

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

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 Residual, Free	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:
	9/1/2016 - 9/30/2016		N
	10/1/2016 - 10/31/2016		N
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		N
	1/1/2017 - 1/31/2017		
	2/1/2017 - 2/28/2017		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Chlorine Residual, Free M&R Violation	5/1/15 - 5/31/15	3	7/8/2016		7/18/2016	

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		

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		
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 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GWTA1	BUILDING A SINK 1	A	Y			
		GWTA2	BUILDING A SINK 2	A	Y			
		GWTA3	BUILDING A SINK 3	A	Y			
		GWTC1	BUILDING C SINK 1	A	Y			
		GWTDC1	BUILDING D SINK 1	A	Y			
		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			

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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		
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 2 DBPR
		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				
00700	ENTRY POINT	3	ENTRY POINT	A				
22570	WELL 1	2	WELL	A				
55197	ATMOSPHERIC STORAGE TANK							
55201	PRESSURE STORAGE							

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	7/1/16 - 9/30/16				
	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				
	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>
E. Coli M&R Violation	9/30/15 - 10/5/15	3	2/24/2017		3/6/2017	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018	

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 Rule Status</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		
22573	WELL #1	2	WELL #1	A		
22574	WELL #2	2	WELL #2	A		
58408	ATMOSPHERIC TANKS					

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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							

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							

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		
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 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		
	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		
	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		
	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	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4	
Start Date: 8/1/2013	Compliance History:	Operating Limit	Monitoring	Compliance Status:
	Monitoring Period			
	9/1/2016 - 9/30/2016			N
	10/1/2016 - 10/31/2016			N
	11/1/2016 - 11/30/2016			N
	12/1/2016 - 12/31/2016			N
	1/1/2017 - 1/31/2017			
	2/1/2017 - 2/28/2017			

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	7/1/13 - 9/30/13	2	3/27/2014		4/6/2014	
pH M&R Violation	11/1/13 - 11/30/13	3	1/21/2015		1/31/2015	
pH M&R Violation	12/1/13 - 12/31/13	3	2/4/2015		2/14/2015	

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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
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

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
pH M&R Violation	4/1/15 - 4/30/15	3	5/31/2016		6/10/2016	
pH M&R Violation	8/1/15 - 8/31/15	3	10/25/2016		11/4/2016	

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				
22576	WELL	2	WELL	A				
58424	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Scott P. Mattiello	Green Woods Country Club Inc	General Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
300 Tarringford Street	P.O. Box 598	Winstead	CT	06098

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-379-8302		860-738-8742		480-586-8252	

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

Name	Organization	Job Title
Green Woods Country Club Inc		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
300 Tarringford St	P. O. Box 598	Winsted	CT	06098

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

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

Name	Organization	Job Title
Mr. Matt Smith	Green Woods Country Club Inc	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
3 Fathers Court		Dix Hills	NY	11746

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **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	
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						

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		
CT1620214	COPLEX SPORTS DOMAIN	NC	29	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 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	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 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				
50734	WELL 1	2	WELL 1	A				
56696	ATMOSPHERIC TANK							
56698	BLADDER TANKS							

Contact Information

Name		Organization			Job Title			
Mr. Ted E. McDonald		Plaatsdale North LLC			Owner			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
540 East Main St		Suite 12			Branford		CT	06405
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-481-8945		203-481-2924			ron@plaatsdale.com			

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT1620214	COPLEX SPORTS DOMAIN	NC	29	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
147 TORRINGTON ROAD				1				
Towns Served: WINCHESTER								
Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Plaatsdale North LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
250 West Main St						Branford	CT	06405
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Legal Contact, Owner								
Please note the following:								
<ol style="list-style-type: none"> 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