	Coni		partment of							ction	
			iality Monit	oring an		1					
PWS ID	PWS Na								Owr		rimary Source
CT104004		L PARTNERS LP		<u> </u>		NC		25		Р	GW
	ress (where ap	·		Service Connections	Resident			ndustria	ıl	Combined	Agricultural
	/ILLE- OCCUM			Connections			1				
Towns Ser	ved: NORWIC	H							_		
Water Sv	stem Facility	: DISTRIBUTION	Monito SYSTEM (WSF II	oring Requ D: 00600)	uiremei	nts					
	liform (3100		, ,	,				1	rou	tine (RT)	per quarter
	-	mpling Point ID)			Monitorin	ng Period	Collec	tion Per			iance Status
		ory of Active Sampl	ing Points		4/1/25 -	_					mplete
					7/1/25 -						mplete
					10/1/25 -						
					1/1/26 -						
					4/1/26 -						
Physical	Parameters	(PPS)				· ·		1	rou	tine (RT)	per quarter
-		mpling Point ID)			Monitorin	ng Period	Collec	tion Per			iance Status
Selec	t from Invento	ory of Active Sampl	ing Points		4/1/25 -	6/30/25				Co	mplete
					7/1/25 -	9/30/25				Co	mplete
					10/1/25 -	12/31/25					
					1/1/26 -	3/31/26					
					4/1/26 -	6/30/26					
Water Sy	stem Facility	ENTRY POINT	(WSF ID: 00700)								
Nitrate A	And Nitrite (	NOX)							1	routine (I	RT) per year
	-	mpling Point ID)			Monitorin	ng Period	Collec	tion Per		<del>-</del>	iance Status
ENTR	RY POINT (3)				1/1/24 - 1	12/31/24				Co	mplete
					1/1/25 - 1	12/31/25				Co	mplete
					1/1/26 - 1	12/31/26					
Water Sy	stem Facility	: WELL (WSF ID	: 21814)								
E. Coli (3								1	rou	tine (RT)	per quarter
-	-	mpling Point ID)			Monitorin	ng Period	Collec	tion Per			iance Status
WELL		•			4/1/25 -						mplete
					7/1/25 -						mplete
					10/1/25 -	12/31/25					
					1/1/26 -	3/31/26					
					4/1/26 -	6/30/26					
		Water	System Facili	ity and Sai	mpling	Point I					
Water							Total	Lead o			
System	Water Syster	n Facility	Sampling Point		nt		Coliforn			Ashcata -	Stage 2 DBBB
Facility ID		N. C.Y.C.T.E.M.	ID	Description		Status		Kule 1	ııer	ASDESTOS	WQP 2 DBPR
00600	DISTRIBUTIO	N SYSTEM	4	DISTRIBUTION		A	Υ				
			DOWNSTREAM								
00755	ENITEW SECTION		UPSTREAM	WITHIN 5 SER							
00700	ENTRY POINT		3	ENTRY POINT		A					
21814	WELL		2	WELL		Α					

Schedule Generation Date: 12/12/2025 Page 1

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1040044	GLOBAL PARTNERS LP				NC	25	Р	GW			
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural			
170 TAFTVILLE- OCCUM ROAD		Connections			1						

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Jeff McCullougl	h			Global Partn	ers, Lp	Env. Projec	t Manager		
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
P.O. Box 549290 800			800 South St	reet, Suite 50	0	Walthan	n	MA	02453
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
781-250-7369					jeff.mccullough@globalp.com				
Contact Role(s): Le	gal Contact								
Name				Organization		Job Title			
Mr. Jim Colman				Apex Compa	nies, LLC		Enviro Project Mnge		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code
628 Hebron Ave, Sto	628 Hebron Ave, Ste 303					Glastonk	oury	СТ	06033
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-282-1700						jim.colm	an@apexco	s.com	
	·		· ·						

# Contact Role(s): Administrative Contact

Please note the following:

Towns Served: NORWICH

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

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

End of schedule

Connecticut Department of Pu				U			ection	
Water Quality Monitori	ing an	d Com	ıpli	iance S	chedu	le		
PWS ID PWS Name			Class	sification	Population	Ow	ner Type Pr	imary Source
CT1040054 CHURCH OF JESUS CHRIST OF LATTER DAY SAI				NC	25		Р	GW
	vice	Resident	tial (	Commercia	l Industr	ial	Combined	Agricultural
337 SCOTLAND NOAD	nnections			1				
Towns Served: NORWICH								
Monitorin	ng Requ	ıiremei	nts					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)							
Total Coliform (3100)					:	1 ro	utine (RT) լ	per quarter
Sampling Point (Sampling Point ID)		Monitorir			llection Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/25 -	6/30	/25			Co	mplete
		10/1/25 -					Co	mplete
		1/1/26 -						
		4/1/26 -	6/30	/26				
Total Coliform (3100)							•	per period
Sampling Point (Sampling Point ID)		Monitorin			ollection Pe	riod		ance Status
Select from Inventory of Active Sampling Points		6/14/25 -						mplete
		6/14/25 -	- 6/19	-	-			mplete
Total Coliform (3100)		0.0 16 1-	0 .		-	-		per month
Sampling Point (Sampling Point ID)		Monitorin			ollection Pe	rioa	•	ance Status
Select from Inventory of Active Sampling Points		7/1/25 -	//31	/25		1		mplete
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)		Monitorir	na Da	eriod Co	ollection Pe			per quarter ance Status
Select from Inventory of Active Sampling Points		4/1/25 -	_		mection re	Hou	-	mplete
Scient from inventory of Active Sampling Forms		7/1/25 -						mplete
		10/1/25 -						mplete
		1/1/26 -						piece
		4/1/26 -						
Water System Facility: ENTRY POINT (WSF ID: 00700)		, , -		, -				
Nitrate (1040)						1 ro	utine (RT) ı	per quarter
Sampling Point (Sampling Point ID)		Monitorir	ng Pe	eriod Co	ollection Pe			ance Status
ENTRY POINT (3)		4/1/25 -						mplete
, ,		7/1/25 -					Co	mplete
		10/1/25 -	12/3	1/25			Co	mplete
		1/1/26 -	3/31	/26				
		4/1/26 -	6/30	/26				
Nitrate And Nitrite (NOX)						1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorir	ng Pe	eriod Co	ollection Pe	riod	Compli	ance Status
ENTRY POINT (3)		1/1/24 - 1	12/31	1/24			Co	mplete
		1/1/25 - 1					Co	mplete
		1/1/26 - 1	12/31	1/26				
Water System Facility: WELL (WSF ID: 21815)								
E. Coli (3014)						_		per period
Sampling Point (Sampling Point ID)		Monitorin			ollection Pe	riod		ance Status
WELL (2)		6/13/25 -	- 6/19	9/25			Co	mplete

6/13/25 - 6/19/25

	Ca	nnoatio	ut Dana	ntm ont	of Dublic	Hoolth	, D,	ginlrin o	Matan	Coation	
	C(				of Public itoring a			_			
PWS ID	DVV	'S Name	tei Quai	ity Mon	ituring a	iiu Con	-				Primary Source
CT104005		URCH OF JESU	IS CHRIST OF	I ATTER DAY	<b>S</b> ΔΙ		Clas	NC	25	P P	GW
		e applicable)	33 CHINIST OF	LATTENDAT	Service	Residen	ntial	Commercia	_	-	
	LAND ROA				Connection		iciai	1	ai maastii	di Combine	a Agriculturur
	erved: NOR										
				Other	Complian	ce Sched	dule	25			
Complian	nce Schedu	le Activity			•			Date	Achie	ved Date	
_		ORRECTIVE A	CTION				9/6/	2025	7/1	6/2025	
SANITARY	Y DEFECT C	ORRECTIVE A	CTION			-	10/1/	/2025	<u> </u>	<u> </u>	
				Public No	otification	Require	eme	ents			
					Compliance	Notice	2	Public No	<u>otification</u>	PN Ce	rtification
Violation,	/Situation				Period	Tier		Required	Performe		
Nitrate M	1CL Violatio	n		4/	/1/25 - 6/30/2	5 1		5/13/2025		5/23/202	5
			<b>Water Sy</b>	stem Fac	ility and S	ampling	Po	int Inve	ntory		
Water								To	tal Lead	and	
System	_	stem Facility	5		nt Sampling F				form Cop		Stage
Facility IL	D			ID	Description	1		Stutus		Tier Asbesto	s WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4		ION SYSTEM		Α	Υ		
			I	-	M WITHIN 5 S		N	Α			
				LDSBAPT	BAPTISMAI				Υ		
				LDSMEN	MEN'S ROC				Y		
				LDSMOTHER		ROOM SINI	K		Y		
				LDSSAC	SACRAMEN	_			Y		
				LDSSERV	SERVING A		,	_	Y Y		
				LDSWOMEN UPSTREAM		ROOM SINK SERVICE COI		A A	Y		
00700	ENTRY PO	TINIT		3	ENTRY POI		IN .	A			
21815		ואווכ		2	WELL	INI		A			
21013	VVELL				ntact Info	rmation	•	A			
Name					Organization	) i i i i i i i i i i i i i i i i i i i	•			Job Title	
	B. McDanie	<u> </u>			Natural Resou	ırcas-Snacia	l Dro	i	Manager	300 1100	<u> </u>
	ddress Line			Mailing Addre		irces-specia	11710	J	City	State	Zip Code
	lorth Temp			Mfd 12Th Flo				Salt Lak		UT	84150
	ss Phone	Extension	Fax		bile Phone	Emergency	v Pho	one Email A		01	04130
			801-240-2				,			hofjesuschrist	.org
	40-4656		001-240-2			l .				,	
		gal Contact, C									
		gal Contact, (			Organization					Job Title	<u> </u>
Contact R Name					Organization Church of Jesu	us Christ of	Lds		Hartford /	Job Title Admin Asst	:
Contact R Name Ms. Chris	Role(s): Le	er	Owner		Church of Jesu	us Christ of	Lds		Hartford A		Zip Code
Contact R Name Ms. Chris	Role(s): Lestine Spendaddress Line	er	Owner		Church of Jesu	us Christ of	Lds	Cromw	City	Admin Asst	
Contact R Name <b>Ms. Chris</b> Mailing A 130 South	Role(s): Lestine Spendaddress Line	er	Owner	Mailing Addre	Church of Jesu			Cromw	City	Admin Asst State	Zip Code

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact

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

		_								
PWS ID	PWS Name					Class	sification	Population	Owner Type	<b>Primary Source</b>
CT1040054	CHURCH OF JESUS CH	IRIST OF I	ATTER DAY SA	I			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	itial Commerc		al Industri	al Combine	ed Agricultural		
597 SCOTLAND ROAD		Connections			1					

Towns Served: NORWICH

#### Please note the following:

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

End of schedule

Connecticut Department of			ection
	oring and Compliance		
PWS ID PWS Name			ner Type Primary Source
CT1040064 NORWICH AESTHETIC DENTISTRY	NC	25	P GW
Local Address (where applicable)	Service Residential Comme	ercial Industrial	Combined Agricultura
164 OTROBANDO AVENUE	Connections 1		
Towns Served: NORWICH			
	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF II Total Coliform (3100)	D: 00600)	1 1	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	· · · ·
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25	Collection Period	-
Select from inventory of Active Sampling Points			Complete
	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		
	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		
Physical Parameters (PPS)	0/1/20 - 0/30/20	1 1	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	· · ·
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25	Conceilon remod	Complete
Scient from inventory of Active Sumpling Forms	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		
Water System Facility: ENTRY POINT (WSF ID: 00700)	0, 1, 20 0, 30, 20		
Nitrate (1040)		1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	
ENTRY POINT (3)	4/1/25 - 6/30/25	25	Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	1/1/20-3/31/20		

4/1/26 - 6/30/26

**Monitoring Period** 

1/1/24 - 12/31/24

**ENTRY POINT (3)** 

Sampling Point (Sampling Point ID)

**Nitrite (1041)** 

1 routine (RT) per year

**Compliance Status** 

Complete

**Collection Period** 

CT10400C4	NODANCII AESTIETIC DENTISTRY	NC	2.5	D	CM
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	le	
	Connecticut Department of Public Health	וואווונעוו	g water	Section	

Connecticut Department of Dublic Health Drinking Wester Section

CT1040064	NORWICH AESTHETIC DENTISTRY				NC	25	P		GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Comb	ined	Agricultural
164 OTROBAND	O AVENUE	Connections			1				

Towns Served: NORWICH

# **Monitoring Requirements**

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

Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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

					•	<u>•                                      </u>				
				Contact Inf	ormation					
Name				Organization			Job Title			
Dr. Edward C. Yate	S			Norwich Aes	thetic Dentsitry	Dentist-Ow	ner			
Mailing Address Line One				g Address Line Two		City	State	Zip Code		
164 Otrobando Ave	nue					Norwich CT 063				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-889-6445		860-889-5	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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic										ction	
		Wa	ter Qual	lity M	lonit	oring a	ınd Com	plianc	e So	che	edule		
PWS ID	PW	'S Name						Classificati	ion P	opul	ation Owr	ner Type F	Primary Source
CT1040084	NO	RWICH WOR	SHIP CENTER					NC		2!	5	Р	GW
Local Addre	ess (wher	e applicable)				Service	Resident	ial Comm	ercial	Inc	dustrial	Combined	d Agricultural
165 LAWLE		,				Connectio	ns	1					
Towns Serv		WICH											
				D.	lonit	oring Po	auiromor	atc					
Water Sys	tem Fac	ility: DISTR	IBUTION SY				quiremer	113					
<b>Total Coli</b>	form (3	100)									1 rou	tine (RT)	per quarter
Sampl	ling Poin	t (Sampling P	oint ID)				Monitorir	ng Period	Col	lecti	on Period		liance Status
Select	from Inv	entory of Act	ive Sampling	Points			4/1/25 -	6/30/25				C	omplete
		•	, ,				7/1/25 -						omplete
							10/1/25 -						ompiece
							1/1/26 -						
							4/1/26 -	-					
Dla di la		/DDC\					4/1/26 -	0/30/26				/5=1	
Physical F			nint (D)				Mantagi	on Doubert	0-1	10-4			per quarter
•		t (Sampling P		D-2:4			Monitorin		COL	iecti	on Period		liance Status
Select	from Inv	entory of Act	ive Sampling	Points			4/1/25 -						omplete
							7/1/25 -					C	omplete
							10/1/25 -						
							1/1/26 -						
							4/1/26 -	6/30/26					
Water Sys	tem Fac	ility: ENTR	Y POINT (W	/SF ID: 0	0700)								
Nitrate A	nd Nitri	te (NOX)									1	routine (	RT) per year
Sampl	ling Poin	t (Sampling P	oint ID)				Monitorin	ng Period	Col	lecti	on Period	Comp	liance Status
ENTRY	POINT (	3)					1/1/24 - 1	2/31/24				C	omplete
							1/1/25 - 1	2/31/25				C	omplete
							1/1/26 - 1	2/31/26					•
				Otl	her C	omplian	ce Sched						
Compliance	e Schedu	le Activity					D	ue Date			Achieved	Date	
RESPOND T	O SANIT	ARY SURVEY					1,	/10/2026					
			Water Sy	ystem	Facili	ity and S	Sampling	Point Ir	nven	tor	У		
Water									Tota	al	Lead and		
-	Water Sy	stem Facility				Sampling I			Colifo		Copper		Stage
Facility ID				ID	)	Description	n	Status	Rul	е	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBL	TION SYSTEM		4			ION SYSTEM	Α	Υ				
				DOWNS	TREAM	WITHIN 5	SERVICE CON	Α					
				UPSTR	EAM	WITHIN 5	SERVICE CON	Α					
00700	ENTRY PO	TNIC		3		ENTRY POI	NT	Α					
21818	WELL			2		WELL		Α					
					Con	tact Info	ormation						
Name					Or	rganization						Job Title	
Mr. Michae	el Maixno	er											
Mailing Add	dress Line	e One		Mailing	Address	s Line Two				Cit	ty.	State	Zip Code
165 Lawler				3				No	rwich		•	СТ	06360
Business		Extension	Fax		Mobi	le Phone	Emergency			dres	 S		
_ 2.0000			1 47		551	3.1.0.10				55	<u>-</u>		

Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source		
CT1040084	NORWICH WOR	SHIP CENTER	₹			NC		25	Р	GW		
Local Address (wl	ocal Address (where applicable)					ntial	Commerci	al Industri	al Combine	ed Agricultural		
165 LAWLER LAN	Connectio	ns		1								
Towns Served: N	ORWICH				·			·	·			
Contact Role(s):	Legal Contact											
Name				Organization				Job Title				
Mr. Jefferey R. Sl	narp			Norwich Wors	Norwich Worship Center			Senior Pas	stor/Pre.			
Mailing Address I	ine One		Mailing Add	ress Line Two			City		State	Zip Code		
165 Lawler Lane							Norwic	h	СТ	06360		
Business Phone	Extension	Fax	М	obile Phone	Emergency	/ Pho	one Email A	ddress				
860-822-9522	11	860-822-	6678		860-334	-065	1 nwcno	rwichct@ao	l.com			
Contact Role(s): Administrative Contact												

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	onnectic	ut Depa ter Qual											on	
DIA/C ID	DVA	/S Name	ter Qua	IILY IV.	IUIII	Joi mg a			•					uno Di	simony Course
PWS ID CT104010		LEVEN #3252	Λ					C	iassini N		<u>25</u>	on O	wner i	ype Pi	rimary Source GW
		re applicable)	4			Service	Resid	ontia		mmercial		trial		bined	Agricultural
	VILLE-OCC					Connectio		CITUIC	ai Coi	1	muus	ullai	COIII	billeu	Agricultural
	rved: NOR														
TOWNS SE	Treat Item	******		n.	lonit.	orina Bo	auirom		t c						
Water Sy	/stem Fac	ility: DISTR	IBUTION SY			oring Re D: 00600)	quireii	ien	LS						
Total Co	oliform (3	3100)			-							1 r	outine	(RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monit	oring	y Perio	od Col	lection				ance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points			4/1/2	5 - 6,	/30/2	5				Со	mplete
							7/1/2	5 - 9,	/30/2	5				Со	mplete
							10/1/2	5 - 1	2/31/	25				Со	mplete
							1/1/2	6 - 3,	/31/2	6					
							4/1/2	6 - 6,	/30/2	6					
Physical	Paramet	ers (PPS)										1 r	outine	(RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monit	oring	y Perio	od Col	lection	Perio	d C	Compli	ance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points			4/1/2	5 - 6	/30/2	5				Со	mplete
							7/1/2	5 - 9,	/30/2	5				Со	mplete
							10/1/2	5 - 1	2/31/	25				Co	mplete
							1/1/2	6 - 3,	/31/2	6					
							4/1/2	6 - 6	/30/2	6					
Water Sy	stem Fac	ility: ENTR	Y POINT (W	/SF ID: (	00700)										
Nitrate A	And Nitri	te (NOX)											1 rout	ine (F	RT) per year
Sam	pling Poin	t (Sampling P	oint ID)				Monit	oring	y Perio	od Col	lection	Perio	d C	Compli	ance Status
ENTF	RY POINT (	3)					1/1/2	1 - 12	2/31/2	24				Со	mplete
							1/1/2	5 - 12	2/31/2	25				Со	mplete
							1/1/26	5 - 12	2/31/2	26					
				Ot	her C	omplian	ce Sch	edu	les						
Complian	ce Schedu	le Activity						Du	ıe Dat	te	Ac	hieve	d Date		
RESPOND	TO SANIT	ARY SURVEY						1/1	10/202	26					
CORRECTI	IVE ACTIO	N/CORRECTIV	E ACTION PLA	AN				4/1	10/202	26					
			Water Sy	ystem	Facil	ity and S	Samplin	ng P	oint	t Inven					
Water	14/	inham En 199		Caure !!	D=1 :	Course of !!	Delet			Tota		ad an			<b>a.</b>
System  Equility II	=	stem Facility		Sampling IE		Sampling I Description			_	Colifo tus Rui		oppe Je Ti		estes	Stage WQP 2 DBPR
Facility IE		JTION SYSTEM	1			-		- N 4	Sta	tus		11C 11C	EI ASD	E3102	WYCF Z DDYK
00600	DISTRIBL	THON SYSTEM		4 DOM/NC		DISTRIBUT			Δ	•					
						WITHIN 5			Δ						
00700	ENTRY D	OINT		UPSTR		WITHIN 5		ON	Δ						
00700	ENTRY P	JINI		3		ENTRY POI	IN I		Δ						
21820	WELL			2		WELL			Α	١					
					Con	itact Info	ormatio	on							
Name					O	rganization							Job	Title	
Mr. Dave	Goodman	1			Ol	lde Northea	st Realty	Lp			Admini	strato	or		
Mailing A	ddress Lin	e One		Mailing	Addres	s Line Two					City		St	ate	Zip Code
22 Christy	y's Drive			Suite 4						Brockton	)		N	1A	02301
Busines	ss Phone	Extension	Fax		Mobi	ile Phone	Emerger	ncy P	hone	Email Ad	dress				

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	Connectic	ut Depa	rtme	nt of	Public	Health	Drin	ıking	g Water	Se	ection		
	Wa	ter Qua	lity M	Ionit	oring a	nd Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name						Classifi	cation	Population Ov		ner Type	Primary So	ource
CT1040104	7-ELEVEN #3252	4					N	С	25		Р	GW	
Local Address (w	here applicable)				Service	Residen	tial Co	mmerci	al Industri	al	Combine	d Agricul	tural
152 TAFTVILLE-O	CCUM ROAD		Connection	IS		1							
Towns Served: N	ORWICH					,							
508-427-6111	-												
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct, Own	er								
Name				Or	Organization				Job Title				
Christy's Realty	Limited Partners	hip											
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Cod	le
P. O. Box 711			C/O Sou	thland (	Cofp-Tax Dep	ot Loc 125		Dallas			TX	75221	-
Business Phon	e Extension	Fax		Mobil	e Phone	Emergency	Phone	Email A	ddress				
Contact Role(s):	Owner		'										

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End of schedule

	Connecticut Wate	-	rtment of lity Monit							
PWS ID	PWS Name					<u> </u>				Primary Source
CT1049024	MOHEGAN PARK - 0	GROUP PA	AVILION			N	С	25	L	GW
Local Address	(where applicable)			Service	Resident	ial Cor	mmercial	Industria	Combine	d Agricultural
PARK CENTER	RD / MOHEGAN PARK	RD		Connection	ns				1	
Towns Served	: NORWICH									
			Monite	oring Red	quiremer	nts				
Water Syster	m Facility: DISTRIBU	JTION SY	STEM (WSF I	D: 00600)						
Total Colifo	,							1	routine (RT	) per quarter
	Point (Sampling Poin	t ID)			Monitorin	g Perio	od Col	lection Peri	· ·	oliance Status
Select fro	om Inventory of Active	Sampling	Points		4/1/25 -	6/30/25	5		(	Complete
					7/1/25 - 9	9/30/25	5		(	Complete
					10/1/25 -	12/31/2	25		(	Complete
					4/1/26 -	6/30/26	5			
<b>Physical Par</b>	ameters (PPS)							1	routine (RT	) per quarter
Sampling	g Point (Sampling Poin	t ID)			Monitorin	g Perio	od Coll	lection Peri	od Comp	oliance Status
Select fro	om Inventory of Active	Sampling	Points		4/1/25 -	6/30/25	5		(	Complete
					7/1/25 -				(	Complete
					10/1/25 -				(	Complete
					4/1/26 -	6/30/26	5			
Water Syster	m Facility: ENTRY P	OINT (W	/SF ID: 00700)							
	Nitrite (NOX)									(RT) per year
	g Point (Sampling Poin	t ID)			Monitorin			lection Peri		oliance Status
ENTRY P	DINT (3)				1/1/24 - 1			4/1-12/31		Complete
					1/1/25 - 1			4/1-12/31	(	Complete
					1/1/26 - 1			4/1-12/31		
	W	ater Sy	stem Facili	ity and S	ampling	Point	Inven	tory		
Water System Wo Facility ID	ater System Facility	9	Sampling Point ID	Sampling F Description		Stat	D. J	rm Copp	er	Stage s WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	А	. Y			
			DOWNSTREAM	WITHIN 5 S	ERVICE CON	Α				
			HP1	HAND PUN	1P	Α	, Y			
			UPSTREAM		ERVICE CON	Α				
00700 EN	TRY POINT		3	ENTRY POII	NT	Α	<b>L</b>			
50021 WE	ELL 1		2	WELL 1		Α	<b>.</b>			
			Con	tact Info	rmation					
Name				rganization					Job Title	
Ms. Emma Ro				ty of Norwic	h			Env. Compl		71.6.1
Mailing Addre			Mailing Address	s Line Two				City	State	Zip Code
50 Clinton Ave		F	B A = 1 *	lo Dhana	Emeracia:		Norwich	droc-	СТ	06360
Business Ph 860-823-37		Fax	Mobi	le Phone	Emergency			dress n@cityofnc	rwich org	
	s): Administrative Cor	ntact					ei obiliso	пшскуоппс	n wich.olg	
CONTACT NOIE(	oj. Administrative Cor	itact								

Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name					Classi	fication	Population	ulation Owne		Prim	ary Source
CT1049024	MOHEGAN PAR	K - GROUP PA	AVILION			NC		25	25			GW
ocal Address (w	cal Address (where applicable) Service						ommercia	al Industri	al C	Combined		gricultural
PARK CENTER RD / MOHEGAN PARK RD Connections										1		
Γowns Served: <b>N</b>	ORWICH											
Name			Org	ganization			Job Title					
Mr. Jeffrey Dewe	ey		City	y of Norwich	1		City Engineer					
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zi	p Code
50 Clinton Avenu	ie						Norwic	h		CT	(	06360
Business Phone	e Extension	Emergency	Phone	none Email Address								
860-823-3798							jdewey	@cityofnor	wich.o	rg		
Contact Role(s):	Legal Contact			,								

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	Connecticut Dep								ection		
	Water Qu	iality Monit	coring a	nd Com	ıpl	ianc	e Sc	hedule			
PWS ID	PWS Name				Clas	sificati	on Po	pulation O	wner Type F	rimary S	Source
CT1049034	MOHEGAN PARK - DOG P	OUND				NC		25	L	GW	1
Local Address	(where applicable)		Service	Resident	tial	Comm	ercial	Industrial	Combined	Agricu	ultural
PARK CENTER	RD / MOHEGAN PARK RD		Connection	IS					1		
Towns Served	: NORWICH			'			,			,	
		Monit	oring Rec	uireme	nts						
	m Facility: DISTRIBUTION										
Total Colifor	•							1 r	outine (RT)		
	g Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Perio	d Comp	iance St	atus
Select fro	om Inventory of Active Sampl	ing Points		4/1/25 -						omplete	
				7/1/25 -	9/30	0/25			C	omplete	
				10/1/25 -	12/3	31/25			C	omplete	
				4/1/26 -	6/30	0/26					
<b>Physical Par</b>	ameters (PPS)							1 re	outine (RT)	per qua	arter
Sampling	g Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ection Perio	d Comp	iance St	atus
Select fro	om Inventory of Active Sampl	ing Points		4/1/25 -	6/30	0/25			C	omplete	
				7/1/25 -	9/30	0/25			C	omplete	
				10/1/25 -	12/3	31/25			C	omplete	
				4/1/26 -	6/30	0/26					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1 routine (	RT) per	year
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Perio	=	iance St	-
ENTRY PO	OINT (3)			1/1/24 - :	12/3	1/24	4	/1-12/31	C	mplete	
				1/1/25 - :	12/3	1/25	4	/1-12/31	C	omplete	
				1/1/26 - :	12/3	1/26	4	/1-12/31			
	Water	System Facil	ity and Sa	ampling	Ро	int Ir	vent	ory			
Water							Total				
-	iter System Facility	Sampling Point						m Coppei			Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule Tie	er Asbestos	WQP 2	! DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO			Α	Υ				
		BS1	BATHROOM	-		Α	Υ				
		DOWNSTREAM			ı	Α					
		KS1	KITCHEN SI			Α	Υ				
		UPSTREAM	WITHIN 5 SI		ı	Α					
		US1	UTILITY SINI			Α	Υ				
	TRY POINT	3	ENTRY POIN	JT		Α					
50031 WE	ELL 1	2	WELL 1			Α					
		Con	tact Info	rmation							
Name		O	rganization						Job Title		
Ms. Emma Ro	binson	Ci	ty of Norwich	h			E	nv. Complia	ince		
Mailing Addre	ss Line One	Mailing Address	s Line Two					City	State	Zip Co	ode
50 Clinton Ave	enue					No	rwich		СТ	0636	50
Business Ph	one Extension F	ax Mobi	le Phone	Emergency	Pho	ne Em	ail Add	ress			
860-823-37	798					ero	binson	@cityofnor	wich.org		
Contact Role(s	s): Administrative Contact	·									

	Connecticut Department of Public Health Drinking Water Section											
	W	ater Qua	lity Mon	nitoring an	nd Con	nplia	ance S	Schedul	le			
PWS ID	PWS Name					Classi	fication	Population	opulation Owner Ty		Primary Source	
T1049034	MOHEGAN PA	ARK - DOG POU	IND			NC		25	L	-	GW	
ocal Address (w	here applicab	Service	Residen	itial Co	ommercia	al Industri	al Co	mbine	d Agricultural			
ARK CENTER RD	/ MOHEGAN	PARK RD	Connection	S					1			
owns Served: N	ORWICH			·								
Name				Organization					Jo	ob Title	<u> </u>	
Mr. Jeffrey Dewe	ey			City of Norwich	1			City Engin	eer			
Mailing Address	Line One		Mailing Addr	ress Line Two				City		State	Zip Code	
0 Clinton Avenu	ie						Norwic	h		СТ	06360	
Business Phone	e Extensio	n Fax	Mo	obile Phone	Emergency	/ Phone	e Email A	ddress	,			
860-823-3798	}						jdewey	@cityofnor	wich.or	g		
Contact Role(s):	Legal Contac	t	,									

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