		Department of Quality Monit				U		ection	
PWS ID	PWS Name		0	<b>A</b>	ssificat			ner Type Pr	imary Source
CT1620034	GREENWOOD TRAILS				NC		25	Р	GW
Local Address	(where applicable)		Service F	Residential	Comm	nercial li	ndustrial	Combined	Agricultural
390 WINCHEST	TER ROAD (ROUTE 263)		Connections		1	1			
Towns Served:	WINCHESTER		II						
		Monito	oring Requi	rements	5				
Water Systen	n Facility: DISTRIBUT		• •						
Total Colifor			•				1 rou	utine (RT) p	er quarter
	Point (Sampling Point I	D)	м	onitoring <b>F</b>	Period	Collect	tion Period		nce Status
Select fro	m Inventory of Active Sa	ampling Points	4	/1/24 - 6/3	0/24				
			7	/1/24 - 9/3	0/24				
<b>Physical Para</b>	ameters (PPS)						1 roi	utine (RT) p	er quarter
-	Point (Sampling Point I	D)	м	onitoring F	Period	Collect	tion Period		ince Status
Select fro	m Inventory of Active Sa	ampling Points	4	/1/24 - 6/3	0/24				
				/1/24 - 9/3					
Water Systen	n Facility: ENTRY PO	INT (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per year
Sampling	Point (Sampling Point I	D)	м	onitoring F	Period	Collect	tion Period	Complia	ince Status
ENTRY PC	DINT (3)		1,	/1/23 - 12/3	31/23			Со	nplete
			1,	/1/24 - 12/3	31/24				
			1,	/1/25 - 12/3	31/25				
		iter System Facil	ity (WSF) Le	vel Mor	nitori	ing Rec	luireme	nts	
Water Systen	n Facility: ENTRY POI	NT (WSFID: 00700)							
Analyte	Monitorin	g Requirement (Summa	ary Type)	Operati	ng Limi	t		Samples Re	q/Month
Chlorine	Entry Poin	t Chlorine Residual Mor	nitoring (CHLR)	Minimu	m: 0.2	MG/L		Dai	ly
Start Date:	7/1/2014			e History:		Operati	ng Limit	Monitor	-
			Monitorin	-		Complia	nce Status	: Complia	nce Status:
			11/1/2023	- 11/30/20	)23				
				- 12/31/20					
				1/31/2024					
				2/29/2024					
				3/31/2024					
		Other C	ompliance S	chedule	es				
Compliance Sc	hedule Activity			Due	Date		Achieved	Date	
SEASONAL STA	ART UP COMPLETION			4/15	/2024				
CROSS CONNE	CTION SURVEY REPORT			3/1/	2025				
	Wa	ter System Facili	ity and Sam	pling Po	oint Ir	nvento	ry		
Water	ton Custom Freditter	Conservations Destant				Total	Lead and		<u> </u>
	ter System Facility	Sampling Point ID	Sampling Point Description			Coliform Rule		Ashestas	Stage WQP 2 DBPR
Facility ID 00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION S	VCTENA	Status	Y	Rule Her	Manealos	WQF Z UDPK
			WITHIN 5 SERVI		A	T			
		GWTA1	BUILDING A SIN		A	Y			
		GWTA1 GWTA2	BUILDING A SIN		A	r Y			
		GWTA2 GWTA3	BUILDING A SIN		A A	r Y			
		GWTA3 GWTC1	BUILDING A SIN		A	r Y			
		GWICI		ΝŢ	A	T			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

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

		<b>C</b>		0						
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT1620034	GREENWOOD TRAILS						NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural		
390 WINCHEST	ER ROAD (ROUTE 263)			Connections			1			
Towns Served:	WINCHESTER			·						

Water System Facility and Sampling Point Inventory											
Water				Total	Lead and						
System Water System Facility		Sampling Point		Coliform	Copper		Stage				
Facility ID	ID	Description	Status		Rule Tier	Asbestos V	VQP 2 DBP				
	GWTDC1	BUILDING D SINK 1	А	Y							
	GWTDC2	BUILDING D SINK 2	А	Y							
	GWTDC3	BUILDING D SINK 3	А	Y							
	GWTHC1	HEALTH CENTER SINK 1	А	Y							
	GWTHC2	HEALTH CENTER SINK 2	А	Y							
	GWTHC3	HEALTH CENTER SINK 3	А	Y							
	GWTHC4	HEALTH CENTER SINK 4	А	Y							
	GWTK1	KITCHEN SINK 1	А	Y							
	GWTK10	KITCHEN SINK 10	А	Y							
	GWTK11	KITCHEN SINK 11	А	Y							
	GWTK12	KITCHEN SINK 12	А	Y							
	GWTK2	KITCHEN SINK 2	А	Y							
	GWTK3	KITCHEN SINK 3	А	Y							
	GWTK4	KITCHEN SINK 4	А	Y							
	GWTK5	KITCHEN SINK 5	А	Y							
	GWTK6	KITCHEN SINK 6	А	Y							
	GWTK7	KITCHEN SINK 7	А	Y							
	GWTK8	KITCHEN SINK 8	А	Y							
	GWTK9	KITCHEN SINK 9	А	Y							
	GWTM1	BUILDING M SINK 1	А	Y							
	GWTM2	BUILDING M SINK 2	А	Y							
	GWTP1	BUILDING P SINK 1	А	Y							
	GWTP2	BUILDING P SINK 2	А	Y							
	GWTS1	BUILDING S SINK 1	А	Y							
	GWTS2	BUILDING S SINK 2	А	Y							
	GWTS3	BUILDING S SINK 3	А	Y							
	GWTS4	BUILDING S SINK 4	А	Y							
	GWTS5	BUILDING S SINK 5	А	Y							
	GWTS6	BUILDING S SINK 6	A	Ŷ							
	GWTS7	BUILDING S SINK 7	A	Ŷ							
	GWTS8	BUILDING S SINK 8	A	Ŷ							
	GWTT1	BUILDING T SINK 1	A	Ŷ							
	GWTT2	BUILDING T SINK 2	A	Ŷ							
	GWTT2 GWTTT1	TUCCI TIPI SINK 1	A	Y							
	GWTW1	BUILDING W SINK 1		Y							
	GWTW1 GWTW2		A								
		BUILDING W SINK 2	A	Y							
	GWTWW1	WIGWAM SINK 1	A	Y							
	GWTWW2	WIGWAM SINK 2	A	Y							
	GWTWW3	WIGWAM SINK 3	A	Y							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

PWS ID	PWS Name						Classifi	cation	Popu	lation Ov	vner Type	Primary Sour
CT1620034	GREENWOOD	TRAILS					N	С	2	25	Р	GW
Local Address	(where applicab	le)			Service	Residen	tial Co	mmerci	al Ir	dustrial	Combine	ed Agricultu
390 WINCHES	TER ROAD (ROUT	FE 263)			Connection	S		1				
Towns Served	: WINCHESTER											
		Water S	System	Facili	ity and Sa	ampling	Point	t Inve	nto	ry		
	ater System Facil	ity		-	Sampling P			Coli	otal form			Stag
Facility ID				D	Description		Sta	tus R	ule	Rule Tie	er Asbesto	os WQP 2 DB
			UPST	REAM	WITHIN 5 SI		N A	۱				
00700 EN	TRY POINT		:	3	ENTRY POIN	IT	ŀ	١				
22570 W	ELL 1			2	WELL		ļ	١				
55197 AT	MOSPHERIC STO	RAGE TANK										
61058 TR	EATMENT PLANT											
				Con	tact Info	rmation	1					
Name				Or	rganization						Job Title	9
Mr. Owen S.	Langbart			Gr	reenwood Tr	ails			Ow	ner		
Mailing Addre	ess Line One		Mailing	g Address	s Line Two				Ci	ity	State	Zip Code
1075 Merrick	Avenue							Merric	ĸ		NY	11566
Business Ph	one Extensio	n Fax	<b>K</b>	Mobi	le Phone	Emergency	/ Phone	Email A	ddre	SS		
860-379-6	517	516-483	-7271			516-697-	-7023	owen@	gree	nwoodtra	ils.com	
Contact Role(	s): Administrati	ve Contact, Le	gal Conta	act, Own	ner							

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

	Сс			rtment of lity Monit				C	·			ction	
PWS ID	D\A	/S Name	iei Qua		or mg a								rimary Source
CT1620074		STAL PEAK					N			5	Owi	P	GW
					Service	Deciden						-	
		e applicable)			Connectio	Residen		mmerci	di in	dustria	11	Combined	Agricultural
164 TORRI Towns Ser					connection	15		1					
Towns Ser		CHESTER											
Water Sys	stem Fac	ility: DISTR	IBUTION S	Monito STEM (WSFI	o <mark>ring Re</mark> D: 00600)	quireme	nts		-		-		
Total Col	iform (3	100)								1	rou	tine (RT)	per quarter
Samp	ling Point	t (Sampling P	oint ID)			Monitori	ng Peri	od C	ollecti	ion Per			ance Status
Select	t from Inv	entory of Acti	ve Sampling	Points		10/1/23 -	12/31/	23				Co	mplete
						1/1/24 -	3/31/2	4				Co	mplete
						4/1/24 -	6/30/2	4					•
						7/1/24 -							
Physical	Paramet	ers (PPS)								1	rou	tine (RT)	per quarter
-		t (Sampling P	oint ID)			Monitori	ng Peri	od C	ollecti	ion Per			ance Status
	-	entory of Acti	-	Points		10/1/23 -	-						mplete
		,	1 0			1/1/24 -							mplete
						4/1/24 -							<b>I</b>
						7/1/24 -							
Water Sv	stem Fac	ility: ENTR	POINT (W	/SF ID: 00700)									
Nitrate A				,							1	routine (F	RT) per year
		t (Sampling P	oint ID)			Monitori	na Peri	nd C	ollecti	ion Per		-	ance Status
-	Y POINT (		511107			1/1/23 -	-		oncen		100		mplete
Livin	110111	51				1/1/24 -							mplete
						1/1/25 -							
			Water Sy	ystem Facili	ity and S	· ·			ntor	у			
Water								Тс	otal	Lead o	and		
System	-	stem Facility		Sampling Point				Col	iform	Сорр			Stage
Facility ID				ID	Description	า	Sta	tus R	lule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4	DISTRIBUTI	ON SYSTEM	A	4	Y				
				DOWNSTREAM				4					
				UPSTREAM	WITHIN 5 S	SERVICE CON	N A	4					
00700	ENTRY PO	DINT		3	ENTRY POI	NT	ŀ	4					
22573	WELL #1			2	WELL #1		A	4					
22574	WELL #2			2	WELL #2		ļ	4					
58408	ATMOSP	HERIC TANKS											
				Con	tact Info	rmation							
Name				01	rganization							Job Title	
Mr. John F	Roller			Cr	ystal Peak								
Mailing Ad	ldress Line	e One		Mailing Address	s Line Two				Ci	ty		State	Zip Code
164 Torrin	gton Road	ł						Winche	ester			СТ	06098
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	Addres	SS			
860-379	9-7999		860-379-5	5799				crystal	peakw	/edding	g@ya	ahoo.com	
Contact Ro	ole(s): Ad	Iministrative	Contact, Leg	al Contact, Owr	ner								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024 Page 4

# **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
CT1620074	CRYSTAL PEAK				NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
164 TORRINGT	ON ROAD	Connections			1			
Towns Served:	WINCHESTER	l.						

## Please note the following:

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

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

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

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

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

End of schedule

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1620104 GREEN WOODS COUNTRY CLUB NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 300 TORRINGFORD STREET 1 Towns Served: WINCHESTER **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina 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 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 routine (RT) per month **Monitoring Period** Sampling Point (Sampling Point ID) **Collection Period Compliance Status** 11/1/23 - 11/30/23 Select from Inventory of Active Sampling Points 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 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 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** ENTRY POINT (3) 10/1/23 - 12/31/23 Complete 4/1/24 - 6/30/24

## Monthly Water System Facility (WSF) Level Monitoring Requirements

7/1/24 - 9/30/24

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source **GREEN WOODS COUNTRY CLUB** Ρ CT1620104 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 300 TORRINGFORD STREET 1 Towns Served: WINCHESTER Water System Facility: ENTRY POINT (WSFID: 00700) Samples Reg/Month Analyte Monitoring Requirement (Summary Type) **Operating Limit** Entry Point pH Monitoring (PHRD) рΗ Minimum: 7 PH Δ **Compliance History:** Start Date: 8/1/2013 Monitoring **Operating Limit Monitoring Period Compliance Status: Compliance Status:** 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024 3/1/2024 - 3/31/2024 **Other Compliance Schedules** Compliance Schedule Activity Due Date **Achieved Date** CROSS CONNECTION SURVEY REPORT 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point Water System Facility System Coliform Copper Stage Description Facility ID ID Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 ENTRY POINT ENTRY POINT 3 A 2 Α 22576 WELL WELL 58424 TREATMENT PLANT **Contact Information** Organization Name Job Title Mr. Matthew Berger Green Woods Country Club Superintendent Mailing Address Line One Mailing Address Line Two City State Zip Code 300 Torringford St. PO Box 598 Winchester CT 06098 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-379-8302 603-759-2982 mattberger77@hotmail.com Contact Role(s): Administrative Contact Name Organization Job Title Mr. Gene Hubbard Green Woods Country Club Inc. Registered Owneer Mailing Address Line One Mailing Address Line Two City State Zip Code PO Box 598 06098 300 Torringford St. Winchester CT

Contact Role(s): Owner

Extension

Fax

**Business Phone** 

860-379-8302

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

**Mobile Phone** 

Emergency Phone Email Address

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

PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source
CT1620104	GREEN WOODS COUNTRY CLUB				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial C	Commerci	al Industria	al Combine	ed Agricultural
300 TORRINGFO	DRD STREET	Connections			1			
Towns Served:	WINCHESTER						· ·	·

### Please note the following:

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

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

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

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End of schedule