

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name				Classification	Population	Owner Type		Primary Source
CT1620034	GREENWOOD TRAILS				NC	25	P		GW
Local Address (where applicable)				Service	Residential	Commercial	Industrial	Combined	Agricultural
390 WINCHESTER ROAD (ROUTE 263)				Connections		1			
Towns Served: WINCHESTER									
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				4/1/25 - 6/30/25				Complete	
				7/1/25 - 9/30/25				Complete	
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				4/1/25 - 6/30/25				Complete	
				7/1/25 - 9/30/25				Complete	
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)				1/1/24 - 12/31/24				Complete	
				1/1/25 - 12/31/25				Complete	
				1/1/26 - 12/31/26					
Monthly Water System Facility (WSF) Level Monitoring Requirements									
Water System Facility: ENTRY POINT (WSFID: 00700)									
Analyte		Monitoring Requirement (Summary Type)			Operating Limit		Samples Req/Month		
Chlorine		Entry Point Chlorine Residual Monitoring (CHLR)			Minimum: 0.2 MG/L		Daily		
Start Date: 7/1/2014					Compliance History:		Operating Limit		Monitoring
					Monitoring Period		Compliance Status:		Compliance Status:
					5/1/2025 - 5/31/2025				
					6/1/2025 - 6/30/2025				
					7/1/2025 - 7/31/2025				
					8/1/2025 - 8/31/2025				
					9/1/2025 - 9/30/2025				
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 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					
		GWTA1	BUILDING A SINK 1	A	Y				
		GWTA2	BUILDING A SINK 2	A	Y				
		GWTA3	BUILDING A SINK 3	A	Y				
		GWTC1	BUILDING C SINK 1	A	Y				
		GWTDC1	BUILDING D SINK 1	A	Y				

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.

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CT1620034	GREENWOOD TRAILS			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
390 WINCHESTER ROAD (ROUTE 263)				1			
Towns Served: WINCHESTER							

Water System Facility and Sampling Point Inventory

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

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	A				
22570	WELL 1	2	WELL	A				
55197	ATMOSPHERIC STORAGE TANK							
61058	TREATMENT PLANT							

Contact Information

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

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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

Monitoring Requirements

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

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

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
22573	WELL #1	2	WELL #1	A				
22574	WELL #2	2	WELL #2	A				
58408	ATMOSPHERIC TANKS							

Contact Information

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

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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

Please note the following:

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1620104	GREEN WOODS COUNTRY CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
300 TORRINGFORD STREET				1			
Towns Served: WINCHESTER							

Monitoring Requirements

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

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

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

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

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

Monthly Water System Facility (WSF) Level Monitoring Requirements

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1620104	GREEN WOODS COUNTRY CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
300 TORRINGFORD STREET				1			
Towns Served: WINCHESTER							

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4
Start Date: 8/1/2013		Compliance History:	Monitoring Compliance Status:
		Monitoring Period	Compliance Status:
		5/1/2025 - 5/31/2025	
		6/1/2025 - 6/30/2025	
		7/1/2025 - 7/31/2025	
		8/1/2025 - 8/31/2025	
		9/1/2025 - 9/30/2025	

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

Contact Information

Name				Organization			Job Title		
Mr. Gene Hubbard				Green Woods Country Club Inc.			Registered Owneer		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
300 Tarringford St.			PO Box 598			Winchester		CT	06098
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-379-8302									
Contact Role(s): Owner									
Name				Organization			Job Title		
Mr. Michael Luciano				Green Woods Country Club			Golf Course Supt.		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
300 Tarringford Street						Winsted		CT	06098
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-231-0857						mayorofzoar@gmail.com			
Contact Role(s): Administrative Contact									

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Water Quality Monitoring and Compliance Schedule

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
300 TORRINGFORD STREET				1			
Towns Served: WINCHESTER							

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End of schedule