

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 | Residential | Commercial | Industrial | Combined | Agricultural |
| HOLLOWELL 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 |

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 |

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 | | | | |
| 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**

| | | | | | | | | | |
|--------------------------|--|-----------|--------------------------|----------------------------|--------------|-----------------|--------------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Ms. Jill Woodmansee | | | | Amos Lake Beach Campground | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 36 Pendletown Road | | | | | | Preston | | CT | 06365 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-889-6205 | | | | | | | amoslakecamp@comcast.net | | |

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 |
| CT1140014 | AMOS LAKE BEACH-SYSTEM 2:CAMPGROUND WELL | NC | 40 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| HOLLOWELL ROAD | | | 1 | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Brandon W. Belair | | 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): Legal Contact | | | | | |

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | | |

| 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 | | |

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 |
| CT1140034 | CALVARY BAPTIST CHURCH | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 97 ROUTE 165 | | | | 1 | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Pastor Frank Lamonte | | | | Pastor | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 12 Route 164 | | | | Preston | CT |
| Zip Code | | | | | |
| | 06365 | | | | |
| 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 | |
|---|--------------------|----------------------------|-------------------|
| 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 | | |

| 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 | | |

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 | | |
| | 1/1/26 - 3/31/26 | | |

| 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 | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|-------------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| 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

| 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 | | | | |

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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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 352 ROUTE 2 | | | | 3 | | | |
| Towns Served: PRESTON | | | | | | | |

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> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

| 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 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

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 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

| 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 | | | | |
| 59278 | TREATMENT PLANT | | | | | | | |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | | | | | | | | |

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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | | |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
| 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 | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | |

| 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 | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | |

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.

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 |
| 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): Legal Contact | | | | | |
| Name | | | Organization | | Job Title |
| Ms. Priscilla Migliaccio | | | 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): Administrative Contact, Owner | | | | | |
| <p>Please note the following:</p> <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | |

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 |

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 |

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 |
| CT1140094 | PRESTON COMMUNITY PARK - 13 RT 117 | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 13 ROUTE 117 | | | 1 | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Joseph Cansler | | 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | |
|---|--------------------|----------------------------|-------------------|
| 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 | | |

| 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 | | |

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 | | | |
| | | DOWNSTEAM | 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 |
| CT1140104 | PRESTON TOWN HALL | NC | 25 | L | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 389 ROUTE 2 | | | 1 | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Robert M Congdon | | 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): Legal Contact | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Joseph Cansler | | 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: <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | |

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 | | |

| 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 | | |

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 | | |
| Contact Role(s): | Administrative Contact | | | | | | | | |

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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 |
| CT1140114 | ST CATHERINE OF SIENA | NC | 29 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 243 PRESTON PLAINS ROAD (ROUTE 164) | | | 1 | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Father Ted F Tumicki | | 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): 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | | |

| 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 | | |

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@sbcbglobal.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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-----------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| 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 | | | | | | | |

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 | | |

| 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 | | |

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 | | | | |
| 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | | |
|----------------------------------|--------------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
| CT1140164 | AMOS LAKE BEACH - SYSTEM #1:PAVILION | | | NC | 35 | P | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| HOLLOWELL ROAD | | | Connections | 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 | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | |
| | 4/1/26 - 4/30/26 | | |

| 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 | 5/1/25 - 5/31/25 | | Complete |
| | 6/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | |
| | 4/1/26 - 4/30/26 | | |

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 |
| CT1140164 | AMOS LAKE BEACH - SYSTEM #1:PAVILION | NC | 35 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| HOLLOWELL ROAD | | 4 | | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Ms. Jill Woodmansee | | 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): 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 | |
|----------------------------------|------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

| 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 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |

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 | | | |
| | | DOWNSTEAM | 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 | | | |
| 860-887-4647 | | | | 860-608-9266 | pccc@snet.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 |
|----------------------------------|------------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| 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

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-----------------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| 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 | | |
| | 1/1/26 - 3/31/26 | | |

| 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 | | |

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 | | | | |
| | | | | | | | | | |
| 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 |
| CT1140174 | PRESTON SENIOR CENTER | NC | 25 | L | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 42 LONG SOCIETY ROAD | | | 1 | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Robert M Congdon | | 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): Legal Contact | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Joseph Cansler | | 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: | | | | | |
| <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | |

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 | | |

| 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 | | |

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 | | |
| 860-887-5736 | | | | | | | bestway411@yahoo.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 |
|----------------------------------|-----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| 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 | | | | | | | |

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | |
| <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 | | |

| | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| 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 | | |

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

| 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 | | |
| | | | | | | | | | | |
| 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 |
| CT1141104 | PRESTON PUBLIC LIBRARY | NC | 25 | L | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 389 ROUTE 2 | | | 1 | | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Robert M Congdon | | 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): Legal Contact | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Joseph Cansler | | 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: | | | | | |
| <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | |

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

| <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 |

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 |

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 | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification Required</i> | <i>Public Notification Performed</i> | <i>PN Certification Due to DPH</i> | <i>PN Certification Received</i> |
|------------------------------------|--------------------------|--------------------|-------------------------------------|--------------------------------------|------------------------------------|----------------------------------|
| 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

| <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 | A | | | | |
| | | DOWNSTREAM | 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 |
| CT1149044 | PRESTON COMMUNITY PARK - 10 LINCOLN RD | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 10 LINCOLN ROAD | | | | 1 | |
| Towns Served: PRESTON | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Joseph Cansler | | 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 | Residential | Commercial | Industrial | Combined | Agricultural |
| 397 NORWICH WESTERLY ROAD | | | Connections | | 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 | | |

| 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 | | |

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 | | | | | | | | | | |

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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 |
|----------------------------------|---------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| 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 | | | | | | | | |

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 | | |

| | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| 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 | | |

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

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

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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 | | | | | | | | |

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End of schedule