	Connecticu	ut Departi	nent of	Public	Health	Dr	inking	g W	ater	Sect	ion	
	Wat	er Quality	, Monit	oring ar	nd Com	laı	iance	Sch	edul	e		
PWS ID	PWS Name	Quicino,	1 101110	011110					opulation Ow		Type F	Primary Source
CT1140014	AMOS LAKE BEAG	CH-SYSTEM 2:CA	MPGROUN	D WELL			NC	+ -	10	Р	71	GW
Local Address (where applicable)			Service	Resident	tial	Commerc	ial Ir	ndustria	l Co	mbined	Agricultura
HOLLOWELL RO				Connections	5		1					
Towns Served:	PRESTON											
			Monito	oring Req	uireme	nts						
Water Systen	Facility: DISTRI	BUTION SYSTE	M (WSF II	D: 00600)								
Total Colifor	m (3100)								1	routir	ie (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng P	eriod (Collect	ion Per	iod	Comp	liance Status
Select fro	n Inventory of Activ	ve Sampling Poir	its		4/1/25 -	6/30	0/25				C	omplete
					7/1/25 -	9/30	0/25				C	omplete
					4/1/26 -	6/30	0/26					
Physical Para	meters (PPS)								1	routir	e (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitorii	ng P	eriod (Collect	ion Per	iod	Comp	liance Status
Select from	n Inventory of Activ	ve Sampling Poir	its		4/1/25 -	6/30	0/25				C	omplete
					7/1/25 -	9/30	0/25				C	omplete
					4/1/26 -	6/30	0/26					
Water System	Facility: ENTRY	POINT (WSF I	D: 00700)									
	Nitrite (NOX)										-	RT) per year
	Point (Sampling Po	oint ID)			Monitorii			Collect	ion Per	iod		liance Status
ENTRY PO	INT (3)				1/1/24 - :		-					omplete
					1/1/25 - :						C	omplete
				_	1/1/26 - :	_	•	_	_	_	_	
		Water Syste	em Facili	ity and Sa	mpling	Po	int Inve	ento	ry			
Water	on Conton Facility	Course	uliuu Daint	Comentina De	.t.a.e			otal	Lead			6.
System Wat Facility ID	er System Facility	Sam	DIING POINT	Sampling Po	int			iiform Rule	Copp		chectos	Stage WQP 2 DBP
	RIBUTION SYSTEM		4	DISTRIBUTIO	NI SVSTEM		Status ' A	Y	Nuie	ilei A.	bestos	WQF Z DDF
00000 2131	MBO HOIV SISILIVI	DOV		WITHIN 5 SE		ı	A	•				
			STREAM	WITHIN 5 SE			A					
00700 ENT	RY POINT	<u></u>	3	ENTRY POIN		•	A					
21976 WEI			2	WELL			Α					
22070	<u>-</u>			tact Infor	mation		7.					
Name				ganization	mation					Ic	b Title	
Mr. Dell Wood	mansee			nos Lake Bea	ch Camngr	ound	4			30	D TILLE	
Mailing Addres		Mai	ling Address		cii camp _B i	Jane	_	C	ity		State	Zip Code
36 Pendleton R							Presto		1		CT	06365
Business Pho		Fax	Mobi	le Phone	Emergency	Pho			SS			
860-889-620					5551							
	: Owner											

	Connectic	ut Depa	irtment o	of Public	: Health	n Dri	nking	Water	Sec	ction	
	Wa	ter Qua	lity Mon	itoring a	and Cor	nplia	ince S	chedul	le		
PWS ID	PWS Name					Classif	fication I	Population	Owne	r Type P	rimary Source
CT1140014	AMOS LAKE BEA	CH-SYSTEM	2:CAMPGROU	JND WELL		N	1C	40		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercia	l Industri	al C	ombined	Agricultura
HOLLOWELL ROA	ND			Connectio	ons		1				
Towns Served: PI	RESTON				"						
Name				Organization					J	lob Title	
Ms. Jill Woodma	nsee		ı	Amos Lake B	each Campg	round					
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
36 Pendletown R	oad						Preston			CT	06365
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress			
860-889-6205							amoslak	cecamp@cc	omcast	t.net	
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ov	wner							
Name				Organization					J	lob Title	
Mr. Brandon W.	Belair			SCWA							
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
PO Box 415							Gales Fe	erry		СТ	06335
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress			
860-464-0232							b.belair	@wateraut	hority	.org	
Contact Role(s):	Legal Contact		,								

Please note the following:

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

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

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

End of schedule

	Connecticu	•									ection	
	Wat	er Qual	ity Moni	toring a	ind Con	ıpl	lianc	ce Sc	chec	dule		
PWS ID CT1140034	PWS Name CALVARY BAPTIS	T CHURCH				Cla	ssificati NC	ion Po	opula [.] 25	tion Ov	vner Type P	Primary Source GW
Local Address	(where applicable)			Service	Residen	tial	Comm	nercial	Indi	ustrial	Combine	d Agricultur
97 ROUTE 165	5			Connectio	ns		1	l				
Towns Served	: PRESTON				-		'	'				
			Monit	oring Re	quireme	nts	;					
Water Syste	m Facility: DISTRI	BUTION SY	STEM (WSF	ID: 00600)								
Total Colifo											=	per quarte
	g Point (Sampling Po				Monitori			Coll	ectio	n Perio		liance Status
Select fro	om Inventory of Activ	e Sampling	Points		4/1/25 -							omplete
					7/1/25 -						C	omplete
					10/1/25 -							
					1/1/26 -							
	. (555)				4/1/26 -	6/3	0/26			_	/	
-	rameters (PPS)	int ID)			Monitori		Doubod	Call	antia.		-) per quarte
	g Point (Sampling Po om Inventory of Activ		Doints		<i>Monitori</i> 4/1/25 -			Con	ectioi	n Period		<i>liance Status</i> omplete
Select III	on inventory of Activ	re sampling	Polits		7/1/25 -							omplete
					10/1/25 -		-					ompiete
					1/1/26 -							
					4/1/26 -							
Water System	m Facility: ENTRY	POINT (W	SF ID: 00700		7/ 1/ 20	0, 3	0/20					
-	Nitrite (NOX)	10	31 131 337 33								1 routine	RT) per yea
	g Point (Sampling Po	int ID)			Monitori	na F	Period	Coll	ectio	n Perio		liance Status
ENTRY P		,			1/1/24 -							omplete
2,,,,,,,	(-)				1/1/25 -							omplete
					1/1/26 -							
	,	Water Sy	stem Facil	lity and S				nvent	tory	,		
Water								Tota	ıl L	ead an	d	
-	ater System Facility	9	Sampling Point					Colifo		Copper		Stag
Facility ID			ID	Description			Status		e I	Rule Tie	r Asbesto	WQP 2 DBI
00600 DIS	STRIBUTION SYSTEM		4		ION SYSTEM		Α	Υ				
			DOWNSTREAM				A					
00700 511	TRU BOILE		UPSTREAM		SERVICE CON	N	Α .					
	TRY POINT		3	ENTRY POI	NT		Α					
21978 WE	ELL		2	WELL			A					
					ormation							
Name				rganization	. 0						Job Title	
Mr. Ken Troe	_			alvary Baptis	st Church				Truste		Ct-t-	7:- 01-
Mailing Addre			Mailing Addres	ss Line Two			A.1	-ا-ئىرس	City		State	Zip Code
224 Case Stre Business Ph		Face	N A = 1-	ile Phone	Emorgans	, DL -		rwich	dross		СТ	06360
		Fax	IVIOD	me rnone	Emergency	rno	nie EM	iaii Ad(11 ESS			
860-887-26												
Contact Roie(s): Legal Contact											

	Connectio	lut Depa	ii tiiieiit	of I ublic	Hearth	ווע	HIKIHE	vvaler	Sect	1011	
	Wa	iter Qua	lity Mon	nitoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owner	Туре	Primary Source
T1140034	CALVARY BAPT	IST CHURCH				ı	NC	25	Р		GW
ocal Address (w	here applicable			Service	Residen	tial C	ommerci	al Industri	al Co	mbine	d Agricultural
7 ROUTE 165				Connection	ıs		1				
owns Served: P	RESTON				·				·		
Name				Organization					Jo	b Title	<u> </u>
Pastor Frank Lan	nonte							Pastor			
Mailing Address	Line One		Mailing Add	ress Line Two				City	9	State	Zip Code
2 Route 164							Prestor	1		СТ	06365
Business Phon	e Extension	Fax	M	obile Phone	Emergency	Phone	e Email A	ddress		,	
860-887-3245	;						Lunder	shepherd@	aol.com		
Contact Polo(c)	ole(s): Administrative Contact Owner										

Connecticut Department of Public Health Drinking Water Section

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	officoring and				Owner Type Pr	rimary Source				
CT1140044 LU - MACS PACKAGE STORE			NC	32	P P	GW				
Local Address (where applicable)	Service	Resident				Agricultural				
352 ROUTE 2	Connections	Resident	3	iciai iliuustiii	ai Combined	Agricultural				
Towns Served: PRESTON	Commedians		3							
	onitoring Post	iromo	ata .							
Water System Facility: DISTRIBUTION SYSTEM (onitoring Requ	iremei	115							
Total Coliform (3100)	1431 10.00000)			1	routine (RT)	oor quarter				
Sampling Point (Sampling Point ID)		Monitorir	na Pariod	Collection Per		ance Status				
Select from Inventory of Active Sampling Points		4/1/25 -	_	Conection Fer		mplete				
Select from inventory of Active Sampling Points		7/1/25 -				mplete				
			12/31/25		CO	inpiete				
	-	1/1/26 -								
		4/1/26 -								
Physical Parameters (PPS)		4/1/20	0/30/20	1	routine (RT)	oor quarter				
Sampling Point (Sampling Point ID)		Monitorir	na Period	Collection Per		ance Status				
Select from Inventory of Active Sampling Points	4/1/25 -		mplete							
Scient normalization, or restrict sampling remits		7/1/25 -				mplete				
			12/31/25			piece				
	-	1/1/26 -								
Water System Facility: ENTRY POINT (WSF ID: 00	7700)	4/1/26 -	0/30/20							
Nitrate (1040)	<i></i>			1	routine (RT)	ner quarter				
Sampling Point (Sampling Point ID)		Monitorir	ng Period	Collection Per		ance Status				
ENTRY POINT (3)		4/1/25 -				mplete				
Ettiti Sitt (5)		7/1/25 -				mplete				
			12/31/25							
		1/1/26 -								
		4/1/26 -								
Nitrite (1041)		., _, _ = 0	0,00,20		1 routine (R	T) per vear				
Sampling Point (Sampling Point ID)		Monitorir	na Period	Collection Per		ance Status				
ENTRY POINT (3)		1/1/24 - 1	_			mplete				
		. , , 1/1/25 - 1				mplete				
						Į				
Oth	er Compliance									
Compliance Schedule Activity	•		Due Date	Achie	ved Date					
RESPOND TO SANITARY SURVEY		10)/21/2021							
Public	Notification R	equire	ments							
	Compliance	Notice	Public	Notification	PN Cert	ification_				
Violation/Situation	Period	Tier	Require	d Performe		Received				
Repeat Total Coliform M&R Violation	10/1/13 - 12/31/13	3	6/26/201	L4	7/6/2014					
E. Coli M&R Violation	10/14/13 - 5/2/14	3	5/2/201	5	5/12/2015					
Water System I	Facility and Sar	npling	Point Inv	entory						
Water				Total Lead	and					
	Point Sampling Poin	nt	C	oliform Cop		Stage				
Facility ID ID	Description		Status	Rule Rule	Tier Asbestos	WQP 2 DBPR				

Schedule Generation Date: 12/12/2025 Page 5

Connecticut Department of Public Health	Drinking	g water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary Source

CT1140044	LU - MACS PACKAGE STORE				NC	32	Р		GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	l Industri	al Com	bined	Agricultural
352 ROUTE 2		Connections			3				

Towns Served: PRESTON

PWS ID

	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	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21979	WELL	2	WELL	Α									

Contact Information											
Name				Organization				Job Title			
Mr. Kenneth Zacha	m						Owner				
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code		
39 Mathewson Mill	Road					Preston		СТ	06365		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress				
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

	Connecticut De Water Q	partment of uality Monit				U		ection	
PWS ID	PWS Name			Cla	assificati	on Pop	ulation Ow	ner Type F	rimary Source
CT1140074	DUNKIN DONUTS				NC		25	Р	GW
Local Address	(where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	l Agricultural
492 ROUTE 2			Connections		1				
Towns Served	: PRESTON								
		Monite	oring Requ	irement	S				
Water Syste	m Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Colifo	rm (3100) g Point (Sampling Point ID)			Monitoring	Period	Collec	1 ro tion Period		per quarter
	om Inventory of Active Samp	ling Points		4/1/25 - 6/3		Conce	tion i criou		omplete
Sciectiff	minventory or receive samp	mile i omits		7/1/25 - 9/3					omplete
				10/1/25 - 12					omplete
				1/1/26 - 3/3					Simplete
				4/1/26 - 6/3					
Physical Par	ameters (PPS)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Comp	iance Status
Select fro	om Inventory of Active Samp	ling Points		4/1/25 - 6/3				C	omplete
				7/1/25 - 9/3	30/25			C	omplete
				10/1/25 - 12				C	omplete
				1/1/26 - 3/3					
				4/1/26 - 6/3	30/26				
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (10	-						1 ro		per quarter
	Point (Sampling Point ID)			Monitoring		Collec	tion Period		iance Status
ENTRY P	DINT (3)			4/1/25 - 6/3					omplete
				7/1/25 - 9/3					omplete
				10/1/25 - 12				C	omplete
				1/1/26 - 3/3					
				4/1/26 - 6/3	30/26				-
Nitrite (104	•							=	RT) per year
	Point (Sampling Point ID)			Monitoring		Collec	tion Period		iance Status
ENTRY P	DINT (3)			1/1/24 - 12/					omplete
				1/1/25 - 12/				C	omplete
				1/1/26 - 12/	-				
		Other C	ompliance						
-	chedule Activity				Date		Achieved	Date	
RESPOND TO	SANITARY SURVEY				1/2021				
	Wate	r System Facili	ity and Sar	npling Po	oint In	vento	ory		
Water						Total	Lead and		
	iter System Facility	Sampling Point		nt		Coliforn		Antonio	Stage
Facility ID	TRIBUTION SYSTEM	ID A	Description	CVCTEA *	<u>Status</u>	Rule	ките Ттег	ASDESTOS	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
00700 511	TDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
	TRY POINT	3	ENTRY POINT		A				
21982 WI	:LL	2	WELL		Α				

Page 7

	Connectic	ut Depa	rtment	of Public	Health	Drir	nking	Water	Section				
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le				
PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source			
CT1140074	DUNKIN DONUT	S				N	С	25	Р	GW			
Local Address (w	here applicable)			Service	Residen	itial Co	mmercia	l Industri	al Combine	ed Agricultural			
492 ROUTE 2				Connection	ns		1						
Towns Served: P	wns Served: PRESTON												
		Water S	ystem Fac	ility and S	ampling	Point	t Invei	ntory					
Facility ID	Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage												
59278 TREAT	TMENT PLANT		Co	ontact Info	rmation	1							
Name				Organization					Job Title	9			
Birch Mill LLC.													
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code			
8 Seabury Avenu	е						Ledyard		CT	06339			
Business Phone		Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress					
Contact Role(s):	Legal Contact												
Name				Organization					Job Title	9			

Contact Role(s): Administrative Contact

Extension

207

Please note the following:

Mr. John Catalfamo

251 Smith Street

Business Phone

401-272-9773

Mailing Address Line One

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

Mailing Address Line Two

Mobile Phone

401-440-6850

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

401-331-0931

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.

Dan's Management Company

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

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

End of schedule

Zip Code

02908

Dir of Fac -Operator

Jcatalfamo@dansmanagement.com

State

City

Providence

Emergency Phone Email Address

401-440-6850

	Connecticut Dep Water Ou	partment of ality Monit							ction	
PWS ID	PWS Name	idirey 1-10111e		u don	_				er Tyne Pi	imary Source
	HIDDEN ACRES CAMPGRO	UND			NC	1 0 p	75		P	GW
Local Address (w			Service	Resident		ercial	Industri	al (Combined	Agricultural
47 RIVER ROAD	,		Connections		1					- G
Towns Served: PI	RESTON									
		Monite	oring Requ	iirama	nts					
Water System F	acility: DISTRIBUTION				1163					
Total Coliform	(3100)							1 rou	itine (RT)	per month
Sampling Po	oint (Sampling Point ID)			Monitori	ng Period	Colle	ction Pe	riod	Compli	ance Status
Select from	Inventory of Active Sampli	ng Points		7/1/25 -	7/31/25				Co	mplete
				8/1/25 -	8/31/25				Co	mplete
				9/1/25 -	9/30/25				Со	mplete
				5/1/26 -	5/31/26					
				6/1/26 -	6/30/26					
Physical Param	neters (PPS)							1 rou	itine (RT)	per month
Sampling Po	oint (Sampling Point ID)			Monitori	ng Period	Collec	ction Pe	riod	Compli	ance Status
Select from	Inventory of Active Sampli	ng Points		7/1/25 -	7/31/25				Co	mplete
				8/1/25 -	8/31/25				Со	mplete
				9/1/25 -	9/30/25				Со	mplete
				5/1/26 -	5/31/26					
				6/1/26 -	6/30/26					
Water System F	acility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Ni	trite (NOX)							1 r	outine (F	T) per year
Sampling Po	oint (Sampling Point ID)			Monitori	ng Period	Colle	ction Pe		-	ance Status
ENTRY POIN	IT (3)		_	1/1/24 - :	12/31/24				Со	mplete
				1/1/25 - :	12/31/25				Со	mplete
				1/1/26 - :	12/31/26					
		Other C	ompliance	Sched	ules					
Compliance Sche	edule Activity			L	Due Date		Achie	ved D	ate	
RESPOND TO SAN	NITARY SURVEY			10	0/22/2025					
	Water	System Facili	ity and Sar	mpling	Point In	nvento	ory			
Water						Total	Lead			
*	r System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID	IDUTION OVETTA	ID	Description	. 6) (6751.4	Status	Rule	Kuie	Her	Aspestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTION		Α .	Υ				
		DOWNSTREAM								
00700 51170	/ DOME	UPSTREAM	WITHIN 5 SER							
	/ POINT	3	ENTRY POINT		Α					
21983 WELL		2	WELL		Α					
21984 WELL		2	WELL		Α					
59549 HYDR0	OPNEUMATIC TANK									
			tact Inform	mation						
Name			ganization						Job Title	
Mr. William M. N			dden Acres Fai	mily Camp	oground		wner/M	anage	er	
Mailing Address I	Line One	Mailing Address	Line Two				City		State	Zip Code
47 River Road					Pre	eston,			СТ	06365

(Connectic	ut Depa	artmen	it of	Public	Healt	h	Dr	inking	g Water	Sec	ction	
	Wa	ter Qua	lity Mo	onit	oring a	and Co	m	pli	iance S	Schedul	e		
PWS ID P	WS Name						(Clas	sification	Population	Own	er Type	Primary Source
CT1140084 H	IIDDEN ACRES (AMPGROU	ND						NC	75		Р	GW
Local Address (wh	ere applicable)				Service	Resid	enti	al	Commerci	al Industri	al (Combine	d Agricultura
47 RIVER ROAD	7 RIVER ROAD Connections 1												
Towns Served: PR	ESTON												
Business Phone	Extension	Fax		Mobil	e Phone	Emerger	су Б	Pho	ne Email <i>A</i>	Address			
860-887-9633		860-887-	6359			860-88	9-1	359)				
Contact Role(s):	Legal Contact								·				
Name				Or	ganization							Job Title	<u> </u>
Ms. Priscilla Migli	accio			Hic	dden Acres	Family Ca	mpg	grou	und	Owner/M	anage	er	
Mailing Address L	ine One		Mailing A	ddress	Line Two					City		State	Zip Code
47 River Rd.									Presto	n		СТ	06365
Business Phone	Extension	Fax		Mobil	e Phone	Emerger	су Б	Pho	ne Email <i>A</i>	Address			
860-887-9633						860-60	8-8	501	. priscilla	amig@sbcglo	obal.r	net	
Contact Role(s):	Administrative	Contact, Ow	/ner										

Contact Role(s): Administrative Contact, Owr

Please note the following:

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

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

389 Route 2 Business P 860-889-2 Contact Role	2482 e(s): Legal Contact	860-885-0	5171								
Business P 860-889-2		860-885-0	3171								
Business P		000 005	1171				1				
	hone Extension	Fax		bile Phone	Emergency	Phone	Email Ad	ddres	S		
							Preston			СТ	06365
Mailing Addı	ress Line One		Mailing Addre	ess Line Two				Cit	ty	State	Zip Code
Ms. Gail Rigi	пеу			Preston Parks	& Recreatio	n					
Name				Organization						Job Title	
			Co	ntact Info	ormation						
21985 W	/ELL		2	WELL		P	١				
00700 E	NTRY POINT		3	ENTRY POI	NT	P	4				
			UPSTREAM	WITHIN 5	SERVICE CON	I /	4				
			DOWNSTREAL	M WITHIN 5	SERVICE CON	1 /	4				
	ISTRIBUTION SYSTE	M	4	DISTRIBUT	ION SYSTEM		tus				
Water System W Facility ID	/ater System Facilit	y	Sampling Poir ID	nt Sampling I		Sta	Tot Colife tus Ru	orm	Copper Rule Tie		Stago s WQP 2 DBF
		water S	ystem Fac	ility and S	ampling	POIN					
CROSS CONF	NECTION EXEMPTIO					3/1/202					
-	Schedule Activity	N.I.				Due Dat			Achieved	ı Date	
C "	Calcadad A et te		Other	Complian					A -1 ·	1 D 1	
			Other	Compelian	1/1/26 - :		20				
										(Complete
ENTRY	POINT (3)				1/1/24 - 12/31/24 1/1/25 - 12/31/25						Complete
	ng Point (Sampling	Point ID)			Monitori			Ilecti	on Period		liance Status
	d Nitrite (NOX)	D 1 (15)					, -				(RT) per yea
•	em Facility: ENTI	RY POINT (W	/SF ID: 00700	0)							
					4/1/26 -	6/30/2	6				
					7/1/25 -					C	omplete
Select f	rom Inventory of Ac	tive Sampling	Points		4/1/25 -	6/30/2	5			C	Complete
Samplii	ng Point (Sampling	Point ID)			Monitori	ng Perio	od Co	llecti	on Period	d Comp	liance Status
Physical Pa	arameters (PPS)								1 ro	utine (RT) per quarte
					4/1/26 -						
	,	10			7/1/25 -						Complete
	rom Inventory of Ac		Points		4/1/25 -				21.7 27.00		Complete
	ng Point (Sampling	Point ID)			Monitori	na Peri	od Co	llecti	on Period	-	liance Status
	orm (3100)	KIDO HON 3	ISTEIVI (VVSF	1D. 00000)					1 ro	utino /PT) per quarte
Mator Syste	em Facility: DIST	DIBLITION C			quireine	1113					
1011113 361 16	a. r n.e.s r o n		Moni	toring Re	auiromo	ntc					
Towns Serve				3311133113							
13 ROUTE 11	s (where applicable)		Service Connectio	Resident	tial Co	mmercia 1	I In	dustrial	Combine	d Agricultur
CT1140094	PRESTON COM		K - 13 RT 117			N	_	2.		Р	GW
PWS ID	PWS Name										Primary Source
		ater Qua	lity Mon	itoring a	ind Com						
		•	rtment o							ection	
		0114 1000	ntm ont	of Diriblia		1	17110	1/1/-		0.011.010	

Schedule Generation Date: 12/12/2025 Page 11

	Connectic	ut Depa	II UIIIE	enit or	Public	пеани	עו	HIIKIIIE	g water	Section	111	
	Wa	ter Qua	lity N	Ionit	oring a	nd Con	np]	liance S	Schedul	le		
PWS ID	PWS Name						Cla	ssification	Population	Owner Typ	oe P	rimary Source
CT1140094	PRESTON COMM	IUNITY PAR	K - 13 R1	Г 117				NC	25	Р		GW
Local Address (wl	nere applicable)				Service	Residen	itial	Commerci	al Industri	al Comb	ined	Agricultural
13 ROUTE 117					Connection	ns		1				
Towns Served: PF	RESTON					,				'		
Name				Or	ganization					Job T	ïtle	
Mr. Joseph Cansl	er			SC	WA				General N	1anager		
Mailing Address I	ine One		Mailing	Address	Line Two				City	Stat	te	Zip Code
P.O. Box 415			1649 R	oute 12				Gales F	erry	СТ	-	06335-0415
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email <i>A</i>	Address		ľ	
860-464-0232		860-464-	2876	860-9	41-3406			j.cansle	er@waterau	thority.org		
Contact Role(s):	Administrative	Contact										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

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

End of schedule

Page 12

Facility ID	ine One Extension	Mailing Address	WITHIN 5 SEI ENTRY POINT WELL stact Infor rganization s Line Two	RVICE CON	A	Email Add	City	Job Title State	Zip Code
Facility ID 00600 DISTRIE 00700 ENTRY 21986 WELL Name Preston Mailing Address Li	ine One	UPSTREAM 3 2 Con On Mailing Address	WITHIN 5 SEI ENTRY POINT WELL stact Infor rganization s Line Two	mation	A	Email Add	•		Zip Code
Facility ID 00600 DISTRIE 00700 ENTRY 21986 WELL Name Preston Mailing Address Li	ine One	UPSTREAM 3 2 Con On Mailing Address	WITHIN 5 SEI ENTRY POINT WELL stact Infor rganization s Line Two	mation	A		•		Zip Code
Facility ID 00600 DISTRIE 00700 ENTRY 21986 WELL	POINT	UPSTREAM 3 2 Con	WITHIN 5 SEI ENTRY POINT WELL tact Infor	RVICE CON	A A			Job Title	
Facility ID 00600 DISTRIE 00700 ENTRY 21986 WELL	POINT	UPSTREAM 3 2 Con	WITHIN 5 SEI ENTRY POINT WELL tact Infor	RVICE CON	A A			Job Title	
Facility ID 00600 DISTRIE 00700 ENTRY	POINT	UPSTREAM 3 2	WITHIN 5 SEI ENTRY POINT WELL	RVICE CON	A A				
Facility ID 00600 DISTRIE 00700 ENTRY	POINT	UPSTREAM 3	WITHIN 5 SEI	RVICE CON	A A				
Facility ID 00600 DISTRIE	POINT	UPSTREAM	WITHIN 5 SE	RVICE CON	Α				
Facility ID									
Facility ID		DOMANIC TO EARA							
Facility ID	BUTION SYSTEM	4	DISTRIBUTIO		A	Υ			
,	DUTION SYSTEM	ID	Description	N. 6./6755	Stat		e Rule Ti	er Asbestos	WQP 2 DBPR
VVULEI	System Facility	Sampling Point		int		Colifo	rm Coppe	r	Stage
Water	vvat	ter System Facili	ity and Sa	mpiing	Point	Tota	-	nd.	
	10/	how Creaters For ""	thu and C-	1/1/26 - 1			h o		
				1/1/25 - 1				С	omplete
ENTRY POINT	T (3)			1/1/24 - 1					omplete
	int (Sampling Point IL	0)		Monitorii			ection Perio	od Comp	liance Status
Nitrate And Nit	•	,						1 routine (RT) per year
Water System F	acility: ENTRY POI	NT (WSF ID: 00700)			, , ,				
				4/1/26 -					
				1/1/26 -				C	ompiete
				7/1/25 - 10/1/25 -					omplete omplete
Select from I	nventory of Active Sar	mpling Points		4/1/25 -					omplete
	int (Sampling Point IL	•		Monitorii			ection Perio		liance Status
Physical Param									per quarter
				4/1/26 -	6/30/26				
				1/1/26 -					·
				10/1/25 -					omplete
Select HOIII II	inventory of Active Sal	IIIIIIII I OIIIIG		7/1/25 -					omplete
	nint (Sampling Point IE Inventory of Active San			<i>Monitorii</i> 4/1/25 -			ection Perio		omplete
Total Coliform	•	21							per quarter
-	,	ION SYSTEM (WSF I	D: 00600)						
		Monito	oring Req	uiremei	nts				
Towns Served: PR	RESTON								
389 ROUTE 2			Connections			1			
	nere applicable)		Service	Resident	ial Con	nmercial	Industrial	Combined	d Agricultural
Local Address (wh	PRESTON TOWN HALL				NC		25	L	GW
	PWS Name	<u> </u>	0		_				Primary Source
CT1140104 P		Quality Monit			pliar				
CT1140104 P	Water	•	f Public I				vacci	CCCIOII	

	Connectic	ut Depa	rtment	t of Publi	с Неа	alth I	Orin	king '	Water	Sec	ction		
		*		nitoring									
PWS ID	PWS Name					C	lassifi	cation P	opulation	Owne	er Type	Primary Source	
CT1140104	PRESTON TOWN	HALL					N	С	25		L	GW	
Local Address (w	nere applicable)			Service	Re	sidentia	al Co	mmercial	Industri	al C	Combine	d Agricultura	
389 ROUTE 2				Connecti	ons			1					
Towns Served: Pf	RESTON			'	'					'		'	
Name				Organization							Job Title	!	
Mr. Robert M Congdon Town of Preston							First Selectman						
Mailing Address Line One Mailing Address					ess Line Two				City			Zip Code	
Town Hall			389 Route	2							СТ	06365	
Business Phone	Extension	Fax	ı	Mobile Phone	Emer	Emergency Phone Email Address							
860-887-5581		860-885-1	1905					congdon@preston-ct.org					
Contact Role(s):	Legal Contact												
Name				Organization							Job Title	!	
Mr. Joseph Cansl	er			SCWA					General N	/lanage	er		
Mailing Address I	ine One		Mailing Ad	dress Line Two					City		State	Zip Code	
P.O. Box 415			1649 Route	e 12				Gales Fer	ry		СТ	06335-0415	
Business Phone	Extension	Fax	ı	Mobile Phone	Emer	gency Pl	hone	Email Ad	dress				
860-464-0232		860-464-2	2876 8	360-941-3406				j.cansler(@waterau	thorit	y.org		
Contact Role(s):	Administrative	Contact			-			ı					
DI 4 4													

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

Co		•	rtment of lity Monit					_			ction		
PWS ID PV	/S Name	ter qua	irey 14101111e	or mg a		_	sification				er Type P	rimarv	Source
	CATHERINE C	F SIENA				Ciass	NC		29	-	P	G\	
Local Address (whe				Service	Residen	tial (Commer		ndustria	al (Combined	_	cultural
243 PRESTON PLAIN		JTE 164)		Connection			1						
Towns Served: PRES		•											
			Monite	nring Red	quireme	nts							
Water System Fac	cility: DISTR	RIBUTION SY			quii ciiic	11.03							
Total Coliform (3	· · · · · · · · · · · · · · · · · · ·								1	rou	tine (RT)	per q	uarter
Sampling Poin					Monitori			Collec	tion Per	riod	Compl		
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 -							mplet	
					7/1/25 -						Co	mplet	e
					10/1/25 -								
					1/1/26 -								
	4				4/1/26 -	6/30	/26		_				
Physical Paramet	• •	nature (D)			0.0 (6)	· D-		C-11			tine (RT)		
Sampling Poin			Doints		Monitori			Collec	tion Per	10a	Compl		
Select from Inv	rentory of Act	ive Sampling	POIITS		4/1/25 - 7/1/25 -							mplet mplet	
					10/1/25 -						CC	mpiec	e
					1/1/26 -								
					4/1/26 -								
Water System Fac	ility: FNTR	Y POINT (W	/SF ID: 00700)		1, 1, 20	0,00	, 20						
Nitrate And Nitri	•									1 1	routine (I	RT) ne	r vear
Sampling Poin		oint ID)			Monitori	ina Pe	eriod	Collec	tion Per		Compl		-
ENTRY POINT		······			1/1/24 -							mplet	_
	·- /				1/1/25 -							mplet	
					1/1/26 -							•	
			Other C	omplian	ce Sched								
Compliance Schedu	le Activity					Due D	Date		Achie	ved L	Date		
RESPOND TO SANIT	ARY SURVEY				2	2/10/2	2022						
		Water Sv	ystem Facili	itv and S	ampling	Poi	nt Inv	ento	rv				
Water				.,	- 1 0			Total	Lead (and			
System Water S	ystem Facility	,	Sampling Point	Sampling F	Point		Co	oliform	о Сорр	oer			Stage
Facility ID			ID	Description	1	S	Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4		ION SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	N	Α						
			UPSTREAM		SERVICE CON	N	Α						
00700 ENTRY P	OINT		3	ENTRY POI	NT		Α						
21987 WELL			2	WELL			Α						
			Con	tact Info	rmation								
Name			Oı	rganization							Job Title		
Mrs. Nancy J. Mign	ault		St	. Catherine	of Siena Chu	ırch		Pa	storal A	ssoci	ate		
Mailing Address Lin	e One		Mailing Address	s Line Two				C	City		State	Zip C	Code
243 Route 164		T			1		Prest	on			СТ	063	865
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phor							
860-887-9966							Nanc	y.stc@	sbcglob	al.ne	et		

Connecticut Department of Public Health Drinking Water Section										
	Wa	ter Qua	lity Mo	nitoring a	nd Con	npli	ance S	chedul	le	
PWS ID P	WS Name					Class	sification	Population	Owner Type	Primary Source
CT1140114 S	T1140114 ST CATHERINE OF SIENA NC 29 P GW									
Local Address (who	cal Address (where applicable) Service						Commercia	al Industri	al Combine	ed Agricultural
243 PRESTON PLAI	NS ROAD (ROU	TE 164)		Connection	ns		1			
Towns Served: PR	ESTON			·	·			·	·	
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Titl	е
Father Ted F Tumi	cki			St Catherine o	f Siena			Pastor		
Mailing Address Li	ne One		Mailing Add	dress Line Two				City	State	Zip Code
St Catherine of Sie	na		243 Rte. 16	4, Preston			Preston	1	СТ	06365
Business Phone	Extension	Fax	N	Nobile Phone	Emergency	y Phor	ne Email A	ddress		
860-887-9966							nancy.s	tc@sbcglob	al.net	
Contact Role(s): L	egal Contact									

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

Connecticut Depa					_			ction	
Water Qua	ality Moni	toring a	nd Con	nplia	nce Sc	chedul	le		
PWS ID PWS Name				Classifi	cation Po	pulation	Owr	ner Type P	rimary Source
CT1140124 ST JAMES EPISCOPAL CHUR	СН			N	С	25		Р	GW
Local Address (where applicable)		Service	Residen	tial Co	mmercial	Industri	al	Combined	Agricultural
95 ROUTE 2A		Connectio	ns		1				
Towns Served: PRESTON		·	·	·			·		
		toring Re	quireme	nts					
Water System Facility: DISTRIBUTION S	SYSTEM (WSF	ID: 00600)							
Total Coliform (3100)						1	l rou		per quarter
Sampling Point (Sampling Point ID)			Monitori			ection Pe	riod		ance Status
Select from Inventory of Active Sampling	g Points		4/1/25 -	6/30/2	5			Со	mplete
			7/1/25 -					Со	mplete
			10/1/25 -						
			1/1/26 -	3/31/2	6				
			4/1/26 -	6/30/2	6				
Physical Parameters (PPS)						1	l rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Peri	od Coll	ection Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling	g Points		4/1/25 -	6/30/2	5			Со	mplete
			7/1/25 -	9/30/2	5			Со	mplete
			10/1/25 -	12/31/	25				
			1/1/26 -	3/31/2	6				
			4/1/26 -	6/30/2	6				
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1	routine (F	T) per year
Sampling Point (Sampling Point ID)			Monitori	ng Perio	od Coll	ection Pe		-	ance Status
ENTRY POINT (3)			1/1/24 -	12/31/2	24			Co	mplete
			1/1/25 -	12/31/2	25			Со	mplete
			1/1/26 -						•
Water S	ystem Faci	lity and S				tory			
Water					Tota	ıl Lead	and		
System Water System Facility	Sampling Point				Colifo	rm Cop	per		Stage
Facility ID	ID	Description	1	Sta	tus Rul	e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM	Þ	Y				
	DOWNSTREAM	1 WITHIN 5 S	SERVICE CON	1 /	Ą				
	UPSTREAM	WITHIN 5 S	SERVICE CON	1 /	4				
00700 ENTRY POINT	3	ENTRY POI	NT	P	A				
21988 WELL	2	WELL		A	A				
	Coi	ntact Info	rmation						
Name	C	Organization						Job Title	
Father Ronald J. Kolanowski		t James Episo	capol Chuch						
Mailing Address Line One	Mailing Addres					City		State	Zip Code
95 Route 2 A					Preston	· ·		СТ	06365
Business Phone Extension Fax	Mob	ile Phone	Emergency	Phone	Email Add	dress		1	
860-889-0150 860-889	-0150		860-280-	8526	RONKOL	@sbcgloba	al.net	:	

Schedule Generation Date: 12/12/2025 Page 17

Contact Role(s): Administrative Contact, Legal Contact

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	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
95 ROUTE 2A		Connections		1			
							1

Towns Served: PRESTON

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End of schedule

(Connectic	ut Departme	ent o	f Public	Health	Dr	inkin	g W	ater	Se	ction	
	Wa	ter Quality N	/lonit	oring a	nd Con	ıbli	ance	Sch	edul	e		
PWS ID F	WS Name	oor Quarray r		8		_					er Type I	Primary Source
	LEMINGS CENT	ER					NC		25		P	GW
Local Address (wh	ere applicable)			Service	Residen	tial (Commerc	cial II	ndustria	al	Combined	Agricultural
353 ROUTE 165	/			Connectio			1					
Towns Served: PR	ESTON											
		r	/Ionit	oring Re	quireme	nts						
Water System F	acility: DISTR	IBUTION SYSTEM			94							
Total Coliform	(3100)								1	. rou	tine (RT)	per quarter
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Pe	riod	Collect	tion Pei	riod	Comp	liance Status
Select from I	nventory of Act	ive Sampling Points			4/1/25 -	6/30,	/25				С	omplete
					7/1/25 -	9/30,	/25				С	omplete
					10/1/25 -		•					
					1/1/26 -	3/31,	/26					
					4/1/26 -	6/30,	/26					
Physical Param									1	. rou	tine (RT)	per quarter
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Pe	riod	Collect	tion Pei	riod	Comp	liance Status
Select from I	nventory of Act	ive Sampling Points			4/1/25 -	6/30,	/25				С	omplete
					7/1/25 -	9/30,	/25				С	omplete
					10/1/25 -	12/3	1/25					
					1/1/26 -	3/31,	/26					
					4/1/26 -	6/30,	/26					
Water System F	acility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Nit	rite (NOX)									1 1	routine (RT) per year
Sampling Po	int (Sampling P	oint ID)			Monitori			Collect	tion Pei	riod	Comp	liance Status
ENTRY POIN	Γ (3)				1/1/24 -	12/31	./24				С	omplete
					1/1/25 -	12/31	./25				С	omplete
					1/1/26 -	12/31	./26					
		Water System	Facil	ity and S	Sampling	Poi	nt Inv	ento	ry			
Water								Total	Lead	and		
*	System Facility	Samplir	g Point	Sampling I			Co	oliform				Stage
Facility ID		I.	D	Description			tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	1	DISTRIBUT	ION SYSTEM		Α	Υ				
				WITHIN 5	SERVICE CON	١	Α					
		UPST	REAM	WITHIN 5	SERVICE CON	I	Α					
00700 ENTRY	POINT	:	3	ENTRY POI	NT		Α					
21990 WELL		-	2	WELL			Α					
58228 TREAT	MENT PLANT											
			Con	tact Info	ormation							
Name			0	rganization							Job Title	
Mr. Peter Fleming	 3			emings Cent	ter							
Mailing Address L		Mailing		s Line Two				С	ity		State	Zip Code
353 Route 165							Presto		-		СТ	06365
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phon	ne Email	Addre	!SS			
860-889-8923		860-889-4340			860-889-	8923	pabfle	eming(@gmail	.com		

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

Schedule Generation Date: 12/12/2025 Page 19

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

		_			_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1140154	FLEMINGS CENTER				NC	25	Р	GW
ocal Address (where applicable)			Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
53 ROUTE 165			Connections		1			

Towns Served: PRESTON

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

End of schedule

С	onnectic	ut Departn	ent of	f Public	Health	Drin	nking	Wate	er Se	ction	
	Wa	ter Quality	Monit	oring a	and Con	nolia	nce S	chedi	ule		
PWS ID PV	VS Name	Control of the control of the contr		0		_				ner Type F	rimary Source
_		CH - SYSTEM #1:P	AVILION				IC	35		Р	GW
Local Address (whe				Service	Residen		mmercia		trial	Combined	1
HOLLOWELL ROAD	с аррисавіс)			Connectio							7.6
Towns Served: PRE	STON										
			Monit	oring Po	quireme	ntc					
Water System Fa	cility: DISTR	IBUTION SYSTEM			quireine	1113					
Total Coliform (3100)		-						1 ro	utine (RT) per month
Sampling Poir	=	oint ID)			Monitori	ng Peri	iod Co	llection F		=	iance Status
		ive Sampling Point	 S		7/1/25 -						mplete
	10				8/1/25 -						mplete
					9/1/25 -						mplete
					4/1/26 -					Cl	mpiete
					5/1/26 -						
					6/1/26 -						
Dhysical Davassa	tore (DDC)				0/1/20 -	0/30/2	20		1		\
Physical Parame	• •	laint (D)			Monitori	na Davi	ind Co	llostion l		=	per month
Sampling Poir		-			Monitori	_		llection I	Perioa		iance Status
Select from in	ventory of Act	ive Sampling Point	S		7/1/25 -						mplete
					8/1/25 -						mplete
					9/1/25 -					Co	mplete
					4/1/26 -						
					5/1/26 -						
					6/1/26 -	6/30/2	26				
Water System Fa	cility: ENTR	Y POINT (WSF ID): 00700)								
Nitrate And Nitr	ite (NOX)								1	routine (RT) per year
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llection F	Period	Compl	iance Status
ENTRY POINT	(3)				1/1/24 -	12/31/2	24			Co	mplete
					1/1/25 -	12/31/2	25			Co	mplete
					1/1/26 -	12/31/2	26				
		Water Syste	m Facil	ity and S	Sampling	Poin	t Inver	ntory			
Water		-		-			Tot	al Lea	nd and		
System Water S	ystem Facility	Samp	ling Point	Sampling	Point		Colif	orm Co	pper		Stage
Facility ID			ID	Descriptio	n	Sta	atus Ru	le Ru	le Tier	Asbestos	WQP 2 DBPI
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	,	A Y	,			
		DOW	NSTREAM	WITHIN 5	SERVICE CON	1 /	Α				
		UPS	TREAM	WITHIN 5	SERVICE CON	1 /	Α				
00700 ENTRY F	OINT		3	ENTRY POI	INT	-	A				
22780 WELL			2	WELL		,	A				
			Con	tact Info	ormation						
Name				rganization						Job Title	
Mr. Dell Woodmar	isee				each Campgr	ound				JOS TILLE	
Mailing Address Lir		MailichA		s Line Two	Jacii Callipgi	ounu		City		State	Zip Code
36 Pendleton Road		ividilli	ig Addies	3 LITIC TWO			Preston	City		CT	06365
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Dhono		Idross		CI	00303
	EXTENSION	гах	IODIVI	ne rnone	Emergency	rnone	EIIIdii AC	iui ess			
860-889-6205	dministrativa	Contact Local Car	tact O								
Contact Role(s): A	ummistrative	Contact, Legal Cor	itact, OW	ier							

	Commectic	ut Depa	Tunent	of I ublic	Health	וועו	HIKIHE	vvaler	Sec	uon	
	Wa	ter Qua	lity Mon	nitoring a	nd Con	npli	ance S	Schedul	le		
PWS ID	PWS Name					Class	ification	Population	Owne	er Type	Primary Source
T1140164	AMOS LAKE BEA	CH - SYSTEN	#1:PAVILIO	N			NC	35		Р	GW
ocal Address (w	here applicable)		Service	Residen	tial C	Commercia	al Industri	al C	ombine	ed Agricultural	
HOLLOWELL ROA	AD			Connection	4						
owns Served: P	RESTON										
Name				Organization					J	lob Title	9
vis. Jill Woodma	nsee			Amos Lake Bea	ich Campgi	ound					
Mailing Address	Line One		Mailing Addr	ress Line Two				City		State	Zip Code
6 Pendletown F	load						Prestor	1		СТ	06365
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	/ Phon	e Email A	ddress			
860-889-6205							amosla	kecamp@co	omcast	t.net	
Contact Pole(s)	Legal Contact	Owner									

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Legal Contact, Owner

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

End of schedule

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	Connecticut 1	Department of	Public H	lealth	Dr	inki	ng W	'ater	· Se	ection		
		Quality Monit										
PWS ID	PWS Name	Quality 1101110			_	sificati			1	ner Type P	rimarv	Source
CT114902		REGATIONAL CHURCH			0.0.00	NC		49		Р	GV	
Local Add	ress (where applicable)		Service	Resident	tial (Comm		ndustri	ial	Combined		cultural
321 ROUT			Connections							1		
Towns Ser	rved: PRESTON											
		Monito	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBU											
Total Co	liform (3100)							1	1 rou	utine (RT)	per qu	uarter
Sam	oling Point (Sampling Point	ID)		Monitori	ng Pe	eriod	Collec	tion Pe	riod	Compl	iance S	tatus
Selec	ct from Inventory of Active Sa	ampling Points		4/1/25 -	6/30	/25				Cc	mplete	5
				7/1/25 -	9/30	/25				Co	mplete	5
				10/1/25 -	12/3	1/25						
				4/1/26 -	6/30	/26						
-	Parameters (PPS) pling Point (Sampling Point)	(D)		Monitori	na Da	riad	Collec	1 tion Pe		utine (RT) <i>Compl</i>		
-	ct from Inventory of Active Sa	•		4/1/25 -			Conec	lion Pe	TIOU		mplete	
Jeiec	t from inventory of Active 30	ampling Follits		7/1/25 -							mplete	
				7/1/23 - 10/1/25 -						CC	mpiete	=
			•	1/1/26 -								
				4/1/26 -								
Mater Sv	stem Facility: ENTRY PO	INT (WSF ID: 00700)		7/1/20	0,30	720						
•	And Nitrite (NOX)	(1131 13. 00700)							1	routine (I	RT) no	r voar
	pling Point (Sampling Point	(חו		Monitori	na Pe	priod	Collec	tion Pe		Compl		-
	RY POINT (3)	,		1/1/24 - :							mplete	
	(0)			1/1/25 - :							mplete	
				1/1/26 - :								-
	\M/a	iter System Facili					wentc	rv.				
Water	VVC	iter System racin	ity and Sai	iipiiiig	FUI	116 111		Lead	d			
System	Water System Facility	Sampling Point	Samplina Poi	nt			Total Coliforn					Stage
Facility ID	_	ID	Description		c	tatus	Rule		•	Asbestos	WQP	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A	Υ				-	
		DOWNSTREAM	WITHIN 5 SER	VICE CON	J	Α						
		PCC001	MAIN KITCHE	N SINK		Α	Υ	2	2			
		PCC002	SIDE KITCHEN	SINK		Α						
		PCC003	BACK KITCHEN	I SINK		Α						
		PCC004	BOYS ROOM			Α						
		PCC005	GIRLS ROOM			Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
10931	WELL #1	2	WELL #1			Α						
		Con	tact Inforr	nation								
Name		Or	ganization							Job Title		
Ms. Sandı	ra M. Dudek	Pr	eston City Con	gregation	al Ch		Ad	ministr	ative	e Assis		
Mailing Ad	ddress Line One	Mailing Address	s Line Two				(City		State	Zip C	ode
321 Route	2 164					Pre	ston			СТ	063	65
Rusines	s Phone Extension	Fay Mohi	le Phone Fr	nergency	Phor	ne Em	ail Addra	200		-		

Rusiness 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.

	Wa	ter Quality N	Monit	oring an	id Con	npli	ance	Schedul	le			
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source		
CT1149023	PRESTON CITY C	ONGREGATIONAL C	HURCH				NC	49	Р	GW		
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	al Industri	al Combine	ed Agricultural		
321 ROUTE 164				Connections	5				1			
Towns Served: P	RESTON							·				
860-887-4647	7	Tux	WIODII	C I HOHE	860-608	0266	nccc@	cnat nat				
860-887-4647 860-608-9266 pccc@snet.net Contact Role(s): Administrative Contact, Legal Contact												

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 24

	Co		*	rtment o								ction	
			ter Qua	lity Monit	toring a	na Con	_						
PWS ID		Name					Clas		on Pop		Owr		rimary Source
CT1140174		TON SENIO	R CENTER					NC		25		L	GW
	-	applicable)			Service	Resider	ntial	Comm		Industri	ial	Combined	Agricultural
	OCIETY RO				Connection	ns		1					
Towns Serv	ved: PREST	ON											
				Monit	oring Re	quireme	ents	1					
Water Sys	stem Facil	ty: DISTR	IBUTION S	STEM (WSF	D: 00600)								
Total Col	iform (31	00)								1	1 rou	itine (RT)	per quarter
Samp	ling Point (Sampling P	oint ID)			Monitor	ing P	Period	Colle	ction Pe	riod	Compli	ance Status
Select	t from Inve	ntory of Acti	ive Sampling	Points		4/1/25	- 6/3	0/25				Co	mplete
						7/1/25	- 9/3	0/25				Co	mplete
						10/1/25	- 12/	31/25				Co	mplete
						1/1/26	- 3/3	1/26					
						4/1/26	- 6/3	0/26					
•	Paramete	• •											per quarter
		Sampling P				Monitor			Colle	ction Pe	riod		ance Status
Select	t from Inve	ntory of Acti	ive Sampling	Points		4/1/25							mplete
						0/25					mplete		
						10/1/25	- 12/	31/25				Со	mplete
						1/1/26	- 3/3	1/26					
						4/1/26	- 6/3	0/26					
Water Sys	stem Facili	ty: ENTRY	Y POINT (V	/SF ID: 00700)									
Nitrate A	and Nitrite	(NOX)									1	routine (F	RT) per year
Samp	ling Point (Sampling P	oint ID)			Monitor	ing P	Period	Colle	ction Pe	riod	Compli	ance Status
ENTR	Y POINT (3)					1/1/24 -	12/3	31/24				Со	mplete
						1/1/25 -	12/3	31/25				Со	mplete
						1/1/26 -	12/3	31/26					
				Other C	omplian	ce Sched	dule	es					
Complianc	e Schedule	Activity					Due	Date		Achie	eved	Date	
CROSS CON	NNECTION	SURVEY REP	ORT				3/1/	2025					
			Water S	ystem Facil	itv and S	ampling	Po	int In	vent	orv			
Water				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				Total		and		
	Water Sys	tem Facility		Sampling Point	Sampling F	Point			Colifori				Stage
Facility ID				ID	Description	1		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUT	ION SYSTEM		4	DISTRIBUTI	ON SYSTEM		Α	Υ				
				DOWNSTREAM	WITHIN 5 S	SERVICE COI	N	Α					
				UPSTREAM	WITHIN 5 S	SERVICE COI	N	Α					
00700	ENTRY POI	NT		3	ENTRY POI	NT		Α					
23032	WELL #1			2	WELL #1			Α					
60645	TREATMEN	IT PLANT											
				Cor	ntact Info	rmation	1						
Name					rganization							Job Title	
Preston					J								
	dress Line	One		Mailing Addres	s Line Two					City		State	Zip Code
3 %				<u> </u>									
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	y Pho	ne Em	ail Addr	ess		1 1	

	Connectic	ut Depa	rtme	nt o	f Public	Heal	th D	rinking	Water	Sec	tion	
	Wa	ter Qua	lity M	onit	coring a	and Co	mp]	liance S	chedul	e		
PWS ID	PWS Name						Cla	ssification F	opulation	Owne	r Type P	rimary Source
CT1140174	PRESTON SENIO	R CENTER						NC	25	l	L	GW
Local Address (w	here applicable)				Service	Resid	ential	Commercia	Industria	al Co	ombined	Agricultural
42 LONG SOCIET	Y ROAD				Connectio	ons		1				
Towns Served: P	RESTON											
Contact Role(s):	Owner											
Name				0	rganization					J	ob Title	
Mr. Robert M Co	ongdon			To	own of Pres	ton			First Select	tman		
Mailing Address	Line One		Mailing A	Address Line Two					City		State	Zip Code
Town Hall			389 Rout	te 2			Preston			СТ	06365	
Business Phone	e Extension	Fax		Mobi	ile Phone	Emergei	ncy Pho	one Email Ad	ldress			
860-887-5581		860-885-3	1905					congdor	@preston-	ct.org		
Contact Role(s):	Legal Contact											
Name				0	rganization					J	ob Title	
Mr. Joseph Cans	ler			SC	CWA				General M	anage	er	
Mailing Address	Line One		Mailing A	Addres	s Line Two				City		State	Zip Code
P.O. Box 415			1649 Roi	ute 12				Gales Fe	rry		СТ	06335-0415
Business Phone	e Extension	Fax		Mobi	ile Phone	Emerge	ncy Pho	one Email Ad	ldress			
860-464-0232		860-464-2	2876	860-9	941-3406			j.cansler	@wateraut	hority	org.	
Contact Role(s):	Administrative	Contact										

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

	Co	nnectic	ut Depa	rtment of	F Public F	lealth	Dr	inki	ng W	ater	Se	ction	
		Wat	ter Qua	lity Monit	oring an	d Con	npl	ianc	e Sch	edul	e		
PWS ID	PW	/S Name					_	sification				ner Type P	rimary Sourc
CT114020	04 CIT	GO GAS STAT	ION - PREST	ON				NC		25		P	GW
Local Add	lress (wher	e applicable)			Service	Residen	tial	Comme	ercial	Industria	al	Combined	Agricultura
37 ROUTE	2				Connections			1					_
Towns Sei	rved: PRES	TON			-								
				Monito	oring Requ	uireme	nts						
•		•	IBUTION S	YSTEM (WSF II									
	oliform (3	•								1	rou		per quartei
		t (Sampling Po				Monitori			Collec	tion Per	riod		ance Status
Selec	ct from Inv	entory of Acti	ve Sampling	Points		4/1/25 -							mplete
						7/1/25 -						Со	mplete
						10/1/25 -							
						1/1/26 -							
						4/1/26 -	6/30	0/26					
-		ers (PPS)											per quartei
		t (Sampling Po				Monitori			Collec	tion Per	riod		ance Status
Selec	ct from Inv	entory of Acti	ve Sampling	Points		4/1/25 -							mplete
						7/1/25 -						Со	mplete
						10/1/25 -							
						1/1/26 -							
						4/1/26 -	6/30	0/26					
Water Sy	stem Fac	ility: ENTRY	POINT (V	VSF ID: 00700)									
	And Nitri											-	RT) per yeai
		t (Sampling Po	oint ID)			Monitori			Collec	tion Per	riod		ance Status
ENTF	RY POINT (3)				1/1/24 -							mplete
						1/1/25 -						Со	mplete
						1/1/26 -					_		
				Other C	ompliance	Sched	lule	S					
Complian	ce Schedu	le Activity					Due I	Date		Achie	ved	Date	
RESPOND	TO SANIT	ARY SURVEY				6	5/30/	2022					
		,	Water S	ystem Facili	ity and Sai	mnling	Po	int In	vento	rv			
Water			Trate: 0	, , , , , , , , , , , , , , , , , , , ,	ity and bai	P9	. •		Total	Lead (and		
System	Water Sy	stem Facility		Sampling Point	Sampling Poi	nt			Coliforn				Stage
Facility IE	_	•		. ID	Description		9	Status	Rule			Asbestos	WQP 2 DBP
00600	DISTRIBL	TION SYSTEM		4	DISTRIBUTION	N SYSTEM		Α	Υ				
				DOWNSTREAM	WITHIN 5 SER	RVICE CON	٧	Α					
				UPSTREAM	WITHIN 5 SER	RVICE CON	١	Α					
00700	ENTRY P	DINT		3	ENTRY POINT	•		Α					
53549	WELL 2			2	WELL 2			Α					
62505	TREATM	ENT PLANT											
				Con	tact Infori	mation							
Name				Or	rganization							Job Title	
Mr. Ahme	ed Choudh	ry		Вє	estway Food St	ore, Inc.			٥١	vner			
Mailing A	ddress Lin	e One		Mailing Address	s Line Two				(City		State	Zip Code
PO Box 12	26								wich			СТ	06360
Busines	s Phone	Extension	Fax	Mobi	le Phone E	mergency	Pho	ne Ema	ail Addre	ess			

	dominocorous 2 opan umo				2	,	50001011					
	Water Quality M	Ionitoring an	d Con	npl	liance S	Schedul	e					
PWS ID	PWS Name			Cla	ssification	Population	Owner Type P	rimary Source				
CT1140204	CITGO GAS STATION - PRESTON		NC 25			25	Р	GW				
Local Address (\	where applicable)	Service	Residen	itial	Commercia	al Industri	al Combined	Agricultural				
37 ROUTE 2		Connections			1							
Towns Served: I	PRESTON											
860-608-963	860-608-9636 bestway411@yahoo.com											
Contact Role(s):	Administrative Contact, Legal Conta	ct, Owner										

Connecticut Department of Public Health Drinking Water Section

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С	onnectic	ut Depa	rtment	of	Public	Health I	Drin	king '	Wa	iter Se	ction	
	Wa	ter Oual	lity Mo	nite	oring a	nd Com	oliai	nce So	che	dule		
PWS ID PW	/S Name				911118						er Type I	Primary Source
	ESTON PUBLIC	C LIBRARY					NO		2!		L	GW
Local Address (whe					Service	Residentia		mmercial			Combined	
389 ROUTE 2					Connectio			1				2 7 18 1 10 11 10 11 11
Towns Served: PRES	STON											
			Mo	nito	ring Po	quiremen	tc					
Water System Fac	ility: DISTR	IBUTION SY				quireilleil	LS					
Total Coliform (3	3100)									1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitoring	y Perio	od Coll	lecti	on Period	Comp	liance Status
Select from Inv	entory of Act	ive Sampling	Points			4/1/25 - 6	/30/25	5			С	omplete
						7/1/25 - 9	/30/25	5			С	omplete
						10/1/25 - 1	2/31/2	25			С	omplete
						1/1/26 - 3						
						4/1/26 - 6	/30/26	5				
Physical Paramet	ers (PPS)									1 rou	tine (RT)	per quarter
Sampling Poin	= =	oint ID)				Monitoring	y Perio	od Coll	lecti	on Period		liance Status
Select from Inv	entory of Act	ive Sampling	Points			4/1/25 - 6	/30/25	5			С	omplete
						7/1/25 - 9	/30/25	5			С	omplete
						10/1/25 - 1					С	omplete
						1/1/26 - 3						·
						4/1/26 - 6	-					
Water System Fac	ility: ENTR	Y POINT (W	/SF ID: 007	'00)								
Nitrate And Nitri	•	•		-						1	routine (RT) per year
Sampling Poin		oint ID)				Monitoring	a Perio	od Coll	lecti	on Period	-	liance Status
ENTRY POINT (,										omplete
	- /					1/1/25 - 12						omplete
						1/1/26 - 12						
			Othe	r Co	mplian	ce Schedu						
Compliance Schedu	le Activity					Dι	ıe Dat	е		Achieved I	Date	
CROSS CONNECTIO	N EXEMPTION					3/	1/202	9				
		Water Sy	/stem Fa	acilit	ty and S	ampling P	oint	Inven	tor	У		
Water								Tota		Lead and		
	stem Facility		Sampling Po					Colifo		Copper		Stage
Facility ID			ID		Description		Stat		e	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	Α	, Y				
			DOWNSTRE	AM	WITHIN 5 9	SERVICE CON	Α					
			UPSTREA			SERVICE CON	Α					
00700 ENTRY P	TNIC		3		ENTRY POI	NT	Α	<u>I</u>				
					WELL 1		Α					
48777 WELL 1			2		AAETT 1		, ,					
48777 WELL 1						rmation	,,					
48777 WELL 1 Name				Cont		ormation	,				Job Title	
				Cont	tact Info	ormation					Job Title	
Name	e One			Org	tact Info	ormation			Cit	у	Job Title State	Zip Code
Name Preston	e One Extension	Fax	Mailing Add	Org Org	tact Info	ormation Emergency P						Zip Code

C	onnectic	ut Depa	rtment	of I	Public	Health	ı Dri	inking	Water	· Se	ction	
	Wa	ter Qua	lity Mor	nito	oring a	nd Con	npli	ance S	chedul	le		
PWS ID PV	NS Name						Class	ification	Population	Own	ner Type	Primary Sourc
CT1141104 PF	RESTON PUBLIC	C LIBRARY						NC	25		L	GW
Local Address (whe	ere applicable)			9	Service	Resider	ntial C	ommercia	al Industri	ial	Combine	d Agricultura
389 ROUTE 2				(Connection	ns		1				
Towns Served: PRE	STON									·		
Contact Role(s): C	wner											
Name				Org	anization						Job Title	
Mr. Robert M Con	gdon			Tow	vn of Presto	on			First Selec	ctmar	1	
Mailing Address Lir	ne One		Mailing Add	ress l	Line Two				City		State	Zip Code
Town Hall			389 Route 2					Prestor	1		СТ	06365
Business Phone	Extension	Fax	М	Mobile Phone Emergency Phone				e Email A	ddress			
860-887-5581		860-885-	1905					congdo	n@preston	-ct.or	g	
Contact Role(s): L	egal Contact		·					·				
Name				Org	ganization						Job Title	
Mr. Joseph Cansle	r			SCV	VA				General N	∕lanag	ger	
Mailing Address Lir	ne One		Mailing Add	ress l	Line Two				City		State	Zip Code
P.O. Box 415			1649 Route	12				Gales F	erry		СТ	06335-0415
Business Phone	Extension	Fax	М	lobile	e Phone	Emergency	y Phon	e Email A	ddress			
860-464-0232		860-464-2	2876 86	50-94	1-3406			j.cansle	r@waterau	ıthori	ty.org	
Contact Role(s): A	dministrative	Contact	·									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

C	onnoctic	ut Donautu	aont of	f Dublic	Hoolth 1	Drin	lrinc	Motor	Coation	
C		ut Departn								
	Wat	ter Quality	Monit	oring a	nd Comj	plia	nce S	chedule		
PWS ID PV	VS Name				C	Classifi	cation	Population O	wner Type P	rimary Source
CT1149044 PR	ESTON COMM	IUNITY PARK - 10	LINCOLN	RD		N	С	25	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Coi	mmercia	al Industrial	Combined	Agricultural
10 LINCOLN ROAD				Connection	ns		1			
Towns Served: PRES	STON									
			Monit	oring Red	quiremen	ts				
Water System Fac	cility: DISTR	IBUTION SYSTEI								
Total Coliform (3	3100)							1 r	outine (RT)	per quarter
Sampling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Co	ollection Perio	d Compl	iance Status
Select from Inv	ventory of Acti	ve Sampling Point	:S		4/1/25 - 6	/30/2	5		Co	mplete
					7/1/25 - 9	/30/2	5		Co	mplete
					4/1/26 - 6	/30/2	6			
Physical Paramet	ters (PPS)							1 r	outine (RT)	per quarter
Sampling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Co	ollection Perio	d Compl	iance Status
Select from Inv	ventory of Acti	ve Sampling Point	:S		4/1/25 - 6	/30/2	5		Co	mplete
					7/1/25 - 9	/30/2	5		Co	mplete
					4/1/26 - 6	/30/2	6			
Water System Fac	cility: ENTRY	POINT (WSF II	D: 00700)							
Nitrate And Nitri	te (NOX)								1 routine (RT) per year
Sampling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Co	ollection Perio	d Compl	iance Status
ENTRY POINT	(3)				1/1/24 - 12	2/31/2	24		Co	mplete
					1/1/25 - 12	2/31/2	25		Co	mplete
					1/1/26 - 12	2/31/2	26			
		Pu	blic Not	tification	Requirer	nent	ts			
			C	ompliance	Notice	<u>P</u>	Public No	<u>otification</u>	PN Cer	<u>tification</u>
Violation/Situation				Period	Tier		quired	Performed		Received
REVISED TOTAL COI		•	-	3/23 - 4/14/2		_	5/2025		6/16/2025	
		Water Syste	m Facil	ity and S	ampling F	oint	t Invei	<u> </u>		
Water	ustam Fasilitu	Come	lina Doint	Campalina D) o i n t			tal Lead ar		Charac
System Water Sy Facility ID	ystem Facility	Samp	iing Point ID	Sampling P Description			Colif			Stage WQP 2 DBPR
	JTION SYSTEM		4	DISTRIBUTI		Sta	tus	ale Rule II	er Asbestos	WQF Z DDF K
00000 DISTRIBU	JIION STSTEIN				ERVICE CON	A A				
			STREAM		SERVICE CON	Α				
00700 ENTRY P	OINT	UP:	3	ENTRY POI		Α				
54784 WELL 1	Olivi		2	WELL 1	N I	Α				
34764 WELL I						P	<u>`</u>			
Namo					rmation				lob Title	
Name				rganization	0. Doorostis :-				Job Title	
Ms. Gail Rigney	o Onc	N 4 = :1:			& Recreation			City	Ctoto	7in Cod-
Mailing Address Lin 389 Route 2	e One	IVIAIII	ng Addres	s Line Two			Droots	City	State	Zip Code
	Evtonsion	Fav	N 4 = I- :	ilo Dhana	Emeracia	hor-	Preston		СТ	06365
Business Phone	Extension	Fax	IVIODI	ile Phone	Emergency P	none	Emall A	uuress		
860-889-2482	and Countries	860-885-0171								
Contact Role(s): Le	gai Contact									

(Jonnecuc	ut Depa	n une		Public	пеани	עו	HIIKIIIE	g water	Sectio	П	
	Wa	ter Qua	lity M	Ionit	oring a	nd Con	np)	liance S	Schedul	le		
PWS ID F	PWS Name				Classification F		Population	Owner Typ	e P	rimary Source		
CT1149044 PRESTON COMMUNITY PARK - 10 LINCOLN RD								NC	25	Р		GW
Local Address (where applicable)					Service	Residen	itial	Commerci	al Industri	al Comb	ned	Agricultural
10 LINCOLN ROAD)				Connection	ns		1				
Towns Served: PR	ESTON											
Name				Org	ganization					Job T	itle	
Mr. Joseph Cansl	er			SC\	WA				General N	1anager		
Mailing Address L	ine One		Mailing	Address	Line Two				City	Stat	е	Zip Code
P.O. Box 415 1649 Route 12				ute 12		Gales Ferry			erry	СТ		06335-0415
Business Phone	Extension	Fax		Mobile	e Phone	Emergency Phone Email Address						
860-464-0232	860-464-0232 860-464-2876 860-941-3406						j.cansler@waterauthority.org					
Contact Role(s):	Administrative	Contact						•				-

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

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

C	onnecticu	t Depart	ment o	f Public	Health	Drinl	king V	Vater	Sect	ion					
Water Quality Monitoring and Compliance Schedule															
PWS ID PV	VS Name					Classifica	ation Po	pulation	Owner	Type P	rimary Source				
CT1149054 BE	STWAY CONVE	NIENCE STORE				NC		25	Р		GW				
Local Address (whe	re applicable)			Service	Resident	ial Com	mercial	Industria	al Co	mbined	Agricultural				
397 NORWICH WES	TERLY ROAD			Connection	ıs		1								
Towns Served: PRE	STON			'		'									
				oring Rec	quireme	nts									
Water System Fac	•	BUTION SYST	EM (WSF I	D: 00600)											
Total Coliform (3	-										per quarter				
	t (Sampling Poi				Monitorin	_	l Colle	ection Pe	riod		ance Status				
Select from Inv	ventory of Activ	e Sampling Poi	nts		4/1/25 -						mplete				
					7/1/25 -					Со	mplete				
					10/1/25 -		5								
					1/1/26 -										
					4/1/26 -	6/30/26									
Physical Parame											per quarter				
	t (Sampling Poi				Monitorin		l Colle	ection Pe	riod		ance Status				
Select from Inv	ventory of Activ	e Sampling Poi	nts		4/1/25 - 6/30/25						mplete				
					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 Fac	cility: ENTRY	POINT (WSF	ID: 00700)												
Nitrate And Nitri									1 rou	ıtine (F	RT) per year				
	t (Sampling Poi	int ID)			Monitorin	ng Period	Colle	ection Pe	riod	Compli	ance Status				
ENTRY POINT	(3)				1/1/24 - 1					Со	mplete				
					1/1/25 - 1	2/31/25				Со	mplete				
					1/1/26 - 1	2/31/26									
	V	Nater Syst	em Facil	Water System Facility and Sampling Point Inventory											
				,	ampinig	Ponit	mvent	.UI y							
Water				,	ampinig	Politi	Tota		and						
	ystem Facility	San		Sampling P	oint	Polit		l Lead			Stage				
	ystem Facility	San			oint	Statu	Total Colifor	Lead m Cop	per	bestos	Stage WQP 2 DBPR				
System Water S Facility ID	ystem Facility JTION SYSTEM	San	pling Point	Sampling P	oint		Total Colifor	Lead m Cop	per	bestos	_				
System Water S Facility ID			npling Point ID 4	Sampling P Description	oint ON SYSTEM	Statu A	Total Colifor Rule	Lead m Cop	per	bestos	_				
System Water S Facility ID		DO	npling Point ID 4	Sampling P Description DISTRIBUTION WITHIN 5 S	oint ON SYSTEM	Statu A A	Total Colifor Rule	Lead m Cop	per	bestos	_				
System Water S Facility ID	JTION SYSTEM	DO	npling Point ID 4 WNSTREAM	Sampling P Description DISTRIBUTION WITHIN 5 S	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A	Total Colifor Rule	Lead m Cop	per	bestos	_				
System Water S Facility ID 00600 DISTRIBU	JTION SYSTEM	DO	npling Point ID 4 WNSTREAM PSTREAM	Sampling P Description DISTRIBUTION WITHIN 5 S	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A	Total Colifor Rule	Lead m Cop	per	bestos	_				
System Water S Facility ID 00600 DISTRIBU 00700 ENTRY P	JTION SYSTEM	DO	Appling Point ID 4 WNSTREAM PSTREAM 3 2	Sampling P Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A	Total Colifor Rule	Lead m Cop	per	bestos	_				
System Water S Facility ID 00600 DISTRIBU 00700 ENTRY P	JTION SYSTEM	DO	Appling Point ID 4 WNSTREAM PSTREAM 3 2 Cor	Sampling P Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A	Total Colifor Rule	Lead m Cop	oer Tier As		_				
System Water Syste	JTION SYSTEM OINT	DO	Appling Point ID 4 WNSTREAM PSTREAM 3 2 Cor	Sampling P Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A	Total Colifor Rule	Lead m Cop	oer Tier As	b Title	_				
System Water S Facility ID 00600 DISTRIBU 00700 ENTRY P 61034 WELL #1 Name Mr. Rizwan Jameel	JTION SYSTEM OINT	DO'	Popling Point ID 4 WNSTREAM PSTREAM 3 2 Cor	Sampling P Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 Itact Info	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A	Total Colifor Rule	Lead m Copp Rule	per Tier As	b Title	WQP 2 DBPR				
System Water System Facility ID 00600 DISTRIBU 00700 ENTRY P 61034 WELL #1	JTION SYSTEM OINT	DO'	Appling Point ID 4 WNSTREAM PSTREAM 3 2 Cor	Sampling P Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 Itact Info	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A A	Total Colifor Rule	Lead m Cop	per Tier As		_				
System Water S Facility ID 00600 DISTRIBU 00700 ENTRY P 61034 WELL #1 Name Mr. Rizwan Jameel Mailing Address Lin	JTION SYSTEM OINT	DO'	Popling Point ID 4 WNSTREAM PSTREAM 3 2 Cor O illing Addres	Sampling P Description DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIN WELL #1 Itact Info	oint ON SYSTEM ERVICE CON ERVICE CON	Statu A A A A	Total Colifor Rule Y	Lead m Copp Rule	per Tier As	b Title	WQP 2 DBPR				

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Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

	· · · · · · · · · · · · · · · · · · ·				_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1149054	BESTWAY CONVENIENCE S	STORE			NC	25	Р	GW
Local Address (where applicable)			Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural
397 NORWICH WESTERLY ROAD			Connections		1			

Towns Served: PRESTON

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

End of schedule

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(Connectic	ut Depa	rtment o	of Public	Health	Drir	nking	Wa	ater	Se	ction		
	Wa	ter Oua	lity Moni	itoring a	nd Con	nplia	nce S	Sche	edul	e			
PWS ID P	WS Name	<u> </u>	_ · <i>J</i>	0 -							er Type P	rimary	Source
CT1149074 V	FW POST 9452					N		. 2			Р	G۷	
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al In	dustri	al	Combined	Agrio	cultural
28 SPICER ROAD	,			Connectio	ns		1						
Towns Served: PR	ESTON							_					
			Moni	toring Re	auireme	nts							
Water System Fa	acility: DISTR	IBUTION SY			quireme	1163							
Total Coliform	(3100)								1	l rou	tine (RT)	per qu	uarter
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Perio	od Co	ollecti	ion Pei	riod	Compl	iance S	tatus
Select from I	nventory of Act	ive Sampling	Points		4/1/25 -	6/30/2	5				Co	mplete	е
					7/1/25 -	9/30/2	.5				Co	mplete	e
					10/1/25 -	12/31/	'25				Co	mplete	e
					1/1/26 -	3/31/2	6						
					4/1/26 -	6/30/2	6						
Physical Param	eters (PPS)								1	rou	tine (RT)	per qu	uarter
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Perio	od Co	ollecti	ion Pei	riod	Compl	iance S	tatus
Select from I	nventory of Act	ive Sampling	Points		4/1/25 -	6/30/2	.5				Co	mplete	e
					7/1/25 -	9/30/2	.5				Co	mplete	e
					10/1/25 -	12/31/	'25				Co	mplete	e
					1/1/26 -	3/31/2	6						
					4/1/26 -	6/30/2	6						
Water System Fa	acility: ENTR	POINT (W	/SF ID: 00700))									
Nitrate And Nit	rite (NOX)									1	routine (RT) pe	r year
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Perio	od Co	ollecti	ion Pei		=	iance S	-
ENTRY POINT	(3)				1/1/25 -	12/31/2	25				Co	mplete	e
					1/1/26 -	12/31/2	26						
		Water Sy	ystem Faci	lity and S	Sampling	Point	t Inve	ntor	у				
Water							То	tal	Lead	and			
System Water	System Facility		Sampling Poin	t Sampling I	Point		Colij	form	Сор	per			Stage
Facility ID			ID	Description	n	Sta	itus Ri	ule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DISTRII	BUTION SYSTEM	l	4	DISTRIBUT	ION SYSTEM	P	٩ .	Υ					
			BATHROOM1	BATH 1 SIN	I K	P	٩ .	Υ					
			BATHROOM2	BATH 2 SIN	I K	P	٩ .	Υ					
			BATHROOM3	BATH 3 SIN	IK	A	4	Υ					
			CANTEEN	CANTEEN S	SINK	A	4	Υ					
			DOWSTREAM	WITHIN 5	SERVICE CON	I A	٩ .	Υ					
			UPSTREAM	WITHIN 5	SERVICE CON	I A	٩ .	Υ					
00700 ENTRY	POINT		3	ENTRY POI	NT	P	4						
63287 WELL 1	-		2	WELL 1		P	4						
			Со	ntact Info	ormation								
Name				Organization							Job Title		
Mr. William T. Mo	CLellan							Owi	ner				
Mailing Address L	ne One		Mailing Addre	ss Line Two				Ci	ty		State	Zip C	ode
28 Spicer Road							Preston				СТ	063	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddres	SS		1		
860-383-2884							vfwpost	t9452	@gma	ail.co	m		

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

						_ <u> </u>			
PW5	SID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1	149074	VFW POST 9452				NC	25	Р	GW
Local Address (where applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
28 S	SPICER ROAD			Connections		1			

Towns Served: PRESTON

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

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