

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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 390 WINCHESTER ROAD (ROUTE 263) | | | | 1 | | | |

Towns Served: WINCHESTER

Monitoring Requirements

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

| | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| Total Coliform (3100) | | 1 routine (RT) per quarter | |
| <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 | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | |

| | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | |
| <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 | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | |

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

| | | | |
|---|--------------------------|--------------------------------|--------------------------|
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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: |
| | 2/1/2025 - 2/28/2025 | | |
| | 3/1/2025 - 3/31/2025 | | |
| | 4/1/2025 - 4/30/2025 | | |
| | 5/1/2025 - 5/31/2025 | | |
| | 6/1/2025 - 6/30/2025 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <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> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 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 | | | |
| | | GWTC1 | 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.

Connecticut Department of Public Health Drinking Water Section

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Towns Served: WINCHESTER

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <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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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

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

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <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 | 1/1/25 - 3/31/25 | | Complete | | |
| | 4/1/25 - 6/30/25 | | Complete | | |
| | 7/1/25 - 9/30/25 | | | | |
| | 10/1/25 - 12/31/25 | | | | |

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

| | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| 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.
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

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 | 2/1/25 - 2/28/25 | | Complete |
| | 3/1/25 - 3/31/25 | | Complete |
| | 4/1/25 - 4/30/25 | | Complete |
| | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | |
| | 8/1/25 - 8/31/25 | | |
| | 9/1/25 - 9/30/25 | | |
| | 10/1/25 - 10/31/25 | | |
| | 11/1/25 - 11/30/25 | | |
| | 12/1/25 - 12/31/25 | | |

| 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 | 2/1/25 - 2/28/25 | | Complete |
| | 3/1/25 - 3/31/25 | | Complete |
| | 4/1/25 - 4/30/25 | | Complete |
| | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | |
| | 8/1/25 - 8/31/25 | | |
| | 9/1/25 - 9/30/25 | | |
| | 10/1/25 - 10/31/25 | | |
| | 11/1/25 - 11/30/25 | | |
| | 12/1/25 - 12/31/25 | | |

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 | | |
| | 10/1/25 - 12/31/25 | | |

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 |
|-----------------------------|---------------------------------------|---------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7 PH | 4 |
| Start Date: 8/1/2013 | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 2/1/2025 - 2/28/2025 | | |

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| 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: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 3/1/2025 - 3/31/2025 | | |
| | 4/1/2025 - 4/30/2025 | | |
| | 5/1/2025 - 5/31/2025 | | |
| | 6/1/2025 - 6/30/2025 | | |

Other Compliance Schedules

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

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| Nitrate And Nitrite M&R Violation | 4/1/23 - 6/30/23 | 3 | 5/2/2025 | | 5/12/2025 | |

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 |
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| | | 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 Owner | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 300 Toringford 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 Toringford 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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End of schedule