	Connecticut Dep							ection
	Water Qu	iality Monit	oring an	d Com	ıplianc	e Sch	redule	
PWS ID	PWS Name				Classificat	on Pop	ulation Ow	ner Type Primary Source
CT1140014	AMOS LAKE BEACH-SYSTE	M 2:CAMPGROUN	ID WELL		NC		40	P GW
Local Addr	ess (where applicable)		Service	Resident	tial Comm	ercial	Industrial	Combined Agricultura
HOLLOWE	LL ROAD		Connections		1	-		
Towns Serv	ved: PRESTON							
		Monite	oring Requ	uireme	nts			
Water Sys	stem Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)					
Total Coli	iform (3100)						1 rou	ıtine (RT) per quarteı
Samp	ling Point (Sampling Point ID)			Monitorii	ng Period	Collec	ction Period	Compliance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 -	8/31/19			Complete
				4/1/20 -	6/30/20			
				7/1/20 -	9/30/20			
	iform (3100)							epeat (RP) per period
	ling Point (Sampling Point ID)			Monitori		Collec	tion Period	Compliance Status
Select	from Inventory of Active Sampl	ing Points		9/18/19 -				Complete
				9/18/19 -				Complete
				9/18/19 -	9/23/19			Complete
Physical I	Parameters (PPS)						1 rou	ıtine (RT) per quarteı
	ling Point (Sampling Point ID)			Monitori		Collec	tion Period	Compliance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30/19			Complete
				4/1/20 -	6/30/20			
				7/1/20 -	9/30/20			
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate A	and Nitrite (NOX)						1	routine (RT) per year
Samp	ling Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Period	Compliance Status
ENTR	Y POINT (3)			1/1/19 - 1	12/31/19			Complete
				1/1/20 - 3	12/31/20			
				1/1/21 - :	12/31/21			
Water Sys	stem Facility: WELL (WSF ID	: 21976)						
E. Coli (3	3014)						1 trig	gered (TG) per period
Samp	ling Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Period	Compliance Status
WELL	(2)			9/17/19 -	9/23/19			Complete
				9/17/19 -	9/23/19			Complete
				9/17/19 -	9/23/19			Complete
		Other C	ompliance	Sched	ules			
Complianc	e Schedule Activity			L	Due Date		Achieved	Date
SEASONAL	START UP COMPLETION				5/1/2020			
	Water	System Facili	ity and Sai	mpling	Point Ir			
Water	Markey Coaks # 400	C	Community of the			Total	Lead and	_
	Water System Facility	Sampling Point ID	Sampling Poil Description	nt		Coliforn		Stage
Facility ID	DICTRIBUTION CYCTCS &		-	N CVCTT* 1	<u>Status</u>	Rule	Kule Her	Asbestos WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ		
		DOWNSTREAM						
00700	ENTRY DOINT	UPSTREAM	WITHIN 5 SEF					
	ENTRY POINT	3	ENTRY POINT		Α .			
21976	WELL	2	WELL		A			

C	onnectic						U		ection		
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 P	GW	
Local Address (who				Service	Resider		ommercial		Combine		
HOLLOWELL ROAD	<u>-</u>			Connectio	ns		1				
Towns Served: PRESTON											
			Co	ntact Info	rmation	1					
Name Organization								Job Title	е		
Mr. Dell Woodma	nsee			Amos Lake Be	ach Campg	round					
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Zip Code	
36 Pendleton Road	1						Preston		СТ	06365	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phon	e Email Ad	dress			
860-889-6205											
Contact Role(s):	Owner										
Name	Organization				Job Title						
Ms. Jill Woodman		Amos Lake Beach Campground									
Mailing Address Line One Mailing Address				ss Line Two			City	State	Zip Code		

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

Extension

Please note the following:

36 Pendletown Road

Business Phone

860-889-6205

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

Mobile Phone

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

Fax

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.

Preston

Emergency Phone Email Address

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

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

End of schedule

Page 2

06365

CT

	Connecticut Departmen	t of Public He	ealth Di	rinking	g Water S	Section	
	Water Quality Mo			`			
PWS ID	PWS Name	0			Population O		imary Sourc
CT1140034	CALVARY BAPTIST CHURCH			NC	25	P	GW
Local Address ((where applicable)	Service	Residential	Commerc	ial Industrial	Combined	Agricultura
97 ROUTE 165		Connections		1			
Towns Served:	PRESTON						1
	Mo	nitoring Requi	rements				
Water Systen	n Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)					
Total Colifor	m (3100)				1	routine (RT)	per month
Sampling	Point (Sampling Point ID)	N	lonitoring P	eriod (Collection Perio		ance Status
Select fro	m Inventory of Active Sampling Points	10	/1/19 - 10/	31/19		Coi	mplete
		11	./1/19 - 11/	30/19		Coi	mplete
		12	2/1/19 - 12/	31/19		Coi	mplete
		1	./1/20 - 1/3	1/20		Coi	mplete
		2	2/1/20 - 2/2	9/20		Coi	mplete
			3/1/20 - 3/3	1/20			
			/1/20 - 4/3	0/20			
		5	5/1/20 - 5/3	1/20			
			5/1/20 - 6/3				
		7	//1/20 - 7/3	1/20			
		3	3/1/20 - 8/3	1/20			
		g	/1/20 - 9/3	0/20			
Total Colifor	•				3	repeat (RP)	
	Point (Sampling Point ID)		lonitoring P		Collection Perio		ance Status
	m Inventory of Active Sampling Points	9	/19/19 - 9/2	4/19			mplete
•	ameters (PPS)					routine (RT)	-
	Point (Sampling Point ID)		lonitoring P		Collection Perio		ance Status
Select fro	m Inventory of Active Sampling Points		/1/19 - 10/				mplete
			./1/19 - 11/				mplete
			2/1/19 - 12/				mplete
			./1/20 - 1/3				mplete
			2/1/20 - 2/2			Coi	mplete
			3/1/20 - 3/3	•			
			/1/20 - 4/3				
			5/1/20 - 5/3				
			5/1/20 - 6/3				
			//1/20 - 7/3				
			3/1/20 - 8/3	-			
Matarica	- Facility - FAITDY DOINE (1997 IS 20)/1/20 - 9/3	0/20			
•	n Facility: ENTRY POINT (WSF ID: 00	700)					_\
	Nitrite (NOX)	_	lande-ut	ante d		1 routine (R	
	Point (Sampling Point ID)		lonitoring P		Collection Perio		ance Status
ENTRY PC) INI (3)		/1/19 - 12/3	-			mplete
			/1/20 - 12/3 /1/21 12/3			Coi	mplete
Mator Custon	a Facility: MELL (MCF.ID. 24070)	1	/1/21 - 12/3	1/21			
water Systen	n Facility: WELL (WSF ID: 21978)						

Monitoring Period

1 triggered (TG) per period

Compliance Status

Collection Period

Schedule Generation Date: 3/10/2020 Page 3

E. Coli (3014)

Sampling Point (Sampling Point ID)

	Co	onnectic	ut Depa	rtment	of Public	Health I	Drin	iking '	Water	Sec	tion	
		Wa	ter Qual	lity Mon	itoring a	nd Com	plia	nce So	chedul	e		
PWS ID	PW	/S Name				C	lassifi	cation Po	opulation	Owne	r Type Pr	rimary Source
CT114003	4 CA	LVARY BAPTIS	ST CHURCH				N	С	25	F)	GW
Local Addr	ess (whe	re applicable)			Service	Residentia	al Coi	mmercial	Industria	l Co	ombined	Agricultural
97 ROUTE	165				Connection	ns		1				
Towns Ser	ved: PRES	STON			"	"	'			'		'
				Moni	itoring Red	quiremen	ts					
Water Sy:	stem Fac	cility: WELL	(WSF ID: 2	1978)								
E. Coli (3	3014)								1 t	rigge	red (TG)	per period
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	g Perio	od Coll	lection Per	iod	Compli	ance Status
WELL	. (2)					9/18/19 - 9	9/24/1	.9			Co	mplete
				Other	Compliand	ce Schedu	ıles					
Compliand	ce Schedu	le Activity				Du	ıe Dat	e	Achiev	red Da	ite	
RESPOND	TO SANIT	ARY SURVEY				1/2	19/201	17				
			Water Sy	stem Fac	ility and Sa	ampling F	oint	Inven	tory			
Water								Tota	al Lead o	and		
System	Water S	ystem Facility	:	Sampling Poi	nt Sampling P	Point		Colifo	rm Copp	er		Stage
Facility ID	1			ID	Description)	Sta	tus Rul	e Rule i	Tier A	sbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM]	4	DISTRIBUTI	ON SYSTEM	Δ	Y				
				DOWNSTREA	M WITHIN 5 S	ERVICE CON	Δ	١				
				UPSTREAM	WITHIN 5 S	ERVICE CON	Δ	١				
00700	ENTRY P	OINT		3	ENTRY POI	VT	Д	١				
21978	WELL			2	WELL		Δ	١				
				Co	ntact Info	rmation						
Name					Organization					Jo	ob Title	
Mr. Ken Tı	roeger				Calvary Baptis	t Church			Trustee			
Mailing Ad	dress Lin	e One		Mailing Addr	ess Line Two				City		State	Zip Code
224 Case S	Street							Norwich			СТ	06360
Business	Phone	Extension	Fax	Mo	bile Phone	Emergency P	hone	Email Ad	dress		·	
860-887	7-2626											
Contact Ro	ole(s): Le	gal Contact										
Name					Organization					J	ob Title	
Pastor Fra	nk Lamoi	nte							Pastor			
Mailing Address Line One Mailing Ad			Mailing Addr	ress Line Two				City		State	Zip Code	
12 Route 1	L64							Preston			СТ	06365
Business	Phone	Extension	Fax	Mo	bile Phone	Emergency P	hone	Email Ad	dress			
860-887	7-3245											

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

Contact Role(s): Administrative Contact, Owner

- 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 Departmen	nt of Public H	lealth	Drink	king '	Water	Section	
Water Quality M	onitoring and	d Com	plian	ce So	chedule	2	
PWS ID PWS Name	00					Owner Type Pr	imary Source
CT1140044 LU - MACS PACKAGE STORE			NC		32	P	GW
Local Address (where applicable)	Service	Residenti	ial Comi	mercial	Industria	I Combined	Agricultural
352 ROUTE 2	Connections			3			
Towns Served: PRESTON			l		1		
M	onitoring Requ	iremen	nts				
Water System Facility: DISTRIBUTION SYSTEM (
Total Coliform (3100)					1	routine (RT) _ا	er quarter
Sampling Point (Sampling Point ID)		Monitorin		Col	lection Peri		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9					mplete
		10/1/19 - 1		1			mplete
		1/1/20 - 3				Со	mplete
		4/1/20 - 6					
		7/1/20 - 9	9/30/20			(1	-
Physical Parameters (PPS)		0 <i>0</i> tot	0	G-1		routine (RT) _ا	•
Sampling Point (Sampling Point ID)		Monitorin		Col	lection Peri		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9 10/1/19 - 1					mplete mplete
	-	1/1/20 - 3					mplete
		4/1/20 - 6				CO	ilipiete
		7/1/20 - 9					
Water System Facility: ENTRY POINT (WSF ID: 0	0700)	7/1/20 - 3	5/30/20				
Nitrate (1040)	<i>-</i>				1	routine (RT) ¡	ner quarter
Sampling Point (Sampling Point ID)		Monitorin	a Period	Col	lection Peri		ance Status
ENTRY POINT (3)		7/1/19 - 9					mplete
2(0)		10/1/19 - 1	• •)			mplete
		1/1/20 - 3					mplete
		4/1/20 - 6					•
		7/1/20 - 9					
Nitrite (1041)						1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorin	g Period	Col	lection Peri	od Compli	ance Status
ENTRY POINT (3)		1/1/19 - 1	2/31/19			Со	mplete
		1/1/20 - 1	2/31/20			Co	mplete
		1/1/21 - 1	2/31/21				
Public	Notification R	equire	ments				
	Compliance	Notice			<u>ification</u>		<u>ification</u>
Violation/Situation	Period	Tier	Requ		Performed		Received
Nitrate M&R Violation	7/1/05 - 9/30/05	2	3/9/2			3/19/2006	
Nitrate M&R Violation	10/1/05 - 12/31/05	2	5/6/2			5/16/2006	
Physical Parameters M&R Violation Repeat Total Coliform M&R Violation	7/1/08 - 9/30/08 10/1/13 - 12/31/13	3	12/10/ 6/26/			12/20/2009	
E. Coli M&R Violation	10/1/13 - 12/31/13	3	5/2/2			7/6/2014 5/12/2015	
					.	3/12/2013	
Water System I	racility and Sar	npiing l	Point i		•		
Water System Water System Facility Sampling Facility ID ID	Point Sampling Poil Description	nt	Statu	Toto Colifo Rul	orm Copp		Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	SYSTEM	Α	Υ			

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	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural
352 ROUTE 2		Connections		3			

Towns Served: PRESTON

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21979	WELL	2	WELL	Α					
57595	STORAGE								

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Kenneth Zacha	m		Owner						
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code
39 Mathewson Mill	Road					Preston		СТ	06365
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-807-5312									

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of I	Public Health Drink	ing Water Se	ection
Water Quality Monito	ring and Compliand	ce Schedule	
PWS ID PWS Name			ner Type Primary Source
CT1140074 DUNKIN DONUTS	NC	25	P GW
Local Address (where applicable)	Service Residential Comm	nercial Industrial	Combined Agricultural
492 ROUTE 2	Connections	1	
Towns Served: PRESTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 ro	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20 7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
Physical Parameters (PPS)	3/1/20 3/30/20	1 ro	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
, 1 0	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
Water System Facility: ENTRY POINT (WSF ID: 00700)			(>=)
Nitrate (1040)	Advisor to the total		itine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/19 - 9/30/19 10/1/19 - 12/31/19		Complete Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		Complete
	7/ 1/20 - 0/ 30/ 20		
	7/1/20 - 9/30/20		

Monitoring Period

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Schedule Generation Date: 3/10/2020

ENTRY POINT (3)

Sampling Point (Sampling Point ID)

Nitrite (1041)

1 routine (RT) per year

Compliance Status

Complete

Complete

Collection Period

	Connection	ut Donartm	ont of Dubli	ia Uaalth	Drinkin	a Matar	Coction	
		tut Departm				_		
		ter Quality	Monitoring	and Con				
PWS ID	PWS Name				Classification	-		Primary Source
CT1140074	DUNKIN DONUT				NC	25	Р	GW
	(where applicable)		Service	. Residen	tial Commer	cial Industria	al Combine	d Agricultural
492 ROUTE 2			Connect	tions	1			
Towns Served:	PRESTON							
			Monitoring R	equireme	nts			
Water Systen	n Facility: ENTR	Y POINT (WSF ID	: 00700)					
Nitrite (104:	1)						1 routine	(RT) per year
Sampling	Point (Sampling P	Point ID)		Monitori	ng Period	Collection Per	riod Comp	oliance Status
				1/1/21 -	12/31/21			
		Pub	olic Notification	on Require	ments			
			Complianc	e Notice	<u>Public</u>	<u>Notification</u>	PN Ce	ertification
Violation/Situe	ation		Period	Tier	Required	l Performe	d Due to DP	H Received
E. Coli M&R Vi	olation		1/16/19 -	3	5/30/202	0	6/9/2020)
E. Coli M&R Vi	olation		1/16/19 -	3	5/30/202	0	6/9/2020)
E. Coli M&R Vi	olation		2/8/19 -	3	5/30/202	0	6/9/2020	
E. Coli M&R Vi	olation		2/8/19 -	3	5/30/202	0	6/9/2020	
		Water Syster	n Facility and	Sampling	Point Inv	entory		
Water						Total Lead	and	
System War Facility ID	ter System Facility	v Sampl	ing Point Samplin ID Descript	_		oliform Copp Rule Rule		Stage s WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEN	Л	4 DISTRIBI	JTION SYSTEM	Α	Υ		
		DOW	NSTREAM WITHIN	5 SERVICE CON	I A			
		UPS	TREAM WITHIN	5 SERVICE CON	I A			
00700 ENT	RY POINT		3 ENTRY P	OINT	Α			
21982 WEI	LL		2 WELL		Α			
59278 TRE	ATMENT PLANT							
			Contact In	formation				
Name			Organizatio	n			Job Title	<u>,</u>
Birch Mill LLC.								
Mailing Addres	ss Line One	Mailir	ng Address Line Two	0		City	State	Zip Code
8 Seabury Aver	nue				Ledya	ard	СТ	06339
Business Pho	one Extension	Fax	Mobile Phone	Emergency	Phone Email	Address		
Contact Polo/s): Legal Contact							
Name	j. Legal Contact		Organizatio	on			Job Title	<u> </u>
Mr. John Catal	famo		_	ngement Comp	anv	Dir of Fac	-Operator	
Mailing Addres		Mailir	ng Address Line Two		1	City	State	Zip Code
_		TVIGITII	.g / laa. coo zinc i W	-	Provi	dence	RI	02908
251 Smith Stre					1.501			52500
		Fax	Mobile Phone	Emergency	Phone Fmail	Address		
251 Smith Stre Business Pho 401-272-977	one Extension	Fax 401-331-0931	Mobile Phone 401-440-6850	Emergency 401-440-	Phone Email	Address Ifamo@dansn	nanagement (om

Contact Role(s): Administrative Contact

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

			0		1-				
PWS ID	PWS Name				Classific	ation P	opulation	Owner Type	Primary Source
CT1140074	DUNKIN DONUTS				NC	3	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Con	nmercial	Industri	al Combine	ed Agricultural
492 ROUTE 2			Connections			1			

Towns Served: PRESTON

Please note the following:

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

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

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

End of schedule

	v Source
CT1140084 HIDDEN ACRES CAMPGROUND NC 75 P	v Source
	,
Local Address (where applicable)	iW
, 11 /	ricultural
47 RIVER ROAD Connections 1	
Towns Served: PRESTON	
Monitoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100) 1 routine (RT) per	
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance	Status
Select from Inventory of Active Sampling Points 5/1/20 - 5/31/20	
6/1/20 - 6/30/20	
7/1/20 - 7/31/20	
8/1/20 - 8/31/20 9/1/20 - 9/30/20	
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 5/1/20 - 5/31/20	
6/1/20 - 6/30/20	
7/1/20 - 7/31/20	
8/1/20 - 8/31/20	
9/1/20 - 9/30/20	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 routine (RT) po	er year
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance	Status
ENTRY POINT (3) 1/1/19 - 12/31/19 Comple	te
1/1/20 - 12/31/20	
1/1/21 - 12/31/21	
Other Compliance Schedules	
Compliance Schedule Activity Due Date Achieved Date	
SEASONAL START UP COMPLETION 5/1/2020	
Water System Facility and Sampling Point Inventory	
Water System Water System Facility Sampling Point Sampling Point Coliform Copper	Stage
Facility ID ID Description Status Rule Rule Tier Asbestos WQF	_
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	
59549 HYDROPNEUMATIC TANK Contact Information	
Contact Information	
Contact Information Name Organization Job Title Mr. William M. Migliaccio Hidden Acres Family Campground Owner/Manager	Code

Page 10

	Commeetic	at Departine		I ublic I	icaitii		1 111171111	5 Water	Dection	
	Wa	ter Quality N	Monit	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT1140084	HIDDEN ACRES (CAMPGROUND					NC	75	Р	GW
Local Address (w	here applicable)			Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultura
47 RIVER ROAD				Connections			1			
Towns Served: P	RESTON							·		
Business Phon	e Extension	Fax	Mobil	e Phone E	mergency	/ Pho	one Email <i>i</i>	Address		
860-887-9633		860-887-6359			860-889-	135	9 hacam	pgd@aol.co	m	
	1									

Connecticut Department of Public Health Drinking Water Section

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

	Connection t Dem	ntmont of	Dublic	Hoolth	Dwin	alrina	- TA7-	otor C	Continu	
	Connecticut Depa									
	Water Qua	lity Monit	oring ar	nd Com	iplia	nce S	Sche	edule		
PWS ID	PWS Name				Classifi	ication	Popul	ation O	wner Type I	Primary Source
CT1140094	PRESTON COMMUNITY PAR	K - 13 RT 117			N	С	2.	5	Р	GW
Local Address (where applicable)		Service	Resident	tial Co	mmerci	al In	dustrial	Combined	d Agricultural
13 ROUTE 117			Connection	S		1				
Towns Served:	PRESTON									
		Monito	oring Req	uiremei	nts					
Water System	Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)							
Total Coliforn	m (3100)							1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Perio	od C	ollecti	on Perio	d Comp	liance Status
Select fror	n Inventory of Active Samplin	g Points		7/1/19 -	9/30/1	9			С	omplete
				4/1/20 -	6/30/20	0				
				7/1/20 -	9/30/2	0				
-	meters (PPS)									per quarter
	Point (Sampling Point ID)	- D-!t		Monitorii			ollecti	on Perio		liance Status
Select from	m Inventory of Active Samplin	Points		7/1/19 -					C	omplete
				4/1/20 -						
	- III			7/1/20 -	9/30/20	Ü				
•	Facility: ENTRY POINT (WSF ID: 00700)								•
	Nitrite (NOX)				. ·	, ,			-	RT) per year
	Point (Sampling Point ID)			Monitorii			ollecti	on Perio		liance Status
ENTRY PO	IN1 (3)			1/1/19 - 1					C	omplete
				1/1/20 - 1						
		044	19	1/1/21 - 1	<u> </u>	21				
		Other Co	omplianc							
Compliance Sch	-				Due Dat			Achieve	d Date	
	ANITARY SURVEY				/15/201					
	RT UP COMPLETION				1/1/202					
CROSS CONNEC	CTION EXEMPTION		_		3/1/202					
	Water S	ystem Facili	ity and Sa	mpling	Point	t Inve	ntor	У		
Water							otal	Lead an		
*	er System Facility	Sampling Point		oint		-	iform	Coppe		Stage
Facility ID		ID	Description		Sta	tus	Rule	Rule III	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO				Υ			
		DOWNSTREAM								
00-00	DV DOM'T	UPSTREAM	WITHIN 5 SE							
	RY POINT	3	ENTRY POIN	11	Α					
21985 WEL	L	2	WELL		Δ	4				
			tact Infor	rmation						
Name			rganization						Job Title	
Ms. Gail Rigney			eston Parks 8	& Recreatio	n				Ct-1	7:- 0
Mailing Address	s Line One	Mailing Address	s Line I wo			Drosts	Cit	ТУ	State	Zip Code
389 Route 2	no Evtonsion Face	NAch:	lo Dhona	Emorgone		Presto			СТ	06365
Business Pho			le Phone I	Emergency	rnone	Emall A	-uures	5		
860-889-248	2 860-885 : Legal Contact	01/1								
Contact Noie(S)	. Legai contact									

	Jonnecuc	ut Depa	irume	ent or	Public	пеани	עו	Linkins	g water	26	Cuon	
	Wa	ter Qua	lity N	Ionit	oring a	nd Con	np	liance S	Schedul	e		
PWS ID	PWS Name						Cla	ssification	Population	Own	er Type	Primary Source
CT1140094	PRESTON COMN	IUNITY PAR	K - 13 R1	Γ 117				NC	25		Р	GW
Local Address (w	nere applicable)				Service	Resider	ntial	Commerci	al Industri	al	Combine	d Agricultural
13 ROUTE 117					Connection	ns		1				
Towns Served: Pl	RESTON											
Name				Or	ganization						Job Title	!
Mr. Joseph Cans	er			SC	WA				General N	/lana	ger	
Mailing Address I	ine One		Mailing	Address	Line Two				City		State	Zip Code
P.O. Box 415			1649 R	oute 12				Gales F	erry		СТ	06335-0415
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Pho	one Email A	Address			
860-464-0232		860-464-	2876	860-9	41-3406			j.cansle	er@waterau	thori	ty.org	
Contact Role(s)	Administrative	Contact						•				

Connecticut Department of Dublic Health Drinking Water Section

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

		Department o				`	_		ection	
PWS ID	PWS Name		0 -				_		ner Type F	rimary Sour
CT1140104		ALL				NC .	-	5	L	GW
	ess (where applicable)		Service	Resident		ommerc		dustrial	Combined	
389 ROUTE			Connection			1				
	ved: PRESTON									
		Monit	oring Req	ujromoj	ntc					
Water Sys	stem Facility: DISTRIB			juli erriei	1163					
Total Col	iform (3100)							1 rou	ıtine (RT)	per quarte
Samp	ling Point (Sampling Poin	nt ID)		Monitorii	ng Peri	iod (Collecti	ion Period	Compl	iance Status
Select	from Inventory of Active	Sampling Points		7/1/19 -	9/30/1	19			Co	mplete
				10/1/19 -	12/31,	/19			Co	mplete
				1/1/20 -	3/31/2	20			Co	mplete
				4/1/20 - 7/1/20 -						
Physical I	Parameters (PPS)							1 rou	itine (RT)	per quarte
_	ling Point (Sampling Poin	nt ID)		Monitorii	ng Peri	iod (Collecti	ion Period		iance Status
Select	from Inventory of Active	Sampling Points		7/1/19 -						mplete
	·			10/1/19 -						mplete
				1/1/20 -	3/31/2	20			Co	mplete
				4/1/20 -						
				7/1/20 -	9/30/2	20				
Water Svs	stem Facility: ENTRY P	OINT (WSF ID: 00700)							
	and Nitrite (NOX)	•	<u>* </u>					1	routine (I	RT) per yea
	ling Point (Sampling Poin	nt ID)		Monitorii	na Peri	iod (Collecti	on Period	-	iance Status
-	Y POINT (3)	,		1/1/19 - 1	_					mplete
	. ,			1/1/20 - 1						mplete
				1/1/21 - 3						
	W	ater System Facil	lity and Sa				entoi	у		
Water							Total	Lead and		
-	Water System Facility	Sampling Point					liform	Copper		Stag
Facility ID		ID .	Description			itus	Rule	Rule Her	Aspestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			A	Υ			
		DOWNSTREAM				A				
		UPSTREAM	WITHIN 5 SI			Α				
	ENTRY POINT	3	ENTRY POIN	IT		A				
	WELL	2	WELL			A				
59306	BLADDER TANKS									
		Cor	ntact Info	rmation						
Name		С)rganization						Job Title	
Preston										
Mailing Ad	dress Line One	Mailing Addres	ss Line Two				Ci	ty	State	Zip Code
Business		Fax Mob	ile Phone	Emergency	Phone	e Email	Addres	SS .		
Contact Ro	ole(s): Owner									

	Connectic	ut Depa	rtment	t of Public	: Health	Dri	nking	Water	Sectio	n	
	Wa	ter Qua	lity Mo	nitoring a	nd Con	nplia	nce So	chedul	e		
PWS ID	PWS Name					Classif	ication P	opulation	Owner Typ	oe P	rimary Source
CT1140104	PRESTON TOWN	I HALL				N	C	25	L		GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercial	Industria	al Comb	ined	Agricultura
389 ROUTE 2				Connectio	ns		1				
Towns Served: Pl	RESTON			'	"	'		'	'		
Name				Organization					Job T	itle	
Mr. Robert M Co	ngdon			Town of Prest	ton			First Selec	tman		
Mailing Address I	Line One		Mailing Ad	dress Line Two				City	Stat	:e	Zip Code
Town Hall			389 Route	2			Preston		СТ		06365
Business Phone	Extension	Fax	N	Mobile Phone	Emergency	/ Phone	Email Ad	dress			
860-887-5581		860-885-2	1905				congdon	@preston-	-ct.org		
Contact Role(s):	Legal Contact										
Name				Organization					Job T	itle	
Mr. Joseph Cans	ler			SCWA				General M	1anager		
Mailing Address I	Line One		Mailing Ad	dress Line Two				City	Stat	:e	Zip Code
P.O. Box 415			1649 Route	e 12			Gales Fe	rry	СТ		06335-0415
Business Phone	Extension	Fax	N	Mobile Phone	Emergency	/ Phone	Email Ad	dress			
860-464-0232		860-464-2	2876 8	860-941-3406			j.cansler	@waterau	thority.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

	С	onnectic	ıt Depa	artme	ent o	f Public	Health	Drir	nkin	g W	ater S	Sectio	n		
		Wat	er Qua	lity N	Jonit	toring a	nd Con	nplia	nce	Sch	edule	<u> </u>			
PWS ID	P۱	NS Name						Classifi	ication	Popu	lation C	wner Typ	e Pr	imary	Source
CT1140114		CATHERINE O	F SIENA					N			29	Р		G۷	
		ere applicable)				Service	Residen	tial Co	mmer	cial Ir	ndustrial	Combi	ned	Agric	cultural
		NS ROAD (ROU	ΓE 164)			Connectio	ons		1						
Towns Serv	ed: PRE	STON		_									_		
14/-1	E .	- III DISTRI					quireme	nts							
Total Coli		cility: DISTRI	BUTION S	YSTEM	(WSF	ID: 00600)					1.	outine (I	эт\.	or au	artor
	-	ວ100) nt (Sampling Po	oint ID)				Monitori	ina Dori	od i	Callact	ion Perio	=		ance S	
		ventory of Acti		g Points			7/1/19 -			Conect	ion Pen	ou coi	_	mplete	
Jelett	110111111	ventory or Acti	ve sampiing	gromis			10/1/19 -					<u> </u>		mplete	
														-	
							1/1/20 - 4/1/20 -						CO	mplete	:
							7/1/20 -								
Dhysical B	Daramo	ters (PPS)					7/1/20	3/30/2	.0		1 ,	outine (I	2T) ,	or au	ıartar
_		nt (Sampling Po	oint ID)				Monitori	ing Perio	od (Collect	ion Perio	=		ance S	
Select	from In	ventory of Acti	ve Samplin	g Points			7/1/19 -						Co	mplete	فِ
							10/1/19 -	12/31/	19				Co	mplete	ر
							1/1/20 -	3/31/2	.0				Co	mplete	, ,
							4/1/20 -	6/30/2	.0						
							7/1/20 -	9/30/2	.0						
Water Sys	tem Fa	cility: ENTRY	POINT (WSF ID:	00700										
Nitrate A	nd Nitr	ite (NOX)										1 routin	e (R	T) per	year
Sampl	ing Poi	nt (Sampling Po	oint ID)				Monitori	ing Perio	od (Collect	ion Perio	od Coi	mpli	ance S	tatus
ENTRY	POINT	(3)					1/1/19 -	12/31/1	19				Co	mplete	ة
							1/1/20 -	12/31/2	20				Co	mplete	ī
							1/1/21 -	12/31/2	21						
		,	Water S	ystem	Facil	ity and S	Sampling	Point	t Inv	ento	ry				
Water										Total	Lead a	nd			
-	Water S	System Facility			_	Sampling				liform					Stage
Facility ID					D	Descriptio		Sta	tus	Rule	Rule T	ier Asbes	tos	WQP .	2 DBPF
00600	DISTRIB	UTION SYSTEM			4 		TON SYSTEM			Υ					
							SERVICE COI								
					REAM		SERVICE COI								
	ENTRY F	POINT			3	ENTRY PO	INI		4						
21987	WELL			-	2	WELL		P	4						
							ormation								
Name						rganization						Job Ti	tle		
Mrs. Nancy				I			of Siena Chu	ırch			storal As				
Mailing Add		ne One		Mailing	g Addres	ss Line Two			_		ity	State	е	Zip Co	
243 Route 2					_		T _		Presto			СТ		063	55
Business		Extension	Fax		Mob	ile Phone	Emergency	Phone				1 1			
860-887		dualini-t	Comt4						wancy	y.stc@:	sbcgloba	ıı.net			
contact Ro	ie(s): A	dministrative (ontact												

	Connectic	ut Depa	rtment	of Public	Health	ı D	rinking	g Water	· Se	ection	
	Wa	ter Qua	lity Moi	nitoring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name					Cla	assification	Population	Owi	ner Type	Primary Source
CT1140114 S	T CATHERINE C	F SIENA					NC	29		Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerci	ial Industri	ial	Combine	d Agricultural
243 PRESTON PLA	INS ROAD (ROL	JTE 164)		Connection	ns		1				
Towns Served: PR	ESTON				·						·
Name				Organization						Job Title	?
Father Ted F Tum	icki			St Catherine o	f Siena			Pastor			
Mailing Address Li	ne One		Mailing Add	lress Line Two				City		State	Zip Code
St Catherine of Sie	na		243 Rte. 16	4, Preston			Presto	n		СТ	06365
Business Phone	Extension	Fax	N	lobile Phone	Emergency	y Ph	one Email /	Address			
860-887-9966							nancy.	stc@sbcglob	oal.n	et	
Contact Role(s):	egal 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

	Co	nnectic	ut Depar	tment of	f Public	Health	Drii	nkin	g Wa	ater S	Sec	tion		
			-	ity Monit					_					
PWS ID	PWS	S Name		- J	0 -				_	lation O		r Type I	rimar	/ Source
CT1140124	ST J	AMES EPISCO	PAL CHURCH	<u> </u>				1C	2			· ·		W
Local Addre	ess (where	e applicable)			Service	Resident	tial Co	ommer	cial In	dustrial	C	ombined	Agr	icultural
95 ROUTE 2	2A				Connection	ns		1						
Towns Serv	ed: PREST	ΓΟΝ				·			·				·	
				Monite	oring Red	quireme	nts							
Water Sys	tem Faci	lity: DISTR	IBUTION SYS	STEM (WSF I	D: 00600)									
Total Coli	iform (3:	100)								1 r	outi	ne (RT)	per q	uarter
Sampl	ling Point	(Sampling Po	oint ID)			Monitorii			Collecti	ion Perio	od	Comp	iance .	Status
Select	from Inve	entory of Acti	ve Sampling F	oints		7/1/19 -	-				_	C	omplet	:e
						10/1/19 -							omplet	
						1/1/20 -						C	omplet	:e
						4/1/20 -								
						7/1/20 -	9/30/2	20						
Physical P		• •										ne (RT)		
		(Sampling Po	-			Monitorii			Collecti	ion Perio	od	Comp		
Select	from Inve	entory of Acti	ve Sampling P	Points		7/1/19 -							omplet	
						10/1/19 -							omplet	
						1/1/20 -						C	omplet	:e
						4/1/20 -								
						7/1/20 -	9/30/2	20						
•		•	POINT (W	SF ID: 00700)										
Nitrate A		• •										utine (-
		(Sampling Po	oint ID)			Monitorii			Collecti	ion Perio	od		iance .	
ENTRY	POINT (3	5)				1/1/19 - 1							omplet	
						1/1/20 - 1						С	omplet	:e
						1/1/21 - 1								
			Water Sys	stem Facili	ity and S	ampling	Poin	t Inv	entor	γ				
Water			_						Total	Lead ar				
-	Water Sys	stem Facility	So	ampling Point					oliform	Coppe			WOR	Stage
Facility ID	DICTRIBUTE	FLONI CVCTENA		ID	Description			itus	Rule	Rule II	er A	spestos	WQP	2 DBPR
00600	DISTRIBU	TION SYSTEM		4		ON SYSTEM		A	Y					
			ט	OWNSTREAM				A						
00700	ENITEN DO	INIT		UPSTREAM		SERVICE CON		Α						
	ENTRY PO	IIII I		3	ENTRY POI	IN I		A						
	WELL			2	WELL			A						
58217	PRESSURE	STORAGE												
				Con	tact Info	rmation								
Name				0	rganization						J	ob Title		
Father Ron	ald J. Kola	anowski		St	James Episo	capol Chuch								
Mailing Add	dress Line	One	N	Mailing Addres	s Line Two				Ci	ty		State	Zip (Code
95 Route 2	Α							Prest	on			CT	06	365
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email	Addres	SS				
860-889	-0150		860-889-01	150		860-280-8	8526	RONK	(OL@sb	cglobal.	net			

Contact Role(s): Administrative Contact, Legal Contact

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

ı										
	PWS ID	PWS Name				Classif	fication F	Population	Owner Type	Primary Source
	CT1140124	ST JAMES EPISCOPAL	CHURCH			١	NC	25	Р	GW
	Local Address (w	here applicable)		Service	Resider	ntial Co	ommercia	Industria	al Combine	ed Agricultural
	95 ROUTE 2A			Connections			1			
- [•	

Towns Served: PRESTON

Please note the following:

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

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

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

End of schedule

	Connectic	ut Departm	ent of	f Public	Health	Drin	king	Water S	Section	
	Wat	ter Quality	Monit	oring a	nd Com	plia	nce So	chedule		
PWS ID	PWS Name					<u> </u>				rimary Source
CT1140154	FLEMINGS CENT	ER				N		25	Р	GW
Local Address	(where applicable)			Service	Resident	al Coi	mmercial	Industrial	Combined	Agricultural
353 ROUTE 1	65			Connection	ıs		1			
Towns Served	d: PRESTON									
			Monit	oring Req	quiremer	its				
Water Syste	m Facility: DISTR	IBUTION SYSTEN	/ (WSF I	D: 00600)						
Total Colifo	rm (3100)							1 r	outine (RT)	per quarter
Samplin	g Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	lection Perio	od Compl	iance Status
Select fr	om Inventory of Acti	ve Sampling Points	S		7/1/19 - 9	9/30/19	9		Co	mplete
					10/1/19 - 1	12/31/	19		Co	mplete
					1/1/20 - 3	3/31/20	0		Co	mplete
					4/1/20 - 6	5/30/20	0			
					7/1/20 - 9	9/30/20	0			
Physical Pa	rameters (PPS)							1 r	outine (RT)	per quarter
Samplin	g Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	lection Perio	od Compl	iance Status
Select fr	om Inventory of Acti	ve Sampling Points	S		7/1/19 - 9	9/30/19	9		Co	mplete
					10/1/19 - 1	12/31/	19		Co	mplete
					1/1/20 - 3	3/31/20	0		Co	omplete
					4/1/20 - 6	5/30/20	0			
					7/1/20 - 9	9/30/20	0			
Water Syste	m Facility: ENTRY	POINT (WSF ID	: 00700)							
Nitrate And	Nitrite (NOX)									
will ale Ail	i with the (wor)								1 routine (F	RT) per year
	g Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	lection Perio	=	RT) per year iance Status
	g Point (Sampling Po	oint ID)			<i>Monitorin</i> 1/1/19 - 1			lection Perio	od Compl	
Samplin	g Point (Sampling Po	oint ID)				2/31/1	.9	lection Perio	od Comple	iance Status
Samplin	g Point (Sampling Po	oint ID)			1/1/19 - 1	2/31/1 2/31/2	.9 !0	lection Perio	od Comple	iance Status omplete
Samplin	g Point (Sampling Po	oint ID) Water Syster	n Facil	ity and Sa	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1	2/31/1 2/31/2 2/31/2	9		od Comple	iance Status omplete
Samplin	g Point (Sampling Po		m Facili	ity and Sa	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1	2/31/1 2/31/2 2/31/2	9	tory	od Compli Co Co	iance Status omplete
Samplin ENTRY P Water System W	g Point (Sampling Po	Water Syster	ing Point	Sampling P	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling	2/31/1 2/31/2 2/31/2	9 10 11 Tota Colife	tory al Lead ai orm Coppe	od Compli	iance Status omplete omplete Stage
Samplin ENTRY P	g Point (Sampling Po	Water Syster		-	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling	2/31/1 2/31/2 2/31/2	9 10 11 Tota Colife	tory al Lead ai orm Coppe	od Compli	iance Status omplete omplete
Samplin ENTRY P Water System W Facility ID	g Point (Sampling Po	Water Syster	ing Point	Sampling P	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 1 Inven Tota Colifor	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Samplin ENTRY P Water System W Facility ID	g Point (Sampling Po OINT (3)	Water Syster	ing Point ID 4	Sampling Po	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifor Rule Y	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00600 DI	g Point (Sampling Pool OINT (3) Sater System Facility STRIBUTION SYSTEM	Water System Sampl	ing Point ID 4	Sampling Po Description	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint ON SYSTEM ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo tus Rul	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00600 DI	g Point (Sampling Po OINT (3)	Water System Sampl	ing Point ID 4 NSTREAM	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint ON SYSTEM ERVICE CON	2/31/1 2/31/2 2/31/2 Point Stan	9 10 11 Total Colifornia Rule Y	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00700 EN	g Point (Sampling Pool OINT (3) Sater System Facility STRIBUTION SYSTEM	Water System Sampl	ing Point ID 4 NSTREAM TREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SI	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint ON SYSTEM ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00700 EN 21990 W	g Point (Sampling Point) OINT (3) Sater System Facility STRIBUTION SYSTEM	Water System Sampl	ing Point ID 4 NSTREAM TREAM 3	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint ON SYSTEM ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00700 EN 21990 W	g Point (Sampling Point) OINT (3) Cater System Facility STRIBUTION SYSTEM ITRY POINT ELL	Water System Sampl	Ing Point ID 4 NSTREAM TREAM 3	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint ON SYSTEM ERVICE CON ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00700 EN 21990 W	g Point (Sampling Point) OINT (3) Cater System Facility STRIBUTION SYSTEM ITRY POINT ELL	Water System Sampl	Ing Point ID 4 NSTREAM TREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling I oint ON SYSTEM ERVICE CON ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ai orm Coppe le Rule Ti	od Compli	iance Status omplete omplete Stage
Water System W Facility ID 00600 DI 00700 EN 21990 W 58228 TR	g Point (Sampling Point) OINT (3) Cater System Facility STRIBUTION SYSTEM OITRY POINT ELL EEATMENT PLANT	Water System Sampl	Ing Point ID 4 NSTREAM TREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling oint ON SYSTEM ERVICE CON ERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ai orm Coppe le Rule Ti	nd Compliand or See Asbestos	iance Status omplete omplete Stage
Water System W Facility ID 00600 DI 00700 EN 21990 W 58228 TR	g Point (Sampling Point) OINT (3) Sater System Facility STRIBUTION SYSTEM ITRY POINT ELL EATMENT PLANT	Water Syster Sampl DOWN UPS	Ing Point ID 4 NSTREAM TREAM 3 2 Con	Sampling Popular Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling oint ON SYSTEM ERVICE CON ERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ai orm Coppe le Rule Ti	nd Compliand or See Asbestos	iance Status omplete omplete Stage
Water System W Facility ID 00600 DI 00700 EN 21990 W 58228 TR Name Mr. Peter Fle	g Point (Sampling Point (Sampling Point (3)) COINT (3) Cater System Facility STRIBUTION SYSTEM ITRY POINT ELL EATMENT PLANT ming ess Line One	Water Syster Sampl DOWN UPS	Ing Point ID 4 NSTREAM TREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Parameter Information Companies Center Sampling Popescription Sampling Popescription Companies Center Companies	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling oint ON SYSTEM ERVICE CON ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Tota Colifo Ktus Rul	tory al Lead ar orm Coppe le Rule Ti	od Compliand Compliand Complete Complet	iance Status omplete omplete Stage WQP 2 DBPR
Water System W Facility ID 00600 DI 00700 EN 21990 W 58228 TR Name Mr. Peter Fle Mailing Addre	g Point (Sampling Pool OINT (3) Cater System Facility STRIBUTION SYSTEM ITRY POINT ELL EATMENT PLANT ming ess Line One 5	Water Syster Sampl DOWN UPS	Ing Point ID 4 NSTREAM TREAM 3 2 Con Fileng Addres	Sampling Popular Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL Stact Information emings Centers S Line Two	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ampling oint ON SYSTEM ERVICE CON ERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Point	9 10 11 Total Collifor Rule Y	tory al Lead ar orm Coppe le Rule Ti	Concentration of Concen	iance Status Omplete Omplete Stage WQP 2 DBPR

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

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

			0		I				
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1140154	FLEMINGS CENTER					NC	25	Р	GW
Local Address (w	here applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
353 ROUTE 165			Connections			1			

Towns Served: PRESTON

Please note the following:

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

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

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

End of schedule

	Connectic	•							ection	
	Wat	ter Qual	lity Monit	oring a	ind Com	plian	ce Sch	redule		
PWS ID	PWS Name				C	Classificat	tion Pop	ulation Ow	ner Type P	rimary Source
CT1140164	AMOS LAKE BEA	CH - SYSTEN	I #1:PAVILION			NC		35	Р	GW
Local Address (where applicable)			Service	Residentia	al Comr	mercial	Industrial	Combined	Agricultural
HOLLOWELL RO	DAD			Connectio	ns 4					
Towns Served:	PRESTON			·	·	·	·			·
			Monit	oring Re	quiremen	ts				
Water System	Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)						
Total Coliforn	• •							1 ro	utine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitoring	g Period	Collec	tion Period	Compl	iance Status
Select fror	m Inventory of Acti	ve Sampling	Points		7/1/19 - 9				Co	omplete
					4/1/20 - 6					
					7/1/20 - 9	/30/20				
•	meters (PPS)									per quarter
	Point (Sampling P				Monitoring		Collec	tion Period	Compl	iance Status
Select fror	m Inventory of Acti	ve Sampling	Points		7/1/19 - 9	-			Co	omplete
					4/1/20 - 6					
					7/1/20 - 9	/30/20				
Water System	Facility: ENTRY	POINT (W	/SF ID: 00700)							
Nitrate And I	Nitrite (NOX)							1	routine (RT) per year
Sampling	Point (Sampling P	oint ID)			Monitoring	g Period	Collec	tion Period	Compl	iance Status
ENTRY PO	INT (3)				1/1/19 - 12				Co	omplete
					1/1/20 - 12					
					1/1/21 - 12	2/31/21				
			Other C	omplian	ce Schedu	iles				
Compliance Sci						ie Date		Achieved	Date	
SEASONAL STA	RT UP COMPLETIO	N			5/	1/2020				
		Water Sy	stem Facili	ity and S	Sampling F	Point I	nvento	ory		
Water							Total	Lead and	1	
	ter System Facility		Sampling Point				Coliforn			Stage
Facility ID			ID	Descriptio		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4		ION SYSTEM	Α	Υ			
			DOWNSTREAM	_		Α				
			UPSTREAM		SERVICE CON	Α				
	RY POINT		3	ENTRY PO	NT	Α				
22780 WEL	<u>.L</u>		2	WELL		Α				
			Con	tact Info	ormation					
Name			0	rganization					Job Title	
Mr. Dell Wood	mansee		Aı	mos Lake Be	each Campgro	und				
Mailing Addres	s Line One		Mailing Addres	s Line Two			(City	State	Zip Code
36 Pendleton R	toad					Pr	reston		СТ	06365
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency P	hone Er	mail Addr	ess		
860-889-620	05									
Contact Role(s)	: Administrative	Contact, Leg	al Contact, Owr	ner						

C	Jonnecticut	Depa	n unient c	of Public	пеани	וועו	IIKIII	z water	Section	
	Water	Qua	lity Moni	itoring a	nd Con	nplia	ince S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT1140164	MOS LAKE BEACH -	SYSTEM	1 #1:PAVILION			N	1C	35	Р	GW
Local Address (wh	ere applicable)			Service	Resider	Residential Cor		ial Industri	al Combin	ed Agricultural
HOLLOWELL ROAI)			Connection	ns 4					
Towns Served: PR	ESTON				'			1	'	,
Name			(Organization					Job Titl	e
Ms. Jill Woodmar	see		,	Amos Lake Bea	ach Campg	round				
Mailing Address L	ne One		Mailing Addre	ess Line Two				City	State	Zip Code
36 Pendletown Ro	ad						Presto	n	СТ	06365
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	y Phone	Email /	Address	·	
860-889-6205										
Contact Role(s):	Legal Contact, Own	er								

Connecticut Department of Public Health Drinking Water Section

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

Page 23

	Connecticut De	•								ction		
	Water Qเ	iality Monit	oring an	d Con	ıplia	anc	e Sch	iedul	e			
PWS ID	PWS Name				Classi	ificatio	on Pop	ulation	Owr	er Type I	rimary	Source
CT1149023	PRESTON CITY CONGREGA	ATIONAL CHURCH				NC		49		Р	G۷	٧
Local Address	(where applicable)		Service	Residen	tial C	Commo	ercial	Industri	al	Combined	Agrid	cultural
321 ROUTE 16	54		Connections							1		
Towns Served	: PRESTON											
		Monito	oring Requ	iireme	nts							
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	•									tine (RT)		
	g Point (Sampling Point ID)			Monitori			Collec	tion Pe	riod		iance S	
Select fro	om Inventory of Active Sampl	ing Points		7/1/19 -			_				omplete	
				10/1/19 -							omplete	
				1/1/20 -						С	omplete	e
				4/1/20 -								
				7/1/20 -	9/30/	/20						
•	rameters (PPS) g Point (Sampling Point ID)			Monitori	na Pei	riod	Collec	1 tion Pe		tine (RT) <i>Comp</i>	per qu liance S	
	om Inventory of Active Sampl	ing Points		7/1/19 -							omplete	
	,		:	10/1/19 -							omplete	
				1/1/20 -							omplete	
				4/1/20 -								
				7/1/20 -								
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)										
-	· · · · · · · · · · · · · · · · · · ·	•										
Nitrate And	Nitrite (NOX)								1 ו	routine (RT) pe	r vear
	Nitrite (NOX) g Point (Sampling Point ID)			Monitori	ng Pei	riod	Collec	tion Pe		routine (<i>Comp</i>	RT) pei <i>liance S</i>	-
	g Point (Sampling Point ID)			<i>Monitori</i> 1/1/19 -			Collec	tion Pe		Comp		tatus
Sampling	g Point (Sampling Point ID)				12/31,	/19	Collec	tion Pe		Comp	liance S	status e
Sampling	g Point (Sampling Point ID)			1/1/19 -	12/31, 12/31,	/19 /20	Collec	tion Pe		Comp	liance S omplete	status e
Sampling	g Point (Sampling Point ID) DINT (3)	System Facili		1/1/19 - 1/1/20 - 1/1/21 -	12/31, 12/31, 12/31,	/19 /20 /21				Comp	liance S omplete	status e
Sampling ENTRY PO	Point (Sampling Point ID) OINT (3) Water	-	ity and Sar	1/1/19 - 1/1/20 - 1/1/21 - mpling	12/31, 12/31, 12/31,	/19 /20 /21 nt In	vento	Dry <i>Lead</i>	riod	Comp	liance S omplete	status e
Sampling ENTRY PO Water System Wa	g Point (Sampling Point ID) DINT (3)	Sampling Point	ity and Sar	1/1/19 - 1/1/20 - 1/1/21 - mpling	12/31, 12/31, 12/31,	/19 /20 /21 nt In	vento Total Coliforn	Dry Lead 1 Cop	and per	Comp.	omplete	e e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID	ity and Sar Sampling Poi Description	1/1/19 - 1/1/20 - 1/1/21 - mpling	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In	vento Total Coliforn Rule	Dry Lead 1 Cop	and per	Comp	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Point (Sampling Point ID) OINT (3) Water	Sampling Point ID 4	ity and Sar Sampling Poil Description DISTRIBUTION	1/1/19 - 1/1/20 - 1/1/21 - mpling nt	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In	vento Total Coliforn	Dry Lead 1 Cop	and per	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM	ity and Sar Sampling Poil Description DISTRIBUTION WITHIN 5 SER	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM PCC001	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A	vento Total Coliforn Rule	Dry Lead 1 Cop	and per Tier	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEI	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEN	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In *** A A A A A A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEN BOYS ROOM GIRLS ROOM	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK I SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In **A A A A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Water System Wa Facility ID 00600 DIS	Water STRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEN BOYS ROOM GIRLS ROOM WITHIN 5 SER	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK N SINK N SINK N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In Ratus A A A A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Water System Wa Facility ID 00600 DIS	Water STRIBUTION SYSTEM TRY POINT	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM 3	Sampling Poin Description DISTRIBUTION WITHIN 5 SER MAIN KITCHEN BACK KITCHEN BACK KITCHEN BOYS ROOM GIRLS ROOM WITHIN 5 SER ENTRY POINT	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK N SINK N SINK N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A A A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	status e e Stage
Sampling ENTRY PO Water System Wa Facility ID 00600 DIS	Water STRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM 3 2	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEN BOYS ROOM GIRLS ROOM WITHIN 5 SER ENTRY POINT WELL #1	1/1/19 - 1/1/20 - 1/1/21 - npling nt N SYSTEM EVICE CON N SINK I SINK N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In Ratus A A A A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp.	omplete	e e e Stage
Water System Wa Facility ID 00600 DIS 00700 EN 10931 WE	Water STRIBUTION SYSTEM TRY POINT	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM 3 2 Con	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEN BACK KITCHEN GIRLS ROOM WITHIN 5 SER ENTRY POINT WELL #1	1/1/19 - 1/1/20 - 1/1/21 - npling nt N SYSTEM EVICE CON N SINK I SINK N SINK	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A A A A A A	Vento Total Coliforn Rule Y	Dry Lead 1 Cop _l Rule	and per Tier	Comp. CC C	omplete	e e e Stage
Water System Wa Facility ID 00600 DIS 00700 EN 10931 WE	Water STRIBUTION SYSTEM TRY POINT ELL #1	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM 3 2 Con	Sampling Poil Description DISTRIBUTION WITHIN 5 SER MAIN KITCHE SIDE KITCHEN BACK KITCHEN BOYS ROOM GIRLS ROOM WITHIN 5 SER ENTRY POINT WELL #1 tact Inform	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK N SINK N SINK N SINK EVICE CON	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A A A A A A	Vento Total Coliforn Rule Y	Lead 1 Copp Rule	and oer Tier	Comp. CC CC Asbestos	omplete	e e e Stage
Water System Wa Facility ID 00600 DIS 00700 EN 10931 WE Name Ms. Sandra M	Water Water STRIBUTION SYSTEM TRY POINT ELL #1 I. Dudek	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM 3 2 Con	Sampling Point Description DISTRIBUTION WITHIN 5 SER MAIN KITCHEN BACK KITCHEN BACK KITCHEN BOYS ROOM WITHIN 5 SER ENTRY POINT WELL #1 Tact Information reston City Consideration	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK N SINK N SINK N SINK EVICE CON	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In tatus A A A A A A A	Ventc Total Coliforn Rule Y	Lead 1 Cop _l Rule	and oer Tier	Comp. CC CC Asbestos Job Title Assis	iance Somplete omplete	Stage 2 DBPR
Water System Wa Facility ID 00600 DIS 00700 EN 10931 WE	Water STRIBUTION SYSTEM TRY POINT ELL #1 I. Dudek ess Line One	Sampling Point ID 4 DOWNSTREAM PCC001 PCC002 PCC003 PCC004 PCC005 UPSTREAM 3 2 Con	Sampling Point Description DISTRIBUTION WITHIN 5 SER MAIN KITCHEN BACK KITCHEN BACK KITCHEN BOYS ROOM WITHIN 5 SER ENTRY POINT WELL #1 Tact Information reston City Consideration	1/1/19 - 1/1/20 - 1/1/21 - mpling nt N SYSTEM EVICE CON N SINK N SINK N SINK N SINK EVICE CON	12/31, 12/31, 12/31, Poir	/19 /20 /21 nt In **A A A A A A A A A A A A A A A A A A A	Ventc Total Coliforn Rule Y	Lead 1 Copp Rule	and oer Tier	Comp. CC CC Asbestos	omplete	Stage 2 DBPR

	Commeetic	ut Departine		I ublic I	icarti	ועו	311171111	5 Water	Section	
	Wa	ter Quality N	Jonit	oring an	d Con	npli	ance S	Schedul	le	
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source
CT1149023	PRESTON CITY C	ONGREGATIONAL C	HURCH				NC	49	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
321 ROUTE 164				Connections					1	
Towns Served: P	RESTON							·	·	
860-887-4647	,				860-608	-9266	рссс@	snet.net		
Contact Role(s):	Administrative	Contact, Legal Cont	act							

Connecticut Department of Public Health Drinking Water Section

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

	Co		•	artment o					_			ection		
PWS ID	PW	/S Name					-					ner Type P	rimary	Source
CT114017	4 PR	ESTON SENIO	R CENTER					NC		25		L	G۷	V
		re applicable)			Service	Resider	ntial	Comme	rcial I	ndustri	al	Combined	Agric	cultural
42 LONG S					Connectio	ns		1						
Towns Ser	ved: PRES	STON												
				Moni	toring Re	auireme	nts							
•		-	IBUTION S	SYSTEM (WSI		94								
Total Col	-	-								1	l rou	itine (RT)		
		t (Sampling P				Monitor			Collec	tion Pe	riod	Compli		
Selec	t from Inv	entory of Act	ive Samplin	g Points		7/1/19							mplet	
						10/1/19		-					mplet	
						1/1/20						Со	mplet	е
						4/1/20 7/1/20								
Physical	Paramet	ers (PPS)								1	l rou	itine (RT)	per qu	uarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitor	ing P	eriod	Collect	tion Pe	riod	Compli	ance S	status
Selec	t from Inv	entory of Act	ive Sampling	g Points		7/1/19	- 9/30	0/19				Со	mplet	е
						10/1/19	- 12/3	31/19				Со	mplet	е
						1/1/20	- 3/31	1/20				Со	mplet	е
						4/1/20	- 6/30	0/20						
						7/1/20	- 9/30	0/20						
Water Sy:	stem Fac	ility: ENTR	Y POINT (\	WSF ID: 0070	0)									
		te (NOX)									1	routine (R	T) pe	r year
		t (Sampling P	oint ID)			Monitor	ing P	eriod	Collec	tion Pe	riod	Compli	ance S	tatus
ENTR	RY POINT (3)				1/1/19 -	12/3	1/19				Со	mplet	е
						1/1/20 -	12/3	1/20				Со	mplet	е
						1/1/21 -	12/3	1/21						
- "				Other	Complian									
Compliand							Due I			Achie	ved	Date		
CROSS CO	NNECTIO	N SURVEY REP					3/1/2							
			Water S	ystem Fac	ility and S	Sampling	Po	int Inv		-				
Water	Markon C	istom Fasiliti		Campalina Doi	at Camanlina	Daint			Total	Lead				Charac
System Facility ID	_	stem Facility		Sampling Poil	Descriptio				oliform Rule		•	Asbestos	WOP	Stage
00600		ITION SYSTEM	1	4		ION SYSTEN		<u>Status</u> A	Y	Nuic	1101	ASSESTEDS	vv Q	2 DDF K
00000	DISTRIBO	TION SISILIV	1	DOWNSTREA				A	'					
				UPSTREAM		SERVICE CO		A						
00700	ENTRY P	TINT		3	ENTRY PO		11							
23032	WELL #1	J1111		2	WELL #1	1141		A A						
		ENT DI ANT		2	VVLLL #1									
60645	INEATIVI	ENT PLANT				-•								
					ntact Info	ormation	1							
Name					Organization							Job Title		
Preston														
Mailing Ac	ddress Lin	e One		Mailing Addr	ess Line Two				C	City		State	Zip C	ode
Business	s Phone	Extension	Fax	Mo	bile Phone	Emergence	y Pho	ne Ema	il Addre	ess				

	Connectic	ut Depa	rtmen	it of	Public	Health	Dri	nking	Water S	Sect	ion	
	Wa	ter Qua	lity Mo	onit	oring a	nd Com	plia	nce S	chedule	•		
PWS ID	PWS Name										Type F	rimary Source
CT1140174	PRESTON SENIO	R CENTER					N	С	25	L		GW
Local Address (wl	here applicable)				Service	Resident	tial Co	mmercial	Industrial	Cor	nbined	Agricultura
42 LONG SOCIETY	/ ROAD				Connection	ns		1				
Towns Served: PF	RESTON						,					
	Owner											
Name				Oı	rganization					Jol	o Title	
Mr. Robert M Co	ngdon			To	own of Presto	on			First Selectman			
Mailing Address I	Line One		Mailing A	ddres	s Line Two				City	S	tate	Zip Code
Town Hall			389 Route	e 2	2			Preston			CT	06365
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	ldress			
860-887-5581		860-885-2	1905					congdon	@preston-ct	t.org		
Contact Role(s):	Legal Contact											
Name				Oı	rganization					Jol	o Title	
Mr. Joseph Cansl	ler			SC	CWA				General Ma	nager		
Mailing Address L	Line One		Mailing A	ddres	s Line Two				City	S	tate	Zip Code
P.O. Box 415			1649 Rou	te 12				Gales Fe	rry		СТ	06335-0415
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	ldress			
860-464-0232		860-464-2	2876	860-9	941-3406			j.cansler	@waterauth	ority.c	org	
Contact Role(s):	Administrative	Contact			,			*				

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

	nnecticut Dep	artment (of Public	Health	Drin	king V	Vater	Section	
	Water Qua	ality Mon	itoring a	ind Com	pliai	ice Sc	hedul	e	
PWS ID PW:	S Name			(Classific	ation Po	pulation	Owner Type	Primary Source
CT1140204 CIT	GO GAS STATION - PRES	TON			NC	,	25	Р	GW
Local Address (where	e applicable)		Service	Residenti	al Con	nmercial	Industria	Combine	ed Agricultural
37 ROUTE 2			Connectio	ns		1			
Towns Served: PRES	ΓΟN								
		Moni	toring Re	quiremen	ts				
Water System Faci	lity: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Coliform (3:	•						1	-) per quarter
	(Sampling Point ID)			Monitorin			ection Peri		pliance Status
Select from Inve	entory of Active Samplin	g Points		7/1/19 - 9					Complete
				10/1/19 - 1					Complete
				1/1/20 - 3					
				4/1/20 - 6	• •				
				7/1/20 - 9	9/30/20				
Physical Paramete	= = =							•) per quarter
	(Sampling Point ID)			Monitorin			ection Peri		pliance Status
Select from Inve	entory of Active Samplin	g Points		7/1/19 - 9					Complete
				10/1/19 - 1					Complete
				1/1/20 - 3					
				4/1/20 - 6					
			-1	7/1/20 - 9	9/30/20				
•	lity: ENTRY POINT (WSF ID: 00700	0)						
Nitrate And Nitrit	•								(RT) per year
	(Sampling Point ID)			Monitorin			ection Peri		pliance Status
ENTRY POINT (3	()			1/1/19 - 1					Complete
				1/1/20 - 1					
				1/1/21 - 1					
	Water S	System Fac	ility and S	Sampling I	Point	Invent	ory		
Water						Tota			
	stem Facility	Samplina Poir	nt Sampling I			Colifor	т Сорр	er	Stage
System Water Sys						Dele	Dula 1	Tion Asbask	- WOD 2 DDDD
System Water Sys Facility ID	FIGAL SVSTEA 4	ID	Description	n	Stat	us Rule	Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water Sys Facility ID	TION SYSTEM	<i>ID</i> 4	Description DISTRIBUT	ION SYSTEM	Α	Dele	Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water Sys Facility ID	TION SYSTEM	4 DOWNSTREAM	Description DISTRIBUT M WITHIN 5 S	n ION SYSTEM SERVICE CON	A A	us Rule	e Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water Sys Facility ID 00600 DISTRIBUT		4 DOWNSTREAM UPSTREAM	Description DISTRIBUT M WITHIN 5 9 WITHIN 5 9	n ION SYSTEM SERVICE CON SERVICE CON	A A A	us Rule	Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO		4 DOWNSTREAM UPSTREAM 3	Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI	n ION SYSTEM SERVICE CON SERVICE CON	A A A	us Rule	Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2	DINT	4 DOWNSTREAM UPSTREAM	Description DISTRIBUT M WITHIN 5 9 WITHIN 5 9	n ION SYSTEM SERVICE CON SERVICE CON	A A A	us Rule	e Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO	DINT	4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI WELL 2	ION SYSTEM SERVICE CON SERVICE CON	A A A	us Rule	e Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2	DINT	4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI	ION SYSTEM SERVICE CON SERVICE CON	A A A	us Rule	e Rule 1	Tier Asbesto	os WQP 2 DBPR
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2	DINT	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI WELL 2	ION SYSTEM SERVICE CON SERVICE CON	A A A	us Rule	e Rule 1	Job Titl	
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2 53551 PRESSURE	DINT E TANK	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI WELL 2	n ION SYSTEM SERVICE CON SERVICE CON NT	A A A	us Rule	e Rule 1		
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2 53551 PRESSURE Name Mr. Ahmed Choudhi Mailing Address Line	DINT E TANK ry	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI WELL 2 Intact Info Organization Bestway Food	n ION SYSTEM SERVICE CON SERVICE CON NT	A A A	us Rule			
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2 53551 PRESSURE Name Mr. Ahmed Choudhi	DINT E TANK ry	4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI WELL 2 Intact Info Organization Bestway Foodess Line Two	n ION SYSTEM SERVICE CON SERVICE CON NT	A A A	us Rule	Dwner	Job Titl	e
System Water System Facility ID 00600 DISTRIBUT 00700 ENTRY PO 53549 WELL 2 53551 PRESSURE Name Mr. Ahmed Choudhi Mailing Address Line	DINT E TANK ry	4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI WELL 2 Intact Info Organization Bestway Food	n ION SYSTEM SERVICE CON SERVICE CON NT	A A A	y Rule	Dwner City	Job Titl	e Zip Code

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

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

PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1140204	CITGO GAS STATION	- PRESTON				NC	25	Р	GW
Local Address (v	where applicable)		Se	ervice	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
37 ROUTE 2			Co	onnections		1			

Towns Served: PRESTON

Please note the following:

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

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

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

End of schedule

Page 29

Co			rtment o								ection		
PWS ID PW	/S Name					Clas	sification	on Po	pulatio	n Ow	ner Type P	rimary	Source
CT1141104 PR	ESTON PUBLIC	C LIBRARY					NC		25		L	G۷	٧
Local Address (whe	re applicable)			Service	Residen	tial	Comm	ercial	Indust	rial	Combined	Agric	cultural
389 ROUTE 2				Connection	ns		1						
Towns Served: PRES	STON												
			Moni	toring Red	quireme	nts							
Water System Fac	ility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)									
Total Coliform (3	3100)									1 rou	utine (RT)	per qu	uarter
Sampling Poin	•	oint ID)			Monitori	ing P	eriod	Colle	ection F				
Select from Inv	entory of Acti	ive Sampling	Points		7/1/19 -	9/30	0/19				Co	mplete	2
					10/1/19 -	12/3	31/19				Co	mplete	5
					1/1/20 -	3/31	1/20				Co	mplete	9
					4/1/20 -	6/30	0/20						
					7/1/20 -	9/30	0/20						
Physical Paramet	ers (PPS)									1 rou	utine (RT)	per qu	ıarter
Sampling Poin	t (Sampling P	oint ID)			Monitori	ing P	eriod	Colle	ection F	Period	Compl	iance S	tatus
Select from Inv	entory of Act	ive Sampling	Points		7/1/19 -	9/30	0/19				Co	mplete	2
					10/1/19 -	12/3	31/19				Cc	mplete	2
					1/1/20 -	3/31	1/20				Co	mplete	9
					4/1/20 -	6/30	0/20						
					7/1/20 -	9/30	0/20						
Water System Fac	ility: ENTR	Y POINT (W	/SF ID: 00700	0)									
Nitrate And Nitri	• •									1	routine (F		-
Sampling Poin		oint ID)			Monitori			Colle	ection F	Period			
ENTRY POINT (3)				1/1/19 -							mplete	
				1/1/20 - 12/31/20							Co	mplete	5
					1/1/21 -	12/3	1/21						
			Other	Complian	ce Sched	lule	es .						
Compliance Schedu	le Activity				ı.	Due l	Date		Ach	ieved	Date		
CROSS CONNECTION	N EXEMPTION				;	3/1/2	2024						
		Water Sy	ystem Faci	ility and S	ampling	Po	int In	vent	ory				
Water								Tota	l Lea	d and			
,	stem Facility		Sampling Poin					Colifor		pper			Stage
Facility ID			ID	Description			Status	Rule	e Ru	le Tier	Asbestos	WQP	2 DBPR
00600 DISTRIBU	ITION SYSTEM		4		ON SYSTEM		A	Υ					
			DOWNSTREAM				Α						
			UPSTREAM		SERVICE CON	V	Α						
00700 ENTRY P	JINT		3	ENTRY POI	NT		A						
48777 WELL 1			2	WELL 1			Α						
			Co	ntact Info	rmation								
Name				Organization							Job Title		
Preston													
Mailing Address Lin	e One		Mailing Addre	ess Line Two					City		State	Zip C	ode
Business Phone	Mo	Mobile Phone Emergency Phone Ema				ail Address							

	Connectic	ut Depa	rtment	of Pub	lic F	Health 1	Drin	king	Water	Sec	ction	
	Wa	ter Qua	lity Mor	nitoring	gan	d Com	pliai	nce S	chedul	le		
PWS ID	PWS Name						<u> </u>			1	er Type I	Primary Source
CT1141104	PRESTON PUBLI	C LIBRARY					NO	2	25		L	GW
Local Address (w	here applicable)			Service	9	Residenti	ial Cor	nmercia	l Industri	ial (Combined	d Agricultura
389 ROUTE 2				Conne	ctions			1				
Towns Served: PF	RESTON						'					
Contact Role(s):	Owner											
Name				Organization				Job Title				
Mr. Robert M Co	ngdon			Town of P	restor	า			First Selec	ctman		
Mailing Address I	ine One		Mailing Add	lress Line Two				City			State	Zip Code
Town Hall			389 Route 2				Preston			СТ	06365	
Business Phone	Extension	Fax	М	obile Phone	e E	mergency F	Phone	Email A	ddress			
860-887-5581		860-885-3	1905					congdo	n@preston	-ct.or	g	
Contact Role(s):	Legal Contact		,									
Name				Organizati	ion						Job Title	
Mr. Joseph Cansl	er			SCWA				General Manager				
Mailing Address I	ine One		Mailing Add	ress Line Two				City			State	Zip Code
P.O. Box 415 1649 Route					12			Gales Ferry			СТ	06335-0415
Business Phone	Extension	Fax	М	obile Phone	e E	mergency F	Phone	ne Email Address				
860-464-0232		860-464-2	2876 86	0-941-3406	5			j.cansle	r@waterau	ıthorit	y.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

	Connecticu	ıt Depar	tment of	Public	Health	Drir	nking	Water Se	ection	
	Wat	er Quali	ty Monit	oring a	nd Com	plia	nce S	chedule		
PWS ID	PWS Name					Classifi	ication P	opulation Ow	ner Type P	rimary Source
CT114904	4 PRESTON COMM	UNITY PARK	- 10 LINCOLN F	RD		N	С	25	Р	GW
Local Addr	ess (where applicable)			Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultural
10 LINCOL	N ROAD			Connection	ns		1			
Towns Ser	ved: PRESTON									
			Monito	oring Red	quiremer	its				
Water Sys	stem Facility: DISTRI	BUTION SYS	STEM (WSF II	D: 00600)						
Total Col	iform (3100)							1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Po	int ID)			Monitorin	g Perio	od Col	llection Period	Compl	iance Status
Selec	t from Inventory of Activ	e Sampling P	oints		7/1/19 - 9	9/30/1	9		Co	omplete
					4/1/20 - 6	5/30/2	0			
					7/1/20 - 9	9/30/2	0			
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Po	oint ID)			Monitorin	g Peri	od Col	llection Period	Compl	iance Status
Selec	t from Inventory of Activ	ve Sampling P	oints		7/1/19 - 9	9/30/1	9		Co	omplete
					4/1/20 - 6	5/30/2	0			
					7/1/20 - 9	9/30/2	0			
Water Sys	stem Facility: ENTRY	POINT (WS	SF ID: 00700)							
Nitrate A	And Nitrite (NOX)							1	routine (RT) per year
Samp	oling Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	llection Period	Compl	iance Status
ENTR	Y POINT (3)				1/1/19 - 1	2/31/1	19		Co	omplete
					1/1/20 - 1	2/31/2	20			
					1/1/21 - 1	2/31/2	21			
			Other Co	omplian	ce Sched	ules				
Compliand	ce Schedule Activity					ue Dat		Achieved	Date	
RESPOND	TO SANITARY SURVEY				-	15/20				
SEASONAL	START UP COMPLETION	-				/1/202				
	'	Water Sys	stem Facili	ity and S	ampling	Point	t Inven	itory		
Water							Tot		1	
System	Water System Facility	So	ampling Point				Colife			Stage
Facility ID			ID .	Description		Sta		ie Kuie i iei	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	_	4	DISTRIBUTI		,				
		D	OWNSTREAM				A -			
			UPSTREAM		SERVICE CON					
	ENTRY POINT		3	ENTRY POI	NT	F				
54784	WELL 1		2	WELL 1		P	4			
54786	BLADDER TANK									
			Con	tact Info	rmation					
Name			Or	rganization					Job Title	
Ms. Gail R					& Recreation	1			1	
Mailing Ad	ldress Line One	N	Mailing Address	s Line Two				City	State	Zip Code
389 Route	2		1				Preston		СТ	06365
Business	Phone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ac	ldress		
860-889		860-885-01	171							
Contact Ro	ole(s): Legal Contact									

C	omiecuc	ut Depa	ii une	IIL OI	rubiic	Health	עו	1 111K111E	g water	Sectio	11	
	Wat	ter Qua	lity M	lonite	oring a	nd Con	np)	liance S	Schedul	le		
PWS ID PV	WS Name						Cla	ssification	Population	Owner Typ	e P	rimary Source
CT1149044 PI	RESTON COMM	IUNITY PAR	K - 10 LIN	ICOLN R	D			NC	25	Р		GW
Local Address (who	ere applicable)				Service	Residen	itial	Commerci	al Industri	al Combi	ned	Agricultural
10 LINCOLN ROAD					Connection	ns		1				
Towns Served: PRE	STON								,			
Name				Or	ganization	Job Title						
Mr. Joseph Cansle	r			SC'	WA				General N	/lanager		
Mailing Address Li	ne One		Mailing Address Line Two				City			Stat	е	Zip Code
P.O. Box 415			1649 Ro	649 Route 12			Gales Ferry			СТ		06335-0415
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	cy Phone Email Address					
860-464-0232		860-464-	2876	860-9	41-3406		j.cansler@waterauthority.org					
Contact Role(s):	dministrative	Contact										

Connecticut Department of Public Health Drinking Water Section

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	
Water Quality Monitoring a	and Compliance Schedule
PWS ID PWS Name	Classification Population Owner Type Primary Sour
CT1149054 BESTWAY CONVENIENCE STORE	NC 25 P GW
Local Address (where applicable) Service	Residential Commercial Industrial Combined Agricultu
397 NORWICH WESTERLY ROAD Connection	ons 1
Towns Served: PRESTON	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	equirements
Total Coliform (3100)	1 routine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Statu
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
Sciect from inventory of Active Sampling Forms	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Physical Parameters (PPS)	1 routine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Statu
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
Sold the minimum of the many o	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Nitrate And Nitrite (NOX)	1 routine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Statu
ENTRY POINT (3)	1/1/19 - 12/31/19 Complete
2(6)	1/1/20 - 12/31/20
	1/1/21 - 12/31/21
Water System Easility and	
Water System Facility and S	
Water System Water System Facility Sampling Point Sampling Facility ID ID Description	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION	TION SYSTEM A Y
DOWNSTREAM WITHIN 5	SERVICE CON A
UPSTREAM WITHIN 5	SERVICE CON A
00700 ENTRY POINT 3 ENTRY PO	INT A
61034 WELL #1 2 WELL #1	A
Contact Inf	ormation
Name Organization	
Mr. Rizwan Jameel	JOD TILLE
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	

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

						I .				
PWS ID	PWS Name					Classificat	ion F	opulation	Owner Type	Primary Source
CT1149054	BESTWAY CONVENIEN	ICE STO	RE			NC		25	Р	GW
Local Address (where applicable)			Service	Residen	itial Comn	nercia	Industri	al Combine	ed Agricultural	
397 NORWICH WESTERLY ROAD			Connections			l				

Towns Served: PRESTON

Please note the following:

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

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

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

End of schedule