

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1040044	GLOBAL PARTNERS LP			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
170 TAFTVILLE- OCCUM ROAD			Connections		1			
Towns Served: NORWICH								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL (WSF ID: 21814)**

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21814	WELL	2	WELL	A				

### Contact Information

Name	Organization	Job Title		
Mr. Jeff McCullough	Global Partners, Lp	Env. Project Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 549290	800 South Street, Suite 500	Waltham	MA	02453

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1040044</b>	<b>GLOBAL PARTNERS LP</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
170 TAFTVILLE- OCCUM ROAD			1			

Towns Served: NORWICH

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
781-250-7369					jeff.mccullough@globalp.com

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

Name	Organization	Job Title
<b>Mr. Jim Colman</b>	Apex Companies, LLC	Enviro Project Mnger

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
628 Hebron Ave, Ste 303		Glastonbury	CT	06033

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-282-1700					jim.colman@apexcos.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

***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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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1040054	CHURCH OF JESUS CHRIST OF LATTER DAY SAI			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
597 SCOTLAND ROAD				1			
Towns Served: NORWICH							

### Monitoring Requirements

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

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

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

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

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

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

**Nitrate (1040)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SANITARY DEFECT CORRECTIVE ACTION	9/6/2025	7/16/2025
SANITARY DEFECT CORRECTIVE ACTION	10/1/2025	

### 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>
Nitrate MCL Violation	4/1/25 - 6/30/25	1	5/13/2025		5/23/2025	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LDSBAPT	BAPTISMAL FONT	A	Y			
		LDSMEN	MEN'S ROOM SINK	A	Y			

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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
CT1040054	CHURCH OF JESUS CHRIST OF LATTER DAY SAI			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
597 SCOTLAND ROAD		Connections		1			
Towns Served: NORWICH							

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		LDSMOTHER	MOTHER'S ROOM SINK	A	Y			
		LDSSAC	SACRAMENT SINK	A	Y			
		LDSSERV	SERVING AREA SINK	A	Y			
		LDSWOMEN	WOMEN'S ROOM SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21815	WELL	2	WELL	A				

### Contact Information

Name			Organization			Job Title		
Mr. Roy B. McDaniel			Natural Resources-Special Proj			Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
50 East North Temple St			Mfd 12Th Floor			Salt Lake City	UT	84150
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
801-240-4656		801-240-2913			mcdanielrb@churchofjesuschrist.org			

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

Name			Organization			Job Title		
Ms. Christine Spencer			Church of Jesus Christ of Lds			Hartford Admin Asst		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
130 South St						Cromwell	CT	06516
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
959-230-1116	2	860-835-4036			spencerca@churchofjesuschrist.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

***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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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1040064	NORWICH AESTHETIC DENTISTRY			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
164 OTROBANDO AVENUE			Connections		1			
Towns Served: NORWICH								

### Monitoring Requirements

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

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

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

Nitrite (1041)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

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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
CT1040064	NORWICH AESTHETIC DENTISTRY			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
164 OTROBANDO AVENUE		Connections		1			
Towns Served: NORWICH							

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21816	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Dr. Edward C. Yates				Norwich Aesthetic Dentsitry			Dentist-Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
164 Otrobando Avenue						Norwich		CT	06360
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-889-6445			860-889-5572		860-961-6221	yatesrecords@gmail.com			

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

**Please note the following:**

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

***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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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1040084	NORWICH WORSHIP CENTER			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
165 LAWLER LANE			Connections		1			
Towns Served: NORWICH								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/10/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21818	WELL	2	WELL	A				

### Contact Information

Name				Organization				Job Title			
Mr. Michael Maixner											
Mailing Address Line One			Mailing Address Line Two					City		State	Zip Code
165 Lawler Lane								Norwich		CT	06360
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address			
Contact Role(s): Legal Contact											

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1040084</b>	<b>NORWICH WORSHIP CENTER</b>	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
165 LAWLER LANE			1		
Towns Served: NORWICH					
Name		Organization		Job Title	
<b>Mr. Jefferey R. Sharp</b>		Norwich Worship Center		Senior Pastor/Pre.	
Mailing Address Line One		Mailing Address Line Two		City	State
165 Lawler Lane				Norwich	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-822-9522	11	860-822-6678		860-334-0651	pastor@norwichworshipcenter.org
Contact Role(s): <b>Administrative Contact</b>					

**Please note the following:**

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

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

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***End of schedule***

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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	
CT1040104	7-ELEVEN #32524			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
152 TAFTVILLE-OCCUM ROAD			Connections		1			
Towns Served: NORWICH								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		Complete
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/10/2026	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	4/10/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21820	WELL	2	WELL	A				

### Contact Information

Name		Organization		Job Title		
Mr. Dave Goodman		Olde Northeast Realty Lp		Administrator		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
22 Christy's Drive		Suite 4		Brockton	MA	02301
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
508-427-6111		508-427-4333				

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

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1040104</b>	<b>7-ELEVEN #32524</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
152 TAFTVILLE-OCCUM ROAD			1		
Towns Served: NORWICH					
Name		Organization		Job Title	
<b>Christy's Realty Limited Partnership</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
P. O. Box 711		C/O Southland Cofp-Tax Dept Loc 125		Dallas	TX
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): <b>Owner</b>					

**Please note the following:**

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

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

***End of schedule***

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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	
CT1049024	MOHEGAN PARK - GROUP PAVILION			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
PARK CENTER RD / MOHEGAN PARK RD			Connections				1	
Towns Served: NORWICH								

### Monitoring Requirements

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

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

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

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

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

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

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-12/31	Complete
	1/1/26 - 12/31/26	4/1-12/31	
	1/1/27 - 12/31/27	4/1-12/31	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		HP1	HAND PUMP	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
50021	WELL 1	2	WELL 1	A				

### Contact Information

Name			Organization			Job Title		
Ms. Emma Robinson			City of Norwich			Env. Compliance		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
50 Clinton Avenue						Norwich	CT	06360
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-823-3798					erobinson@cityofnorwich.org			

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

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1049024</b>	<b>MOHEGAN PARK - GROUP PAVILION</b>	<b>NC</b>	<b>25</b>	<b>L</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
PARK CENTER RD / MOHEGAN PARK RD					1
Towns Served: NORWICH					
Name		Organization		Job Title	
<b>Mr. Jeffrey Dewey</b>		City of Norwich		City Engineer	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Clinton Avenue				Norwich	CT
Zip Code					
	06360				
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-823-3798					jdewey@cityofnorwich.org
Contact Role(s): <b>Legal Contact</b>					

**Please note the following:**

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

***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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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1049034	MOHEGAN PARK - DOG POUND			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
PARK CENTER RD / MOHEGAN PARK RD			Connections				1	
Towns Served: NORWICH								

### Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-12/31	Complete
	1/1/26 - 12/31/26	4/1-12/31	
	1/1/27 - 12/31/27	4/1-12/31	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/27/2020	
RESPOND TO SANITARY SURVEY	2/4/2026	
RESPOND TO SANITARY SURVEY	2/4/2026	
RESPOND TO SANITARY SURVEY	2/4/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BS1	BATHROOM SINK	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KS1	KITCHEN SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		US1	UTILITY SINK	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
50031	WELL 1	2	WELL 1	A				

### Contact Information

Name	Organization	Job Title		
Ms. Emma Robinson	City of Norwich	Env. Compliance		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
50 Clinton Avenue		Norwich	CT	06360

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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	
CT1049034	MOHEGAN PARK - DOG POUND			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
PARK CENTER RD / MOHEGAN PARK RD			Connections				1	

Towns Served: NORWICH

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-823-3798					erobinson@cityofnorwich.org

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

Name	Organization	Job Title
<b>Mr. Jeffrey Dewey</b>	City of Norwich	City Engineer

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
50 Clinton Avenue		Norwich	CT	06360

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-823-3798					jdewey@cityofnorwich.org

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

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**End of schedule**

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