nd Con	nplia	ince S	Schedul	le	
PWS ID F	WS Name						Classi	fication	Population	Owner Type	Primary Source
CT0570054 CAMP SIMMONS - WELL #1							ı	١C	31	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommercia	al Industri	al Combine	ed Agricultural
744 LAKE AVENUE Connections					S		1				
Towns Served: GR	EENWICH									·	
Name				Or	ganization					Job Titl	e
Mr. Bobby Walke	r, Jr			Во	ys & Girls Clu	ub of Gree	nwich		Chief Exec	c Officer	
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code
4 Horseneck Lane								Greenv	vich	СТ	06830
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	ddress	,	
203-869-3224		203-869-	1814					bwalke	r@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 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 Depart	nent d	of Public H	lealth I) Prinki	ng Wa	ter S	ection	
Water Quality								
PWS ID PWS Name	1.1011	itoring an		lassification			vner Type Pr	imary Source
CT0570074 E.T. SETON BOY SCOUT CAMP - I	MAIN BLD	G		NC	25		P	GW
Local Address (where applicable)		Service	Residentia	l Comm	ercial Ind	ustrial	Combined	Agricultural
363 RIVERSVILLE ROAD		Connections		1				
Towns Served: GREENWICH		l l						
	Moni	toring Requ	uiremen	ts				
Water System Facility: DISTRIBUTION SYST	M (WSF	ID: 00600)						
Total Coliform (3100)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collectio	n Perio	d Complic	ince Status
Select from Inventory of Active Sampling Poi	nts		10/1/23 - 1	2/31/23			Cor	nplete
			1/1/24 - 3	/31/24			Cor	nplete
			4/1/24 - 6	/30/24				
			7/1/24 - 9	/30/24				
Physical Parameters (PPS)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collectio	n Perio	d Complic	ince Status
Select from Inventory of Active Sampling Poi	nts		10/1/23 - 1	2/31/23			Cor	mplete
			1/1/24 - 3	/31/24			Cor	mplete
			4/1/24 - 6	/30/24				
			7/1/24 - 9	/30/24				
Water System Facility: ENTRY POINT (WSF	ID: 00700	0)						
Nitrate And Nitrite (NOX)							1 routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Collectio	n Perio	d Complic	ince Status
ENTRY POINT (3)			1/1/23 - 12	/31/23			Cor	mplete
			1/1/24 - 12	2/31/24			Cor	mplete
			1/1/25 - 12	/31/25				
	Other	Compliance	Schedu	les				
Compliance Schedule Activity			Du	e Date	-	Achieve	d Date	
RESPOND TO SANITARY SURVEY			8/2	4/2013				
RESPOND TO SANITARY SURVEY			3/	7/2019				
Pi	ıblic No	otification R	Requiren	nents				
		Compliance	Notice	Publi	ic Notificati	ion	PN Certi	<u>fication</u>
Violation/Situation		Period	Tier	Requir	_	ormed	Due to DPH	Received
Distribution Odor M&R Violation	4/	1/11 - 6/30/11	3	9/5/20	12		9/15/2012	
Physical Parameters M&R Violation	7/	1/15 - 9/30/15	3	12/27/2	016		1/6/2017	
Water Syst	em Faci	ility and Sai	mpling P	oint In	ventory	,		
Water					Total L	.ead an	d	
System Water System Facility Sam	pling Poin	nt Sampling Poi	int		Coliform	Copper		Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
DO	NNSTREA	M WITHIN 5 SEF	RVICE CON	Α				
U	PSTREAM	WITHIN 5 SEF	RVICE CON	Α				
	_		_					

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

55748 ATMOSPHERIC TANKS

20971 WELL

	domine the department of Fubility Printing Water beetion								
	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0570074	E.T. SETON BOY SCOUT CAMP - MAIN BLDG				NC	25	Р	GW	
Local Address	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural		
363 RIVERSVIL	LE ROAD	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

			(Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Thomas M. Jan	sen			Greenwich Council, B.S.A. Council Scout Exec.					
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
63 Mason St						Greenwi	ch	СТ	06830
Business Phone	Extension	Fax	ſ	Mobile Phone	Emergency Phone	Email Address			
203-869-8424	3007	203-869-	2732		203-869-6633				
	•		·						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

	Connecticut Department o Water Quality Moni				C			ction	
PWS ID	PWS Name			Cla	ssification	Population	Owr	ner Type	Primary Source
CT0570084	E.T. SETON BOY SCOUT CAMP - DORMS				NC	25		Р	GW
Local Address (where applicable) Service Resid				itial	Commercia	al Industri	al	Combine	d Agricultural
363 RIVERSVILLE ROAD		Connections			1				

363 RIVERSVILLE ROAD	Connections	1		
Towns Served: GREENWICH				
Mor	nitoring Requiremen	ts		
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)			
Total Coliform (3100)			1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 1	2/31/23		Complete
	1/1/24 - 1	/31/24		Complete
	4/1/24 - 6	/30/24		
	7/1/24 - 9	/30/24		
Total Coliform (3100)			3 re	epeat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	2/1/24 - 2	2/6/24		Complete
Total Coliform (3100)			3 temporary ro	utine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	2/1/24 - 2	/29/24		
Physical Parameters (PPS)			1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 1	2/31/23		Complete
	1/1/24 - 3	/31/24		Complete
	4/1/24 - 6	/30/24		
	7/1/24 - 9	/30/24		
Water System Facility: ENTRY POINT (WSF ID: 007	00)			
Nitrate (1040)			1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 1	2/31/23		Complete
	1/1/24 - 3	/31/24		Complete
	4/1/24 - 6	/30/24		
	7/1/24 - 9	/30/24		
Nitrate And Nitrite (NOX)			1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12	2/31/23		Complete
	1/1/24 - 12	2/31/24		Complete
	1/1/25 - 12	2/31/25		
Water System Facility: WELL (WSF ID: 20972)				
E. Coli (3014)			1 trigg	gered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
WELL (2)	1/31/24 -	2/6/24		Complete
E. Coli (3014)			1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Monitoring Period		Compliance Status
WELL (2)	10/1/23 - 1	2/31/23		Complete
	1/1/24 - 3	/31/24		Complete
	4/1/24 - 6	/30/24		
	7/1/24 - 9	/30/24		

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	imary Source
СТ0570084	E.T. SETON BOY SCOUT CAMP - DORMS				NC	25	Р		GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
363 RIVERSVILLE	ROAD	Connections			1				

Towns Served: GREENWICH

Other Comp	oliance 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		
SANITARY DEFECT CORRECTIVE ACTION	3/15/2024		

Violation/Situation Period Tier Required Performed Due to DPH R									
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
E. Coli M&R Violation	1/1/22 - 3/31/22	3	11/30/2023		12/10/2023				

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20972	WELL	2	WELL	Α					
55746	ATMOSPHERIC STORAGE								

33740 ATMOSI	TILINIC STONA	J.L.							
			Co	ntact Inf	ormation				
Name				Organization	ı			Job Title	
Mr. Thomas M. Jan	sen			Greenwich C	ouncil, B.S.A.		Council Scou	t Exec.	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
63 Mason St						Greenwi	ch	СТ	06830
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-869-8424	3007	203-869-2	2732		203-869-6633				
Contact Role(s): Le	gal Contact		,						
Name				Organization				Job Title	
Mr. Michael L. Rob	ertson			Boy Scouts o	f America		Scout Execut	ive	

63 Mason Street Greenwich CT 06831

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

203-869-8424 3007 203-869-2732 203-249-0200 mike.robertson@scouting.org

Contact Role(s): Administrative Contact

Please note the following:

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

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

State

City

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	Connecticut Do	epartment of	Public H	ealth	Drink	ing W	ater Se	ction	
		uality Monit				_			
PWS ID	PWS Name	<u> </u>	8 - 3					ner Type Pr	imary Source
CT057013	ST. BARNABAS CHURCH	<u> </u>			NC		25	P	GW
Local Add	dress (where applicable)		Service	Resident	ial Comm	nercial II	ndustrial	Combined	Agricultural
954 LAKE	AVENUE		Connections		1	L			
Towns Se	rved: GREENWICH								_1
		Monito	oring Requ	iremer	nts				
Water Sy	ystem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 rou	ıtine (RT) բ	er quarter
Sam	pling Point (Sampling Point ID)		1	Monitorir	ng Period	Collect	ion Period	Compli	ance Status
Sele	ct from Inventory of Active Sam	pling Points	1	0/1/23 -	12/31/23			Coi	mplete
				1/1/24 -	3/31/24			Coi	mplete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Physical	l Parameters (PPS)						1 rou	ıtine (RT) բ	er quarter
Sam	pling Point (Sampling Point ID)			Monitorir	ng Period	Collect	ion Period	Compli	ance Status
Sele	ct from Inventory of Active Sam	pling Points	1	0/1/23 -	12/31/23			Coi	mplete
				1/1/24 -	3/31/24			Coi	mplete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Water Sy	ystem Facility: ENTRY POIN	T (WSF ID: 00700)							
	And Nitrite (NOX)						1 rou		er quarter
	pling Point (Sampling Point ID)				ng Period	Collect	ion Period		ance Status
ENTI	RY POINT (3)		1	0/1/23 -	12/31/23				mplete
				1/1/24 -	3/31/24			Coi	mplete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
	Wate	er System Facili	ity and San	npling	Point Ir	rvento	ry		
Water						Total	Lead and		
System		Sampling Point		t		Coliform			Stage
Facility IL		ID .	Description		Status	Rule	Rule Her	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM							
00700	ENITRY DOINT	UPSTREAM	WITHIN 5 SERV	/ICE CON					
00700	ENTRY POINT	3	ENTRY POINT		Α .				
20977	WELL	2	WELL		Α				
54367	TREATMENT SYSTEM								
		Con	tact Inforn	nation					
Name		0	rganization					Job Title	
Mr. Cliffo	ord Storms	St	. Barnabas Chu	rch		Wa	ırden		
				·				1	

Name				Organization	ı		Job Title Warden			
Mr. Clifford Storms	3			St. Barnabas	Church	Warden				
Mailing Address Line One Mailing Add				ldress Line Two		City	State	Zip Code		
954 Lake Ave						Greenwich	СТ	06830		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
203-661-5526		203-661-2	2160							

	Connectic	ut Depa	rtment (of Public	Health	Drii	iking	Water	Sectio	n	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type		rimary Source
T0570134	ST. BARNABAS C	HURCH				Ν	IC	25	Р		GW
ocal Address (w	here applicable)			Service	Residen	itial Co	mmercia	l Industri	al Comb	ined	Agricultural
54 LAKE AVENU	JE	Connectio	ns		1						
owns Served: G	REENWICH					·		·	·		
Name				Organization					Job T	itle	
Mr. Bruce G. Ke	lly							Chairman			
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Stat	:e	Zip Code
954 Lake Ave.							Greenw	rich	СТ		06831
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress			
203-661-5526	5										
Contact Role(s)	Administrative	Contact		·							

Contact Role(s): Administrative Contact

Please note the following:

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

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

End of schedule

	Connecticut Departme	nt of Public H	lealth	ı D	rinking	Water	Se	ction	
	Water Quality M				_				
PWS ID	PWS Name			_				ner Type Pri	imary Source
CT0570144	ST. PAULS CHURCH				NC	25		P	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industria	al	Combined	Agricultural
84 SHERWOOD		Connections			1				_
Towns Served:	GREENWICH	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
	N	Ionitoring Requ	ireme	ents	5				
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Coliforn	n (3100)					1	rou	utine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitor	ing F	Period C	ollection Per	riod	Complia	ince Status
Select fron	n Inventory of Active Sampling Points		10/1/23	- 12/	/31/23			Cor	nplete
			1/1/24	- 3/3	31/24			Cor	nplete
			4/1/24	- 6/3	30/24				
			7/1/24	- 9/3	30/24				
Physical Para	meters (PPS)					1	rou	ıtine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitor	ing I	Period C	ollection Per	riod	Complia	ince Status
Select fron	n Inventory of Active Sampling Points	:	10/1/23	- 12/	/31/23			Cor	nplete
			1/1/24	- 3/3	31/24			Cor	nplete
			4/1/24						
			7/1/24	- 9/3	30/24				
Water System	Facility: ENTRY POINT (WSF ID: 0	00700)							
Nitrate And N	litrite (NOX)						1	routine (R	Γ) per year
Sampling I	Point (Sampling Point ID)		Monitor	ing F	Period C	ollection Per	riod	Complia	ince Status
ENTRY POI	NT (3)		1/1/23 -	12/	31/23			Cor	nplete
			1/1/24 -					Cor	nplete
			1/1/25 -	12/	31/25				
Water System	Facility: WELL (WSF ID: 20978)								
E. Coli (3014)						1	rou	ıtine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitor	ing F	Period C	ollection Per	riod	Complia	ince Status
WELL (2)		<u> </u>	10/1/23	- 12/	/31/23			Cor	nplete
			1/1/24	- 3/3	31/24			Cor	nplete
			4/1/24						
			7/1/24	- 9/3	30/24				
	Publi	c Notification R	equire	em	ents				
		Compliance	Notice	e	Public N	otification		PN Certi	fication
Violation/Situa		Period	Tier		Required	Performed		Due to DPH	Received
Distribution Tur	hidity MCL Violation	4/1/04 - 6/30/04	2		12/23/2004			1/2/2005	

	Public Notification R	equiren	nents			
	Compliance	Notice	Public No	tification	PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	4/1/04 - 6/30/04	2	12/23/2004		1/2/2005	
Distribution Turbidity MCL Violation	10/1/04 - 12/31/04	2	4/28/2005		5/8/2005	
Distribution Turbidity MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005	
Distribution Color MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005	
Distribution Color MCL Violation	4/1/05 - 6/30/05	2	8/18/2005		8/28/2005	
Distribution Turbidity MCL Violation	4/1/05 - 6/30/05	2	8/18/2005		8/28/2005	
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	
Distribution Color MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	

Water System Facility and Sampling Point Inventory

WaterTotalLead andSystemWater System FacilitySampling PointColiformCopperStageFacility IDIDDescriptionStatusRule Tier Asbestos WQP 2 DBPR

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.

			r				C	כ					
		Water Q	uality Monit	oring and	d Com	ıpl	iance S	Sc	hedul	e			
PWS ID		PWS Name				Clas	ssification	Ро	pulation	Ow	ner Type	Prir	nary Source
CT057014	14	ST. PAULS CHURCH					NC		25		Р		GW
Local Add	lress (w	here applicable)		Service	Resident	tial	Commerci	ial	Industri	al	Combine	ed	Agricultural
84 SHERV	VOOD A	AVENUE		Connections			1						
Towns Se	rved: G	GREENWICH											
00600	DISTR	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5 SER	NOTE CON	l	Α						
			UPSTREAM	WITHIN 5 SER	NOTE CON	l	Α						
00700	ENTR	Y POINT	3	ENTRY POINT			Α						
20978	WELL		2	WELL			Α						

Connecticut Department of Public Health Drinking Water Section

				Co	ntact Inf	ormation					
Name	Name					l		Job Title			
Reverend Leszek P.	Szymaszek			S	t. Paul Rom	an Catholic Church	olic Church Pastor				
Mailing Address Line One Mailing Address				g Addre	ress Line Two			City	State	Zip Code	
84 Sherwood Ave.							Greenw	ich	СТ	06831	
Business Phone	Extension	Fax		Mok	ile Phone	Emergency Phone	e Email Address				
203-531-8741		203-532-	1414				office@	stpaulgreen	wich.org		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

59142 TREATMENT PLANT

- 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

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0570154	ST. TIMOTHY CHAPEL				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1034 NORTH ST	REET	Connections			1			

Towns Served: GREENWICH

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

Total Coliform (3100)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24	_	
	7/1/24 - 9/30/24		

Public Notification Requirements										
	Compliance Notice Public Notification									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Color MCL Violation	4/1/08 - 6/30/08	2	10/8/2008		10/18/2008					
Distribution Color MCL Violation	7/1/08 - 9/30/08	2	11/22/2008		12/2/2008					
Distribution Color MCL Violation	10/1/08 - 12/31/08	2	2/12/2009		2/22/2009					
Distribution Color MCL Violation	1/1/10 - 3/31/10	2	5/26/2010		6/5/2010					
Distribution Color MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010					
Distribution Turbidity MCL Violation	1/1/11 - 3/31/11	2	3/22/2012		4/1/2012					
Distribution Color MCL Violation	1/1/11 - 3/31/11	2	3/22/2012		4/1/2012					
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012					
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/17/2013		10/27/2013					
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/17/2014		9/27/2014					

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

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ENTRY POINT

	Water Quality Monit				C	,		
Č Ž								Primary Source
CT0570154	T0570154 ST. TIMOTHY CHAPEL					25	Р	GW
Local Address	(where applicable)	Service	Residen	itial	I Commercial Industrial Combined		ed Agricultural	
1034 NORTH 9	STREET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: GREENWICH

		Water Sy	ystem Fac	ility and S	Sampling Poin	t Inven	itory		
Water System Water Sy Facility ID 20979 WELL	ystem Facility		Sampling Poir ID 2	nt Sampling Descriptio	on <u>Sto</u>	Tot Colife atus Ru A	orm Copp	er	Stage S WQP 2 DBPR
			Co	ntact Inf	ormation				
Name				Organization				Job Title	
Reverend Ian Jeren	niah			St. Timothy (Chapel		Reverend		
Mailing Address Lin	e One		Mailing Addre	ess Line Two			City	State	Zip Code
469 North St						Greenw	ch	СТ	06830
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-869-5421						frjeremi	ah@diobpt.	org	
Contact Role(s): A	dministrative (Contact, Leg	al Contact			•			

Please note the following:

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

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

End of schedule

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	Р	GW					
Local Address (where applicable) Ser		Service	Residen	itial Commerc	ial Commercial Industri		ed Agricultural				
1300 KING STRE	1300 KING STREET Connections		1								
Towns Served:	GREENWICH										
Monitoring Requirements											

Monitor	ing Requirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
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	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete	
	1/1/24 - 12/31/24			
	1/1/25 - 12/31/25			

· · · · · · · · · · · · · · · · · · ·	•						
Nitrate And Nitrite (NOX)			1 r	outine (RT) per year			
Sampling Point (Sampling Point IL	D) Ma	onitoring Period	Collection Period Compliance Stat				
ENTRY POINT (3)	1/	1/23 - 12/31/23		Complete			
	1/	1/24 - 12/31/24					
	1/	1/25 - 12/31/25					
Wat	ter System Facility and Samp	pling Point In	ventory				
Water System Water System Facility	Sampling Point Sampling Point		Total Lead and Coliform Copper	Stage			

Water					Total	Lead and
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		GEHC001	KIT DISH WASH SINK	Α	Υ	Υ
		GEHC002	KIT FRONT HAND SINK	Α		Υ
		GEHC003	BAR HAND SINK	Α		Υ
		GEHC004	MENS ROOM SINK 1	Α	Υ	Υ
		GEHC005	MENS ROOM SINK 2	Α	Υ	Υ
		GEHC006	LADIES ROOM SINK 1	Α	Υ	Υ
		GEHC007	LADIES ROOM SINK 2	Α	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	А		
22810	WELL	2	WELL	Α		
61103	TREATMENT PLANT					
61104	WELL 2	2	WELL 2	Α		
61104	WELL Z		WELL Z	А		

	Water Quality Moni	toring an	d Con	npl	iance 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	itial Commerc		al Industri	al Combin	ed Agricultural
1300 KING STR	EET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Jay F. Collins				Griffith E. Ha	arris Golf Course	Grounds Manager			
Mailing Address Lin	e One		Mailing A	Address Line Two		City State Zip			
1323 King Street						Greenw	vich	СТ	06831
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address Jay.Collins@greenwichct.org			
203-531-1096		203-531-	2162		203-561-7953				
203-331-1030		203-331-	2107		203-301-7333	Jay.Com	iiis@gieeiiw	icrict.org	
	dministrative (5102		203-301-7933	Jay.Con	iiis@greenw	icrict.org	
Contact Role(s): A	dministrative (5102	Organization		Jay.com	IIIs@greenw	Job Title	
Contact Role(s): A	dministrative (5102	Organization G. E. Harris (1	Jay.Con	iiis@greenw		
Contact Role(s): And Name Mr. Lou Berlingo					o Golf Course	Jay.com	City		Zip Code
Contact Role(s): And Name Mr. Lou Berlingo Mailing Address Lin 1323 King Street				G. E. Harris (o Golf Course	Greenw	City	Job Title	Zip Code
Contact Role(s): And Name Mr. Lou Berlingo Mailing Address Lin				G. E. Harris (o Golf Course	Greenw	City	Job Title State	· · · · · · · · · · · · · · · · · · ·

Please note the following:

Towns Served: GREENWICH

- 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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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			Clas	ssification	Population	Owner Type	Primary Source
CT0570224	HARVEST TIME ASSEMBLY OF GOD				NC	250	Р	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1338 KING STRE	ET	Connections			1			

1338 KING STREET	Connections	1	
Towns Served: GREENWICH			·
Mon	itoring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WS			
Asbestos (1094)	,	1 routii	ne (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Perio		
Select from Inventory of Active Sampling Points	1/1/15 - 12/31/1		•
Total Haloacetic Acids (2456)	, , , , ,		routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Perio		• • • •
LADIES RM SINK (HT015)	1/1/23 - 12/31/2		Complete
, ,	1/1/24 - 12/31/2		·
	1/1/25 - 12/31/2		
Total Trihalomethanes (2950)			routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Perio		Compliance Status
RM 107A SINK (HT014)	1/1/23 - 12/31/2		Complete
	1/1/24 - 12/31/2		
	1/1/25 - 12/31/2		
Total Coliform (3100)			outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Perio		· · ·
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/2		Complete
, ,	12/1/23 - 12/31/2	_	Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		·
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24	1	
	9/1/24 - 9/30/24	1	
	10/1/24 - 10/31/2	24	
Physical Parameters (PPS)		1 rc	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Perio		
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/2	23	Complete
	12/1/23 - 12/31/2	23	Complete
	1/1/24 - 1/31/24	1	Complete
	2/1/24 - 2/29/24	1	Complete
	3/1/24 - 3/31/24	1	Complete
	4/1/24 - 4/30/24	1	
	5/1/24 - 5/31/24	1	
	6/1/24 - 6/30/24	1	
	7/1/24 - 7/31/24	1	
	7/1/24 - 7/31/24 8/1/24 - 8/31/24		

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	Connecticu	t Department of	f Public H	lealth D	rinki	ing W	ater	Sec	tion	
	Wate	er Quality Monit	oring and	d Comp	lianc	e Sch	edule	9		
PWS ID	PWS Name	C J	0 -		assificati				r Type Pri	mary Source
CT0570224	HARVEST TIME AS	SEMBLY OF GOD			NC	-	250		P	GW
Local Addres	ss (where applicable)		Service	Residentia	l Comm	ercial	Industria	I C	ombined	Agricultural
1338 KING S	TREET		Connections		1	_				
Towns Serve	d: GREENWICH		-	1		-				
		Monit	oring Requ	irement	:S					
Water Syste	em Facility: DISTRIE	BUTION SYSTEM (WSF I								
Physical Pa	arameters (PPS)						1	rout	tine (RT)	per month
	ng Point (Sampling Poi	nt ID)		Monitoring	Period	Collec	tion Peri			nce Status
			:	10/1/24 - 10)/31/24					
Water Syste	em Facility: WELL#	1 (WSF ID: 22853)								
E. Coli (30	14)						1	routi	ne (RT) p	er quarter
Samplii	ng Point (Sampling Poi	nt ID)		Monitoring	Period	Collec	tion Peri	od	Complia	nce Status
WELL#	1 (2)			10/1/23 - 12	2/31/23				Cor	nplete
				1/1/24 - 3/	31/24				Cor	nplete
				4/1/24 - 6/	30/24					
				7/1/24 - 9/	30/24					
Water Syste	em Facility: HARVES	ST TIME TREATMENT PI	ANT (WSF ID): 49891)						
Nitrate An	d Nitrite (NOX)							1 rc	outine (R	Γ) per year
Samplii	ng Point (Sampling Poi	nt ID)		Monitoring	Period	Collec	tion Peri	od	Complia	nce Status
ENTRY I	POINT (3)			1/1/23 - 12	/31/23				Cor	nplete
				1/1/24 - 12	/31/24				Cor	nplete
				1/1/25 - 12	/31/25					
	Monthly V	Nater System Facil	ity (WSF) I	evel Mo	nitori	ng Re	quiren	nent	ts	
Water Syste	em Facility: HARVES	T TIME TREATMENT PL	ANT (WSFID:	49891)						
Analyte	Monito	oring Requirement (Summ	ary Type)	Operat	ing Limit	t		Sa	amples Re	q/Month
Chlorine	Entry P	oint Chlorine Residual Mo	nitoring (CHLR) Minimu	um: 0.2	MG/L			Dail	У
Start Dat	e: 7/1/2005		Complia	nce History	:	Operat	ing Limit		Monitori	ng
			Monitor	ing Period		-	ance Sta		Compliar	nce Status:
			11/1/20	23 - 11/30/2	2023					
			12/1/20	23 - 12/31/2	2023					
			1/1/202	4 - 1/31/202	24					
			2/1/202	4 - 2/29/202	24					
			3/1/202	4 - 3/31/202	24					
		Other C	ompliance	Schedu	les					
Compliance	Schedule Activity			Du	e Date		Achiev	ed Do	ate	
CROSS CONN	NECTION SURVEY REPO	RT		3/1	L/2024					
	V	Vater System Facil	ity and Sar	mpling P	oint Ir	vento	ory			
Water						Total	Lead a	ınd		
-	later System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule 1	ier A	Asbestos	NQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		HT001	RR LADY RM I	MN FLR L	Α	Υ			Υ	
		HT002	RR LADY RM I	MN FLR R	Α	Υ			Υ	
		HT003	RR MEN RM N	MAIN FLR L	Α	Υ			Υ	
-		-				-	-		-	

	Connecticut Department of Water Quality Monit				_			n	
PWS ID	PWS Name				ssification	Population	Owner Typ	e Pr	mary Source
CT0570224	HARVEST TIME ASSEMBLY OF GOD				NC	250	Р		GW
Local Address (where applicable)	Service	Residen	Residential Co		al Industri	al Combi	ned	Agricultural
1338 KING STRI	T Connections				1				
Towns Served:	GRFFNWICH								

rowns se	rved: GREENWICH						
	Wate	r System Facili	ity and Sampling P	oint Ir	nvento	ry	
Water System Facility II	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage WQP 2 DBPR
		HT004	RR MEN RM MAIN FLR R	Α	Υ	Υ	
		HT005	RR LR LWR LEV R	Α	Υ	Υ	
		HT006	RR LR LWR LEV L	Α	Υ	Υ	
		HT007	RR MENS LWR LEV L	Α	Υ	Υ	
		HT008	RR MENS LWR LEV R	Α	Υ	Υ	
		HT009	KITCHENETTE SNK OFF	Α	Υ	Υ	
		HT010	PRESCHOOL CLS RM 104	Α	Υ	Υ	
		HT011	PRESCHOOL CLS RM 105	Α	Υ	Υ	
		HT012	PRESCHOOL CLS RM 106	Α	Υ	Υ	
		HT013	PRESCHOOL CLS RM 107	Α	Υ	Υ	
		HT014	RM 107A SINK	Α			Υ
		HT015	LADIES RM SINK	Α			Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
22853	WELL #1	2	WELL #1	Α			
49891	HARVEST TIME TREATMENT PLANT	3	ENTRY POINT	Α			

1 12/1141								
60040 ATMOSP	HERIC STORAG	GE TANKS						
			Certified Opera	tor Information	1			
Water System Fac	cility: HARVI	EST TIME T	REATMENT PLANT (W	SF ID: 49891)				
Facility Classification	n: CLASS 1 TR	EATMENT P	ANT					Certification
Operator Name			Operator Type	Certification(s)				Expiration
HURLBUT, ANDREW	1		CHIEF OPERATOR	WATER TREATMEN	MENT PLANT OPERATOR - CLASS II			6/30/2026
			Contact In	formation				
Name			Organizatio	n	Job Title			
Mr. Rev. Glenn A. H	larvison		Harvest Tin	ne Assembly of God	mbly of God Senior Pastor			
Mailing Address Lin	e One		Mailing Address Line Two	ailing Address Line Two City State				Zip Code
1338 King Street					Greenwi	ich	СТ	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ddress		
203-531-7778		203-531-4	1974	203-912-0352	pastorgl	enn@htchur	ch.com	
Contact Role(s): Le	gal Contact, C)wner						
Name			Organizatio	n			Job Title	
Pastor Blaze Rober	tson		Harvest Tin	ne Assembly of God				
Mailing Address Lin	e One		Mailing Address Line Two	Mailing Address Line Two City		State	Zip Code	
1338 King Street					Greenwi	ich	CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ddress		
203-531-7778					pastorbl	aze@htchur	ch.com	
Contact Role(s): Ac	dministrative (Contact						

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0570224	HARVEST TIME ASSEM	1BLY OF	GOD			NC	250	Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
1338 KING STREET		Connections		1					

Towns Served: GREENWICH

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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			Cla	ssification	Population	Owner Type	Primary Source			
CT0570234	CT0570234 ROUND HILL STORE/SERVICE STATION NC 31 P GW										
Local Address	ocal Address (where applicable) Service Resi					al Industri	al Combine	ed Agricultural			

Connections

1

369 ROUND HILL ROAD

Towns Served: GREENWICH			
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: WELL #1 (DUG WELL) (WSF ID: 22935)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DUG WELL (2)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24	_	Complete

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	Co	onnectic	ut Depa	rtmen	it o	f Public	Health	Drir	nking	g Wa	ater S	Sectio	n	
			•			toring a			_					
PWS ID	PW	/S Name	V										e P	rimary Source
CT057023	34 RO	UND HILL STO	RE/SERVICE	STATION				N	С	3	1	Р		GW
Local Add	lress (wher	re applicable)				Service	Resident	tial Co	mmerci	al In	dustrial	Combi	ned	Agricultural
369 ROUI	ND HILL RC)AD				Connection	ns		1					
Towns Se	rved: GRE	ENWICH												
				M	onit	toring Red	quireme	nts						
Water Sy	ystem Fac	ility: WELL	#1 (DUG W	/ELL) (WS	SF ID	: 22935)								
E. Coli ((3014)										1	routine (RT)	per quarter
Sam	pling Poin	t (Sampling Po	oint ID)				Monitori	ng Perio	od C	ollecti	on Peri	od Co	mpli	ance Status
							4/1/24 -							
							7/1/24 -	9/30/2	4					
				Public	No	tification	Require	ment	ts					
					(Compliance	Notice	<u>F</u>	Public N	otifica	tion	PN	Cert	<u>tification</u>
	/Situation					Period	Tier		quired		formed	Due to	DPH	Received
	form M&R					1/22 - 2/28/2		-	9/2023			4/8/20		
Physical F	Parameters	M&R Violatio			_	1/22 - 2/28/2			9/2023			4/8/20	23	
			Water Sy	ystem F	aci	lity and S	ampling	Point	t Inve	ntor	У			
Water										otal	Lead a			
System Facility II	_	stem Facility		Sampling : ID	Point	t Sampling F Description			,	iform Rule	Coppe		toc	Stage WQP 2 DBPF
00600		ITION SYSTEM		4		•	, ION SYSTEM	<u>Sta</u>	tus	Y	Nuie i	iei Asbes	103	WQF Z DDFN
00000	DISTRIBU	TION SISILIVI		•	RFAN/	1 WITHIN 5 S			-	'				
				UPSTRE			SERVICE CON							
00700	ENTRY PO	TNIC		3		ENTRY POI								
22935	WELL #1	(DUG WELL)		2		DUG WELL								
46688		ENT PLANT												
					Coı	ntact Info	rmation							
Name					C	Organization						Job T	itle	
Estate of	Francis H.	Strain												
Mailing A	ddress Line	e One		Mailing A	ddre	ss Line Two				Ci	ty	Stat	е	Zip Code
C/O Willia				369 Roun					Green			СТ		06831
	ss Phone	Extension	Fax		Mob	oile Phone	Emergency	Phone	Email A	Addres	SS			
	51-7270													
	Role(s): O	wner												
Name	<u> </u>					Organization	1.					Job T	itle	
	am Strain	0.0nc		Ma:l::= - ^		Bill Strain Rea	ity			<u> </u>	b	Ct		7in Carla
ivialling A	ddress Line	e One		ivialling A	uure	ss Line Two				Ci	ιy	Stat	е	Zip Code

Mobile Phone

Greenwich

Emergency Phone Email Address

CT

06831

369 Round Hill Road

Business Phone

203-661-7270

Extension

Contact Role(s): Administrative Contact

Fax

(Connectic	ut Depa	rtment	of Public	Health	i Drii	nking	g Water	Section		
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le		
PWS ID F	PWS Name					Classi	fication	Population	Owner Type	Primary Source	
CT0570234 F	ROUND HILL STO	RE/SERVICE	STATION			N	1C	31	Р	GW	
Local Address (wh	dress (where applicable)			Service	Resider	ntial Co	ommerci	ial Industr	ial Combin	ed Agricultura	
369 ROUND HILL ROAD				Connection	ns		1				
Towns Served: GF	REENWICH			1	1			'	-		
Name				Organization					Job Titl	е	
Ms. Robin Vanac	ore			Round Hill Sto	re			Owner			
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code	
369 Round Hill Rd							Green	wich	CT	06831	
Business Phone	Extension	Fax	Me	obile Phone	Emergency	y Phone	Email A	Address			
203-629-1083					203-641	-0149	afstrains@aol.com				
Contact Role(s):	Legal Contact, C)wner	,	1			1				

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 Departmen	nt of Public I	lealth	Dr	rinking	Water S	Section	
	Water Quality M	onitoring an	d Com	pl	iance S	Schedule		
PWS ID	PWS Name			Clas	ssification	Population C	wner Type P	rimary Source
CT0570254	STANWICH CONGREGATIONAL CHURC	СН			NC	200	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commercia	al Industrial	Combined	Agricultura
190 & 202 TAC	ONIC ROAD	Connections			1			
Towns Served:	GREENWICH							
	M	onitoring Req	uireme	nts				
Water Systen	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Colifor	m (3100)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod Co	ollection Perio	od Compl	iance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/3	31/23		Co	mplete
			1/1/24 -	3/31	1/24		Co	mplete
			4/1/24 -	6/30	0/24			
			7/1/24 -	9/30	0/24			
Physical Para	nmeters (PPS)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitoring Period Collection Per			ollection Perio	od Compl	iance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/3	31/23		Co	mplete
			1/1/24 - 3/31/24				Co	mplete
			4/1/24 -					
			7/1/24 -	9/30	0/24			
Water Systen	Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And	Nitrite (NOX)						1 routine (I	RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod Co	ollection Perio	od Compl	iance Status
ENTRY PO	INT (3)		1/1/23 -				Co	mplete
			1/1/24 -				Co	mplete
			1/1/25 -	12/3	31/25			
Water Systen	Facility: WELL 2 (WSF ID: 51461)							
E. Coli (3014	4)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod Co	ollection Perio	od Compl	iance Status
WELL 2 (2)		10/1/23 -					mplete
			1/1/24 -				Co	mplete
			4/1/24 -					
			7/1/24 -	9/30	0/24			
	Public	Notification I	Require	me	ents			
_		Compliance	Notice		<u>Public No</u>	<u>otification</u>	PN Cer	<u>tification</u>
Violation/Situe		Period	Tier		Required	Performed	Due to DPH	Received
E. Coli M&R Vi		7/1/16 - 9/30/16	3		2/17/2018		2/27/2018	
E. Coli M&R Vi		10/1/16 - 12/31/16			5/2/2018		5/12/2018	
E. Coli M&R Vi		1/1/17 - 3/31/17	3		6/5/2018		6/15/2018	
E. Coli M&R Vi		4/1/20 - 6/30/20	3		.0/14/2021		10/24/2021	
	Water System	Facility and Sa	mpling	Poi	int Inve	ntory		
Water					To	tal Lead a	nd	

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							

	Water Quality Monitoring and Compliance Schedule									
WS ID PWS Name					ssification	Population	Owner Type	Primary Source		
СТ0570254	STANWICH CONGREGATIONAL CHURCH				NC	200	Р	GW		
Local Address (w	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
190 & 202 TACONIC ROAD		Connections			1					

Connecticut Department of Public Health Drinking Water Section

	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		age OBPR	
00700	ENTRY POINT	3	ENTRY POINT	А						
51461	WELL 2	2	WELL 2	Α						
51465	TREATMENT PLANT									
51467	ATMOSPHERIC TANK									

			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Stanwich Congrega	tional Church								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
237 Taconic Road						Greenw	ch	СТ	06831
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ldress		
203-661-4420									
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Mr. George Leing				Stanwich Co	ngregational Church		Senior Trust	tee	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
237 Taconic Road						Greenw	ich	СТ	06831
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ldress		
203-661-4420		203-661-3	901						
Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	
Mr. Joseph A. Decre	escenzo Jr			Stanwich Co	ngregational Church		Building Sup	pervisor	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
202 Taconic Road						Greenw	ch	СТ	06831
Business Phone	Extension	Fax	IV	lobile Phone	Emergency Phone	Email Ad	ldress		
203-661-4420	292	203-661-3	901		203-605-7158	joe@sta	nwichchurch	n.org	

Contact Role(s): Administrative Contact Please note the following:

Towns Served: GREENWICH

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of 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	Р	GW		
Local Address (w	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural		
744 LAKE AVENUE Connections 1										
Towns Served: G	Towns Served: GREENWICH									

Towns Served: GREENWICH			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25	_	_
Other Compl	iance Schedules		

Achieved Date Compliance Schedule Activity Due Date SEASONAL START UP COMPLETION 6/1/2024

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α					_	
55410	WELL #2	2	WELL #2	Α						
55742	HYDROPNEUMATIC TANK									

		Co	ontact Inf	ormation					
Name		Organization	1	Job Title					
Ms. Megan Sweeney			Boys & Girls Club of Greenwich			Vp of Administration			
Mailing Address Line One		ress Line Two		City		State	Zip Code		
4 Horseneck Lane					Greenwi	ch	СТ	06830	
Business Phone Extensio	n Fax	Mo	obile Phone	Emergency Phone	Email Address				
203-869-3224 103	203-869-	203-869-1814			msweeney@bgcg.org				
Contact Role(s): Administrati	ve Contact, Leg	gal 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.

(Connectic	ut Depa	rtmen	t of	Public :	Health	Dri	nking	Water	Section		
	Wa	ter Qua	lity Mo	nite	oring ar	nd Con	nplia	nce S	chedul	e		
PWS ID F	PWS Name							ication	Population	Owner Type	Primary Source	
CT0579154 C	154 CAMP SIMMONS - WELL #2								31	Р	GW	
Local Address (where applicable)					Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural	
744 LAKE AVENUE					Connection	S		1				
Towns Served: GF	EENWICH						·			,		
Name Org									Job Title			
Mr. Bobby Walke	Boys & Girls Club of Greenwich				Chief Exec Officer							
Mailing Address Line One Mailing Addr				ddress	ess Line Two			City		State	Zip Code	
4 Horseneck Lane								Greenv	Greenwich		06830	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email Address		,		
203-869-3224		203-869-	1814					bwalke	bwalker@bgcg.org			
Contact Role(s):	Legal Contact											

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

End of schedule