

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Asbestos (1094)			1 routine (RT) per nine years				
<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		1/1/11 - 9/30/16		1/1-9/30			
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		7/1/16 - 9/30/16				Complete	
		10/1/16 - 12/31/16					
		1/1/17 - 3/31/17					
		4/1/17 - 6/30/17					
		7/1/17 - 9/30/17					
Lead And Copper (PBCU)			5 routine (RT) per year				
<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		1/1/16 - 9/30/16		6/1-9/30			
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		1/1/17 - 3/31/17					
		4/1/17 - 6/30/17					
		7/1/17 - 9/30/17					
Physical Parameters (PPX)			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		7/1/16 - 9/30/16				Complete	
		10/1/16 - 12/31/16					
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Inorganic Chemicals (IOCS)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/15 - 9/30/16		1/1-9/30			
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)		1/1/16 - 12/31/16				Complete	
		1/1/17 - 12/31/17					
		1/1/18 - 12/31/18					
Pesticides, Herbicides and PCBs-Phase II (SOC2)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/14 - 9/30/16		1/1-9/30			
Pesticides, Herbicides and PCBs-Phase V (SOC5)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/14 - 9/30/16		1/1-9/30			
Organic Chemicals (VOCS)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/15 - 9/30/16		1/1-9/30		Complete	

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
CROSS CONNECTION EXEMPTION	3/1/2021	

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 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		NGCC001	UPSTAIRS KIT SINK #1	A	Y	1	Y	
		NGCC002	UPSTAIRS KIT SINK #2	A	Y	1		
		NGCC003	DOWNSTAIRS KIT SINK	A	Y	2		
		NGCC004	DOWNSTAIRS CLASSROOM	A	Y	2		
		NGCC005	DOWNSTRS STAFF BATH	A	Y	2		
00700	ENTRY POINT	3	ENTRY POINT	A				
10748	WELL #1	2	WELL #1	A				
942	WATER TREATMENT PLANT							

Certified Operator Information

Water System Facility: WATER TREATMENT PLANT (WSF ID: 942)			
Facility Classification: CLASS 2 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
HURLBUT, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2019

Contact Information

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

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

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

End of schedule

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570272	ST. AGNES CHURCH	NC	45	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
247 STANWICH ROAD			1				
Towns Served: GREENWICH							

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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Water System Facility: **WELL (WSF ID: 10264)**

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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: 1/1/2002	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2016 - 8/31/2016		N
	9/1/2016 - 9/30/2016		N
	10/1/2016 - 10/31/2016		N

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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
CT0570272	ST. AGNES CHURCH	NC	45	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
247 STANWICH ROAD	1					

Towns Served: GREENWICH

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: 1/1/2002	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		
	1/1/2017 - 1/31/2017		

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 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				
10264	WELL	2	WELL	A				
55460	PRESSURE TANKS							
964	WATER TREATMENT							

Certified Operator Information

Water System Facility: **WATER TREATMENT (WSF ID: 964)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
FOLEY, JAMES	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2017

Contact Information

Name	Organization	Job Title				
Reverend James A. McDevitt	Saint Agnes Church	Parish Administrator				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
247 Stanwich Road				Greenwich	CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-869-5396		203-625-0596				

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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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570014	NATIONAL AUDUBON SOCIETY (MAIN BUILDING)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
613 RIVERSVILLE ROAD				1			
Towns Served: GREENWICH							

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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

Nitrate (1040)		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)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Water System Facility: WELL (WSF ID: 20966)

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	7/1/16 - 9/30/16				
	10/1/16 - 12/31/16				
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Water System Facility and Sampling Point Inventory

Water System	Water System Facility	Sampling Point	Sampling Point	Total Coliform	Lead and Copper	Stage 2
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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0570014	NATIONAL AUDUBON SOCIETY (MAIN BUILDING)	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
613 RIVERSVILLE ROAD			1			

Towns Served: GREENWICH

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	DBPR
00600	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM WITHIN 5 SERVICE CON	A				
		UPSTREAM WITHIN 5 SERVICE CON	A				
00700	3	ENTRY POINT	A				
20966	2	WELL	A				
47998		TREATMENT PLANT					

Contact Information

Name	Organization	Job Title			
Mr. Thomas Baptist	Audubon Society	Vp & Exec. Director			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
613 Riverville Road		Greenwich	CT	06836-2540	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-869-5272		203-869-4437			

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

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

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

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

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Color MCL Violation	7/1/04 - 9/30/04	2	1/1/2005		1/11/2005	
Total Coliform MCL Violation	7/1/05 - 9/30/05	2	10/19/2005		10/29/2005	
Distribution Turbidity MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006	
Total Coliform MCL Violation	9/1/06 - 9/30/06	2	11/11/2006		11/21/2006	
Total Coliform MCL Violation	7/1/06 - 9/30/06	2	11/11/2006		11/21/2006	

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</i>	<i>Lead and Copper</i>		<i>Stage 2</i>	
					<i>Rule</i>	<i>Rule Tier</i>	<i>Asbestos</i>	<i>DBPR</i>	
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					
20967	WELL	2	WELL	A					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570034	G. E. HARRIS GOLF COURSE (MAINTENANCE)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1323 KING STREET				1			
Towns Served: GREENWICH							

Contact Information

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0570054	CAMP SIMMONS - WELL #1	NC	31	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
744 LAKE AVENUE				1			
Towns Served: GREENWICH							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per quarter
<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	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)			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	7/1/16 - 9/30/16		Complete

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)	1/1/16 - 12/31/16	4/1-9/30	Complete
	1/1/17 - 12/31/17	4/1-9/30	
	1/1/18 - 12/31/18	4/1-9/30	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/26/2009	

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	Stage 2 Asbestos 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			
20969	WELL #1	2	WELL #1	A			

Contact Information

Name			Organization			Job Title			
Mr. Sukie McFadden						Coo			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 Horseneck Lane						Greenwich		CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-869-3224		203-869-1814			smcfadden@bgcg.org				
Contact Role(s): Legal Contact									

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0570054	CAMP SIMMONS - WELL #1	NC	31	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
744 LAKE AVENUE				1				
Towns Served: GREENWICH								
Name			Organization			Job Title		
Mr. Donald H. Palmer			Boys& Girls Club of Greenwich			Program Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
4 Horseneck Lane						Greenwich	CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-869-3224	102	203-869-1814			dpalmer@bgcg.org			
Contact Role(s): Administrative Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0570074	E.T. SETON BOY SCOUT CAMP - MAIN BLDG	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
363 RIVERSVILLE ROAD				1			
Towns Served: GREENWICH							

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	8/24/2013	

Public Notification Requirements

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

Water System Facility and Sampling Point Inventory

<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</i>	<i>Lead and Copper</i>	<i>Stage 2</i>	
					<i>Rule</i>	<i>Rule Tier</i>	<i>Asbestos</i>	<i>DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20971	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570074	E.T. SETON BOY SCOUT CAMP - MAIN BLDG	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
363 RIVERSVILLE ROAD				1			
Towns Served: GREENWICH							

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>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Stage 2 Asbestos DBPR</i>
55748	ATMOSPHERIC TANKS					

Contact Information

Name		Organization		Job Title		
Mr. Thomas M. Jansen		Greenwich Council, B.S.A.		Council Scout Exec.		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
63 Mason St				Greenwich	CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	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.

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

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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

Nitrate (1040)		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)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

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 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20972	WELL	2	WELL	A				
55746	ATMOSPHERIC STORAGE							

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

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

Contact Information

Name				Organization		Job Title		
Mr. Thomas M. Jansen				Greenwich Council, B.S.A.		Council Scout Exec.		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
63 Mason St						Greenwich	CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-869-8424	3007	203-869-2732		203-869-6633				

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

Name				Organization		Job Title		
Mr. Michael L. Robertson				Boy Scouts of America		Scout Executive		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
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:

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

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	4/18/2008	

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 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20977	WELL	2	WELL	A				
54367	TREATMENT SYSTEM							
54371	PRESSURE STORAGE TANKS							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570134	ST. BARNABAS CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
954 LAKE AVENUE				1			

Towns Served: GREENWICH

Contact Information

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

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

Name			Organization			Job Title			
Mr. Bruce G. Kelly						Chairman			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
954 Lake Ave.						Greenwich		CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-661-5526									

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.

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

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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Water System Facility: WELL (WSF ID: 20978)

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/16 - 9/30/16		
	10/1/16 - 12/31/16		
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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 Color MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005	
Distribution Turbidity 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 Color MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570144	ST. PAULS CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
84 SHERWOOD AVENUE				1			
Towns Served: GREENWICH							

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	

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 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20978	WELL	2	WELL	A				
59142	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Reverend Frank Winn			St. Paul Church			Pastor			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
84 Sherwood Avenue						Greenwich		CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-531-8741		203-532-1414			stpgreenwichct@aol.com				

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Color MCL Violation	7/1/04 - 9/30/04	2	1/1/2005		1/11/2005	
Distribution Turbidity MCL Violation	7/1/04 - 9/30/04	2	1/1/2005		1/11/2005	
Distribution Turbidity MCL Violation	10/1/04 - 12/31/04	2	4/22/2005		5/2/2005	
Distribution Turbidity MCL Violation	4/1/05 - 6/30/05	2	8/18/2005		8/28/2005	
Distribution Turbidity MCL Violation	1/1/06 - 3/31/06	2	6/15/2006		6/25/2006	
Distribution Turbidity MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006	
Distribution Color MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006	
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	1/1/09 - 3/31/09	2	5/14/2009		5/24/2009	
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	

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

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

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

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/22/2012		4/1/2012	
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	4/1/11 - 6/30/11	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	

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		Stage 2 DBPR Asbestos	
					Y	Asbestos	DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
20979	WELL	2	WELL	A					

Contact Information

Name			Organization			Job Title			
Pastor J. Peter Cullen			St. Timothy Church			Pastor			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
469 North Street						Greenwich		CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-869-5421									

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.

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		
CT0570214	G. E. HARRIS GOLF COURSE (CONCESSION)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1300 KING STREET				1			
Towns Served: GREENWICH							

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/18/2004		11/28/2004	
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	10/19/2005		10/29/2005	
E. Coli M&R Violation	5/10/16 - 5/15/16	3	11/7/2017		11/17/2017	

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>Stage 2 Asbestos DBPR</i>
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			
22810	WELL	2	WELL	A			

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

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

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

Contact Information

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0570234	ROUND HILL STORE/SERVICE STATION	NC	31	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
369 ROUND HILL ROAD				1			
Towns Served: GREENWICH							

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16				
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
DUG WELL (2)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	4/1/06 - 6/30/06	2	9/17/2006		9/27/2006	
Nitrate And Nitrite M&R Violation	7/1/08 - 9/30/08	2	12/25/2008		1/4/2009	

Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage 2</i>
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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
CT0570234	ROUND HILL STORE/SERVICE STATION	NC	31	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
369 ROUND HILL ROAD			1			

Towns Served: GREENWICH

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	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			
22935	WELL #1 (DUG WELL)	2	DUG WELL	A			
46688	TREATMENT PLANT						

Contact Information

Name	Organization	Job Title			
Estate of Francis H. Strain					
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
C/O William Strain	369 Round Hill Road	Greenwich	CT	06831	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-661-7270					

Contact Role(s): **Owner**

Name	Organization	Job Title			
Mr. William Strain	Bill Strain Realty				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
369 Round Hill Road		Greenwich	CT	06831	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-661-7270					

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

Name	Organization	Job Title			
Ms. Robin Vanacore	Round Hill Store	Owner			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
369 Round Hill Rd		Greenwich	CT	06831	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-629-1083				203-641-3933	afstrains@aol.com

Contact Role(s): **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.

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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		
CT0570244	GREENWICH SKATING CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CARDINAL ROAD				1			
Towns Served: GREENWICH							

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	10/1/16 - 12/31/16		
	1/1/17 - 3/31/17		

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	1/1/17 - 3/31/17		

Physical Parameters (PPX) 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	10/1/16 - 12/31/16		

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)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Water System Facility: WELL #1 (WSF ID: 48650)

E. Coli (3014) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	10/1/16 - 12/31/16		
	1/1/17 - 3/31/17		

Water System Facility: WELL #2 (WSF ID: 56233)

E. Coli (3014) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #2 (2)	10/1/16 - 12/31/16		
	1/1/17 - 3/31/17		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	10/1/04 - 12/31/04	2	1/19/2005		1/29/2005	
Total Coliform M&R Violation	12/1/04 - 12/31/04	2	6/23/2005		7/3/2005	

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>Stage 2 Asbestos DBPR</i>
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			

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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		
CT0570244	GREENWICH SKATING CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CARDINAL ROAD				1			
Towns Served: GREENWICH							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
48650	WELL #1	2	WELL	A				
56233	WELL #2	2	WELL #2	A				
56235	DISINFECTION							

Contact Information

Name			Organization			Job Title			
Mr. Jeb Buck			Greenwich Skating Club, Inc.			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Cardinal Road			P.O. Box 569			Greenwich		CT	06830-0569
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-622-9583									

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.

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

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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

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

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL 2 (2)	7/1/16 - 9/30/16				
	10/1/16 - 12/31/16				
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
			DOWNSTREAM	WITHIN 5 SERVICE CON	A			
			UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A				
51461	WELL 2	2	WELL 2	A				
51465	TREATMENT PLANT							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0570254	STANWICH CONGREGATIONAL CHURCH	NC	200	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
190 & 202 TACONIC ROAD				1			
Towns Served: GREENWICH							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Stage 2 Asbestos DBPR
51467	ATMOSPHERIC TANK					
51469	PRESSURE TANKS					

Contact Information

Name			Organization			Job Title			
Stanwich Congregational Church									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
237 Taconic Road						Greenwich		CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-661-4420									

Contact Role(s): **Owner**

Name			Organization			Job Title			
Mr. George Leing			Stanwich Congregational Church			Senior Trustee			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
237 Taconic Road						Greenwich		CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-661-4420		203-661-3901							

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

Name			Organization			Job Title			
Mr. Joseph A. Decrescenzo Jr			Stanwich Congregational Church			Building Supervisor			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
202 Taconic Road						Greenwich		CT	06831
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-661-4420	292	203-661-3901		203-605-7158	joe@stanwichchurch.org				

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

- Please note the following:**
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0579154	CAMP SIMMONS - WELL #2	NC	31	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
744 LAKE AVENUE				1			
Towns Served: GREENWICH							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<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	7/1/16 - 9/30/16		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

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	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		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	7/1/16 - 9/30/16		Complete		

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

Nitrate (1040)		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)	7/1/16 - 9/30/16		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Nitrite (1041)		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)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	9/1/14 - 9/30/14	2	1/4/2015		1/14/2015	
E. Coli M&R Violation	8/7/14 - 8/12/14	3	11/25/2015		12/5/2015	

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>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Stage 2 Asbestos DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A		
			DOWNSTREAM WITHIN 5 SERVICE CON	A		
			UPSTREAM WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
55410	WELL #2	2	WELL #2	A		
55742	HYDROPNEUMATIC TANK					

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

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

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

Contact Information

Name			Organization			Job Title			
Mr. Sukie McFadden						Coo			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 Horseneck Lane						Greenwich		CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-869-3224		203-869-1814			smcfadden@bgcg.org				

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

Name			Organization			Job Title			
Mr. Donald H. Palmer			Boys& Girls Club of Greenwich			Program Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 Horseneck Lane						Greenwich		CT	06830
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-869-3224	102	203-869-1814			dpalmer@bgcg.org				

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

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End of schedule