

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source		
CT1140014	AMOS LAKE BEACH-SYSTEM 2:CAMPGROUND WELL				NC	40	P	GW		
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
HOLLOWELL ROAD						1				
Towns Served: PRESTON										
Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Total Coliform (3100)					1 routine (RT) per quarter					
Sampling Point (Sampling Point ID)					Monitoring Period		Collection Period		Compliance Status	
Select from Inventory of Active Sampling Points					4/1/25 - 6/30/25				Complete	
					7/1/25 - 9/30/25				Complete	
					4/1/26 - 6/30/26					
Physical Parameters (PPS)					1 routine (RT) per quarter					
Sampling Point (Sampling Point ID)					Monitoring Period		Collection Period		Compliance Status	
Select from Inventory of Active Sampling Points					4/1/25 - 6/30/25				Complete	
					7/1/25 - 9/30/25				Complete	
					4/1/26 - 6/30/26					
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)					1 routine (RT) per year					
Sampling Point (Sampling Point ID)					Monitoring Period		Collection Period		Compliance Status	
ENTRY POINT (3)					1/1/24 - 12/31/24				Complete	
					1/1/25 - 12/31/25				Complete	
					1/1/26 - 12/31/26					
Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						
21976	WELL	2	WELL	A						
Contact Information										
Name				Organization			Job Title			
Mr. Dell Woodmansee				Amos Lake Beach Campground						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code	
36 Pendleton Road						Preston		CT	06365	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address					
860-889-6205										
Contact Role(s): Owner										

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1140014</b>	<b>AMOS LAKE BEACH-SYSTEM 2:CAMPGROUND WELL</b>	<b>NC</b>	<b>40</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
HOLLOWELL ROAD			1		
Towns Served: PRESTON					
Name		Organization		Job Title	
<b>Ms. Jill Woodmansee</b>		Amos Lake Beach Campground			
Mailing Address Line One		Mailing Address Line Two		City	State
36 Pendletown Road				Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-889-6205					amoslakecamp@comcast.net
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>					
Name		Organization		Job Title	
<b>Mr. Brandon W. Belair</b>		SCWA			
Mailing Address Line One		Mailing Address Line Two		City	State
PO Box 415				Gales Ferry	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232					b.belair@waterauthority.org
Contact Role(s): <b>Legal Contact</b>					
<b>Please note the following:</b>					
<ol style="list-style-type: none"> <li>The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>					

***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
CT1140034	CALVARY BAPTIST CHURCH			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
97 ROUTE 165				1			
Towns Served: PRESTON							

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21978	WELL	2	WELL	A				

### Contact Information

Name				Organization				Job Title		
Mr. Ken Troeger				Calvary Baptist Church				Trustee		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
224 Case Street							Norwich		CT	06360
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-887-2626										
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
<b>CT1140034</b>	<b>CALVARY BAPTIST CHURCH</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
97 ROUTE 165				<b>1</b>	
Towns Served: PRESTON					
Name		Organization		Job Title	
<b>Pastor Frank Lamonte</b>				<b>Pastor</b>	
Mailing Address Line One		Mailing Address Line Two		City	State
12 Route 164				Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-3245					Lundershepherd@aol.com

Contact Role(s): **Administrative 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	
CT1140044	LU - MACS PACKAGE STORE			NC	32	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
352 ROUTE 2					3			
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate (1040)		1 routine (RT) per quarter	
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)		1 routine (RT) per year	
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

<u>Compliance Schedule Activity</u>	<u>Due Date</u>	<u>Achieved Date</u>
RESPOND TO SANITARY SURVEY	10/21/2021	

### Public Notification Requirements

<u>Violation/Situation</u>	<u>Compliance Period</u>	<u>Notice Tier</u>	<u>Public Notification</u>		<u>PN Certification</u>	
			<u>Required</u>	<u>Performed</u>	<u>Due to DPH</u>	<u>Received</u>
Repeat Total Coliform M&R Violation	10/1/13 - 12/31/13	3	6/26/2014		7/6/2014	
E. Coli M&R Violation	10/14/13 - 5/2/14	3	5/2/2015		5/12/2015	

### Water System Facility and Sampling Point Inventory

<u>Water System Facility ID</u>	<u>Water System Facility</u>	<u>Sampling Point ID</u>	<u>Sampling Point Description</u>	<u>Status</u>	<u>Total Coliform Rule</u>	<u>Lead and Copper Rule Tier</u>	<u>Asbestos</u>	<u>Stage WQP 2 DBPR</u>
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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	
CT1140044	LU - MACS PACKAGE STORE			NC	32	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
352 ROUTE 2			Connections		3			
Towns Served: PRESTON								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21979	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title			
Mr. Kenneth Zacham							Owner			
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
39 Mathewson Mill Road							Preston		CT	06365
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-807-5312										

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	
CT1140074	DUNKIN DONUTS			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
492 ROUTE 2					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate (1040)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25		Complete	
	10/1/25 - 12/31/25		Complete	
	1/1/26 - 3/31/26			
	4/1/26 - 6/30/26			

Nitrite (1041)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25		Complete	
	1/1/26 - 12/31/26			

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	10/21/2021	

### 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 WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21982	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	
CT1140074	DUNKIN DONUTS			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
492 ROUTE 2					1			
Towns Served: PRESTON								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
59278	TREATMENT PLANT							

### Contact Information

Name			Organization			Job Title		
Birch Mill LLC.								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
8 Seabury Avenue						Ledyard	CT	06339
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

Name			Organization			Job Title		
Mr. John Catalfamo			Dan's Management Company			Dir of Fac -Operator		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
251 Smith Street						Providence	RI	02908
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
401-272-9773	207	401-331-0931	401-440-6850	401-440-6850	Jcatalfamo@dansmanagement.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.

***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		
CT1140084	HIDDEN ACRES CAMPGROUND	NC	75	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
47 RIVER ROAD				1			
Towns Served: PRESTON							

Monitoring Requirements

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

Total Coliform (3100)

1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		

Physical Parameters (PPS)

1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)

1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	10/22/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
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				
21983	WELL #1	2	WELL	A				
21984	WELL #2	2	WELL	A				
59549	HYDROPNEUMATIC TANK							

Contact Information

Name	Organization	Job Title		
Mr. William M. Migliaccio	Hidden Acres Family Campground	Owner/Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
47 River Road		Preston,	CT	06365

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

Schedule Generation Date: 12/12/2025

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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
<b>CT1140084</b>	<b>HIDDEN ACRES CAMPGROUND</b>	<b>NC</b>	<b>75</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
47 RIVER ROAD			1		
Towns Served: PRESTON					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-9633		860-887-6359		860-889-1359	
Contact Role(s): <b>Legal Contact</b>					
Name			Organization		Job Title
<b>Ms. Priscilla Migliaccio</b>			Hidden Acres Family Campground		Owner/Manager
Mailing Address Line One		Mailing Address Line Two		City	State
47 River Rd.				Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-9633				860-608-8501	priscillamig@sbcglobal.net
Contact Role(s): <b>Administrative Contact, Owner</b>					
<p><b>Please note the following:</b></p> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>					

***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	
CT1140094	PRESTON COMMUNITY PARK - 13 RT 117			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
13 ROUTE 117					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2029	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21985	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Ms. Gail Rigney				Preston Parks & Recreation					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
389 Route 2						Preston		CT	06365
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-889-2482			860-885-0171						
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
<b>CT1140094</b>	<b>PRESTON COMMUNITY PARK - 13 RT 117</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
13 ROUTE 117			<b>1</b>		
Towns Served: PRESTON					
Name		Organization		Job Title	
<b>Mr. Joseph Cansler</b>		SCWA		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
P.O. Box 415		1649 Route 12		Gales Ferry	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org
Contact Role(s): <b>Administrative Contact</b>					

**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	
CT1140104	PRESTON TOWN HALL			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
389 ROUTE 2					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21986	WELL	2	WELL	A				

### Contact Information

Name				Organization				Job Title		
Preston										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
Contact Role(s):		Owner								

**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
<b>CT1140104</b>	<b>PRESTON TOWN HALL</b>	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
389 ROUTE 2			1		
Towns Served: PRESTON					
Name		Organization		Job Title	
<b>Mr. Robert M Congdon</b>		Town of Preston		First Selectman	
Mailing Address Line One		Mailing Address Line Two		City	State
Town Hall		389 Route 2		Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-5581		860-885-1905			congdon@preston-ct.org
Contact Role(s): <b>Legal Contact</b>					
Name		Organization		Job Title	
<b>Mr. Joseph Cansler</b>		SCWA		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
P.O. Box 415		1649 Route 12		Gales Ferry	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org
Contact Role(s): <b>Administrative Contact</b>					
<b>Please note the following:</b>					
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>					

***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	
CT1140114	ST CATHERINE OF SIENA			NC	29	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
243 PRESTON PLAINS ROAD (ROUTE 164)					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/10/2022	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21987	WELL	2	WELL	A				

### Contact Information

Name		Organization		Job Title	
Mrs. Nancy J. Mignault		St. Catherine of Siena Church		Pastoral Associate	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
243 Route 164				Preston	CT 06365
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-9966					Nancy.stc@sbcglobal.net

**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
<b>CT1140114</b>	<b>ST CATHERINE OF SIENA</b>	<b>NC</b>	<b>29</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
243 PRESTON PLAINS ROAD (ROUTE 164)			1		
Towns Served: PRESTON					
Contact Role(s): <b>Administrative Contact</b>					
Name		Organization		Job Title	
<b>Father Ted F Tumicki</b>		St Catherine of Siena		Pastor	
Mailing Address Line One		Mailing Address Line Two		City	State
St Catherine of Siena		243 Rte. 164, Preston		Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-9966					nancy.stc@sbcglobal.net
Contact Role(s): <b>Legal Contact</b>					

**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	
CT1140124	ST JAMES EPISCOPAL CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
95 ROUTE 2A					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21988	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Father Ronald J. Kolanowski				St James Episcapol Chuch					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
95 Route 2 A						Preston		CT	06365
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-889-0150			860-889-0150			860-280-8526	RONKOL@sbcglobal.net		
Contact Role(s):		Administrative Contact, 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
CT1140124	ST JAMES EPISCOPAL CHURCH			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
95 ROUTE 2A				1			
Towns Served: PRESTON							

**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	
CT1140154	FLEMINGS CENTER			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
353 ROUTE 165			Connections		1			
Towns Served: PRESTON								

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21990	WELL	2	WELL	A				
58228	TREATMENT PLANT							

### Contact Information

Name				Organization		Job Title		
Mr. Peter Fleming				Flemings Center				
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
353 Route 165						Preston	CT	06365
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address	
860-889-8923			860-889-4340			860-889-8923	pabfleming@gmail.com	
Contact Role(s):		Administrative Contact, Legal Contact, Owner						

*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	
CT1140154	FLEMINGS CENTER			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
353 ROUTE 165					1			
Towns Served: PRESTON								

**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	
CT1140164	AMOS LAKE BEACH - SYSTEM #1:PAVILION			NC	35	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HOLLOWELL ROAD				4				
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22780	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Mr. Dell Woodmansee				Amos Lake Beach Campground					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
36 Pendleton Road						Preston		CT	06365
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-889-6205									
Contact Role(s): Administrative Contact, Legal Contact, Owner									

**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
<b>CT1140164</b>	<b>AMOS LAKE BEACH - SYSTEM #1:PAVILION</b>	<b>NC</b>	<b>35</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
HOLLOWELL ROAD		4			
Towns Served: PRESTON					
Name		Organization		Job Title	
<b>Ms. Jill Woodmansee</b>		Amos Lake Beach Campground			
Mailing Address Line One		Mailing Address Line Two		City	State
36 Pendletown Road				Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-889-6205					amoslakecamp@comcast.net
Contact Role(s): <b>Legal Contact, Owner</b>					

**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
CT1149023	PRESTON CITY CONGREGATIONAL CHURCH			NC	49	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
321 ROUTE 164						1	
Towns Served: PRESTON							

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		PCC001	MAIN KITCHEN SINK	A	Y	2		
		PCC002	SIDE KITCHEN SINK	A				
		PCC003	BACK KITCHEN SINK	A				
		PCC004	BOYS ROOM	A				
		PCC005	GIRLS ROOM	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10931	WELL #1	2	WELL #1	A				

### Contact Information

Name				Organization			Job Title		
Ms. Sandra M. Dudek				Preston City Congregational Ch			Administrative Assis		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
321 Route 164						Preston		CT	06365
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

**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	
CT1149023	PRESTON CITY CONGREGATIONAL CHURCH			NC	49	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
321 ROUTE 164			Connections				1	
Towns Served: PRESTON								
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-887-4647					860-608-9266	pccc@snet.net		

Contact Role(s):	Administrative Contact, Legal Contact
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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
CT1140174	PRESTON SENIOR CENTER			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
42 LONG SOCIETY ROAD				1			
Towns Served: PRESTON							

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
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				
23032	WELL #1	2	WELL #1	A				
60645	TREATMENT PLANT							

### Contact Information

Name	Organization			Job Title		
Preston						
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	

**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
<b>CT1140174</b>	<b>PRESTON SENIOR CENTER</b>	<b>NC</b>	<b>25</b>	<b>L</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
42 LONG SOCIETY ROAD				<b>1</b>	
Towns Served: PRESTON					
Contact Role(s): <b>Owner</b>					
Name		Organization		Job Title	
<b>Mr. Robert M Congdon</b>		Town of Preston		First Selectman	
Mailing Address Line One		Mailing Address Line Two		City	State
Town Hall		389 Route 2		Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-5581		860-885-1905			congdon@preston-ct.org
Contact Role(s): <b>Legal Contact</b>					
Name		Organization		Job Title	
<b>Mr. Joseph Cansler</b>		SCWA		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
P.O. Box 415		1649 Route 12		Gales Ferry	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org
Contact Role(s): <b>Administrative Contact</b>					
<p><b>Please note the following:</b></p> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>					

***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
CT1140204	CITGO GAS STATION - PRESTON			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
37 ROUTE 2				1			
Towns Served: PRESTON							

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/30/2022	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53549	WELL 2	2	WELL 2	A				
62505	TREATMENT PLANT							

### Contact Information

Name				Organization			Job Title		
Mr. Ahmed Choudhry				Bestway Food Store, Inc.			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 126						Norwich		CT	06360
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	

**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	
CT1140204	CITGO GAS STATION - PRESTON				NC	25	P	GW	
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
37 ROUTE 2						1			
Towns Served: PRESTON									
860-608-9636					bestway411@yahoo.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	
CT1141104	PRESTON PUBLIC LIBRARY			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
389 ROUTE 2					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2029	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48777	WELL 1	2	WELL 1	A				

### Contact Information

Name			Organization			Job Title	
Preston							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

**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
<b>CT1141104</b>	<b>PRESTON PUBLIC LIBRARY</b>	<b>NC</b>	<b>25</b>	<b>L</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
389 ROUTE 2			<b>1</b>		
Towns Served: PRESTON					
Contact Role(s): <b>Owner</b>					
Name		Organization		Job Title	
<b>Mr. Robert M Congdon</b>		Town of Preston		First Selectman	
Mailing Address Line One		Mailing Address Line Two		City	State
Town Hall		389 Route 2		Preston	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-5581		860-885-1905			congdon@preston-ct.org
Contact Role(s): <b>Legal Contact</b>					
Name		Organization		Job Title	
<b>Mr. Joseph Cansler</b>		SCWA		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
P.O. Box 415		1649 Route 12		Gales Ferry	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org
Contact Role(s): <b>Administrative Contact</b>					
<b>Please note the following:</b>					
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	
CT1149044	PRESTON COMMUNITY PARK - 10 LINCOLN RD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 LINCOLN ROAD					1			
Towns Served: PRESTON								

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Public Notification Requirements

<u>Violation/Situation</u>	<u>Compliance Period</u>	<u>Notice Tier</u>	<u>Public Notification</u>		<u>PN Certification</u>	
			<u>Required</u>	<u>Performed</u>	<u>Due to DPH</u>	<u>Received</u>
REVISED TOTAL COLIFORM RULE (RTCR)	4/13/23 - 4/14/23	3	6/6/2025		6/16/2025	

### Water System Facility and Sampling Point Inventory

<u>Water System Facility ID</u>	<u>Water System Facility</u>	<u>Sampling Point ID</u>	<u>Sampling Point Description</u>	<u>Status</u>	<u>Total Coliform Rule</u>	<u>Lead and Copper Rule Tier</u>	<u>Asbestos</u>	<u>Stage WQP 2 DBPR</u>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
54784	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Ms. Gail Rigney				Preston Parks & Recreation					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
389 Route 2						Preston		CT	06365
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-889-2482			860-885-0171						
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
<b>CT1149044</b>	<b>PRESTON COMMUNITY PARK - 10 LINCOLN RD</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
10 LINCOLN ROAD			<b>1</b>		
Towns Served: PRESTON					
Name		Organization		Job Title	
<b>Mr. Joseph Cansler</b>		SCWA		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
P.O. Box 415		1649 Route 12		Gales Ferry	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.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
CT1149054	BESTWAY CONVENIENCE STORE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
397 NORWICH WESTERLY ROAD				1			
Towns Served: PRESTON							

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61034	WELL #1	2	WELL #1	A				

### Contact Information

Name				Organization			Job Title			
Mr. Rizwan Jameel										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
P.O. Box 126							Norwich		CT	06360
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-608-9636								bestway411@yahoo.com		
Contact Role(s): Administrative Contact, 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
CT1149054	BESTWAY CONVENIENCE STORE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
397 NORWICH WESTERLY ROAD				1			
Towns Served: PRESTON							

**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	
CT1149074	VFW POST 9452			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
28 SPICER ROAD			Connections		1			
Towns Served: PRESTON								

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BATHROOM1	BATH 1 SINK	A	Y			
		BATHROOM2	BATH 2 SINK	A	Y			
		BATHROOM3	BATH 3 SINK	A	Y			
		CANTEEN	CANTEEN SINK	A	Y			
		DOWSTREAM	WITHIN 5 SERVICE CON	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
63287	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Mr. William T. McLellan							Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
28 Spicer Road						Preston		CT	06365
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-383-2884						vfwpost9452@gmail.com			

**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
CT1149074	VFW POST 9452			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
28 SPICER ROAD				1			
Towns Served: PRESTON							
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***