

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1140011	PRESTON PLAINS WATER COMPANY	C	550	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			104	1			

Towns Served: PRESTON

Monitoring Requirements

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

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21				
Total Coliform (3100)		1 routine (RT) per month			
<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	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		
	1/1/17 - 1/31/17				
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Lead And Copper (PBCU)		10 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30			
	1/1/19 - 12/31/21	6/1-9/30			
Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 1/31/17				
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Physical Parameters (PPX)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
DISTRIBUTION SYSTEM (4)	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		

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

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		
CT1140011	PRESTON PLAINS WATER COMPANY	C	550	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			104	1			

Towns Served: PRESTON

Monitoring Requirements

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

Net Gross Alpha (4000)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/18		
	1/1/19 - 12/31/21		
Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		
Pesticides, Herbicides and PCBs-Phase II (SOC2)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/15 - 12/31/17		
	1/1/18 - 12/31/20		

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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		
CT1140011	PRESTON PLAINS WATER COMPANY	C	550	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			104	1			

Towns Served: PRESTON

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2017	
SUBMIT CCR TO THE DEPARTMENT	6/30/2017	
SUBMIT CCR CERTIFICATION FORM	8/9/2017	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		PPWC01	15 OVERLOOK DRIVE	A	Y			
		PPWC010	33 LYNN DRIVE	A	Y			Y
		PPWC011	SCHOOL 1 RT 164	A	Y			
		PPWC02	25 LYNN DRIVE	A	Y			Y
		PPWC03	2 MEADOW DRIVE	A	Y			
		PPWC04	33 ROUTE 164	A	Y			
		PPWC05	9 TANGLEWOOD DRIVE	A	Y		1	
		PPWC06	13 TANGLEWOOD DRIVE	A			1	
		PPWC07	15 TANGLEWOOD DRIVE	A			1	
		PPWC08	19 TANGLEWOOD DRIVE	A			1	
		PPWC09	21 TANGLEWOOD DRIVE	A			1	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1948	WELL#2	2	WELL#2	A				
51114	10K ATMOSPHERIC TANK							
51118	5K ATMOSPHERIC TANK							
56245	INTERCONNECTION - MASHANTUCKET PEQUOT TN							
844	WELL #1	2	WELL #1	A				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: SMALL WATER SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
JOHNSON, MICHAEL W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV DISTRIBUTION SYSTEM OPERATOR - CLASS III	12/31/2017 12/31/2017

Contact Information

Name		Organization		Job Title		
Mr. Stan F. Harris, III		Preston Plains Water Company		Director (Utilities)		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
550 Trolley Line Boulevard		P.O. Box 3249		Mashantucket	CT	06338
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1140011	PRESTON PLAINS WATER COMPANY	C	550	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			104	1			
Towns Served: PRESTON							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-396-6722		860-396-6788		860-287-4556	sharris@mptn.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		
CT1140021	LINCOLN PARK ELDERLY HOUSING	C	80	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 LINCOLN PARK ROAD EXTENSION			11				

Towns Served: PRESTON

Monitoring Requirements

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

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21				
Total Coliform (3100)		1 routine (RT) per month			
<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	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		
	1/1/17 - 1/31/17		Complete		
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Lead And Copper (PBCU)		5 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/16	6/1-9/30	Complete		
	1/1/17 - 12/31/17	6/1-9/30			
	1/1/18 - 12/31/18	6/1-9/30			
Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 1/31/17		Complete		
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Physical Parameters (PPX)		1 routine (RT) per month			
<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	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		

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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		
CT1140021	LINCOLN PARK ELDERLY HOUSING	C	80	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 LINCOLN PARK ROAD EXTENSION			11				

Towns Served: PRESTON

Monitoring Requirements

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

Net Gross Alpha (4000)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/18		
	1/1/19 - 12/31/21		
Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		
Pesticides, Herbicides and PCBs-Phase II (SOC2)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

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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		
CT1140021	LINCOLN PARK ELDERLY HOUSING	C	80	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 LINCOLN PARK ROAD EXTENSION			11				
Towns Served: PRESTON							

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2016	
SUBMIT CCR TO THE DEPARTMENT	6/30/2017	
SUBMIT CCR CERTIFICATION FORM	8/9/2017	
CROSS CONNECTION EXEMPTION	3/1/2018	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		5	SINK 1 DIST. SYST.	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LPEH01	9B LINCOLN PARK RD 0	A	Y			
		LPEH02	6B LINCOLN PARK RD 0	A	Y			
		LPEH03	3D LINCOLN PARK RD 0	A	Y			
		LPEH04	COMMUNITY CENTER 04	A	Y			
		LPEH05	COMMUNITY CENTER 05	A	Y			
		LPEH06	6C LINCOLN PARK RD.	A	Y			
LPEH07	12D LINCOLN PARK RD.	A	Y					
UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A				
50913	HYDROPNEUMATIC STORAGE							
50915	ATMOSPHERIC STORAGE							
796	WELL #1	2	WELL #1	A				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: SMALL WATER SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
THOMPSON, WAYNE J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	12/31/2018
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2017
SIPULESKI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2017
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2017

Contact Information

Name		Organization			Job Title		
Ms. Carol Onderdonk		Lincoln Park Elderly Housing			Exec. Director		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
11 Lincoln Park Rd. Ext.					Preston	CT	06365
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-887-4865		860-887-4865		860-889-2366			

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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
CT1140021	LINCOLN PARK ELDERLY HOUSING	C	80	L	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 LINCOLN PARK ROAD EXTENSION		11				

Towns Served: PRESTON

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

Name	Organization	Job Title
Ms. Mary Lou Jensen	Lincoln Park Elderly Housing	Secretary

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
601 Route 165		Preston	CT	06365

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-889-6400					

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

Name	Organization	Job Title
Mr. Robert Byrnes	Lincoln Park Elderly Housing	Treasurer

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
5 Lincoln Park Rd Ext.	Apt C	Preston	CT	06365

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-886-8596					

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

Name	Organization	Job Title
Mr. David Goss	Lincoln Park Elderly Housing	Vice Chairman

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
4 Nelson Drive		Preston	CT	06365

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-887-0442					

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	Zip Code
P.O. Box 415	1649 Route 12	Gales Ferry	CT	06335-0415

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		
CT1140471	STRAWBERRY PARK	C	950	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
42 PIERCE RD			380				
Towns Served: PRESTON							

Monitoring Requirements

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

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/08 - 12/31/16		Complete		
	1/1/17 - 12/31/25				
Total Coliform (3100)		1 routine (RT) per month			
<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	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		
	1/1/17 - 1/31/17				
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Lead And Copper (PBCU)		5 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/16	6/1-9/30	Complete		
	1/1/17 - 12/31/19	6/1-9/30			
	1/1/20 - 12/31/22	6/1-9/30			
Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 1/31/17				
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Physical Parameters (PPX)		1 routine (RT) per month			
<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	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		

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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		
CT1140471	STRAWBERRY PARK	C	950	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
42 PIERCE RD			380				

Towns Served: PRESTON

Monitoring Requirements

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

Physical Parameters (PPX)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	12/1/16 - 12/31/16		Complete

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

Net Gross Alpha (4000)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Uranium (4006)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Combined Radium-226/228 (4010)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Organic Chemicals (VOCS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

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

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42 PIERCE RD			380				

Towns Served: PRESTON

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT CCR TO THE DEPARTMENT	6/30/2011	
SUBMIT CCR CERTIFICATION FORM	8/9/2011	
SUBMIT CCR TO THE DEPARTMENT	6/30/2016	
SUBMIT CCR CERTIFICATION FORM	8/9/2016	8/3/2016
CROSS CONNECTION SURVEY REPORT	3/1/2017	
SUBMIT CCR TO THE DEPARTMENT	6/30/2017	
SUBMIT CCR CERTIFICATION FORM	8/9/2017	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	10/1/09 - 10/31/09	2	11/19/2009		11/29/2009	
Total Coliform MCL Violation	10/1/09 - 10/31/09	1	11/19/2009		11/29/2009	
Total Coliform M&R Violation	8/1/09 - 8/31/09	2	1/13/2010		1/23/2010	
Water Quality Parameters - Basic M&R Violation	1/1/04 - 12/31/06	3	3/17/2010		3/27/2010	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-1	Site #65	A	Y			
		4-2	Site #160B	A	Y			
		4-3	Site #328C	A	Y			
		4-4	Site #Stage 1	A	Y			
		4-5	Site #338	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW021-160B	SITE 160B	P	Y		N	
		MW021-328C	SITE 328C	P	Y		N	
		MW021-338	SITE 338	P	Y		N	
		MW021-65	SITE 65	P	Y		N	
		MW021-S1	SITE STAGE 1	P	Y		N	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		00700	ENTRY POINT	3	ENTRY POINT	A		
1777	WELL #1	2	WELL #1	A				
1778	WELL #2	2	WELL #2	A				
1779	WELL #3	2	WELL #3	A				
50961	ATMOSPHERIC STORAGE TANK							
50967	HYDROPNEUMATIC STORAGE TANK							

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

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42 PIERCE RD		380				

Towns Served: PRESTON

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2018
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2018
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2018
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2017

Contact Information

Name		Organization			Job Title	
Strawberry Park Properties LLC						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P. O. Box 5489				Salt Springs	FL	32134
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-334-9953						

Contact Role(s): **Owner**

Name		Organization			Job Title	
T D Bank N.A						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
75 John Roberts Rd Building B				South Portland	ME	04106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	

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

Name		Organization			Job Title	
Mr. Edward Mayer		Strawberry Park				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O. Box 5489				Salt Springs	FL	32134
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
813-335-5119					frontdeskstrawberry@eliteresorts.com	

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

Please note the following:

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

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

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

End of schedule

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