	Connecticut De	partment of	Public H	ealth	Dr	inkin	g Wa	ater S	ection	
	Water Q	uality Monit	oring and	d Com	pl	iance	Sch	edule		
PWS ID	PWS Name								vner Type F	rimary Source
CT1040044	GLOBAL PARTNERS LP					NC	2	25	Р	GW
Local Addr	ess (where applicable)		Service	Residential Commo			cial Ir	ndustrial	Combined	Agricultural
170 TAFTV	ILLE- OCCUM ROAD		Connections			1				
Towns Serv	ved: NORWICH									
		Monito	oring Requ	ireme	nts					
Water Sys	stem Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)							
	iform (3100)							1 rc		per quarter
	ling Point (Sampling Point ID)			Monitori			Collect	ion Period	d Compl	iance Status
Select	t from Inventory of Active Samp		10/1/23 -							
				1/1/24 -		-			Co	omplete
				4/1/24 -		-				
DI I	D			7/1/24 -	9/30	J/24				
-	Parameters (PPS) ling Point (Sampling Point ID)			Manitari	D	oriod	Callact	1 rc ion Periou		per quarter
	t from Inventory of Active Samp	ling Points		Monitori i 10/1/23 -			Conect	ion Period	i Compi	iance Status
Select	t from inventory of Active Samp	iiig Politis		1/1/24 -					C	mplete
				4/1/24 -						mpiete
				7/1/24 -						
Water Svs	stem Facility: ENTRY POINT	(WSF ID: 00700)		7, =, = :	3,51	-,				
•	and Nitrite (NOX)	(1101 121 001 00)						•	l routine (I	RT) per year
	ling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	ion Period	=	iance Status
	Y POINT (3)			1/1/23 -						omplete
	<u></u>			1/1/24 -						mplete
				1/1/25 -	12/3	1/25				-
Water Sys	stem Facility: WELL	(WSI	ID: 21814)							
E. Coli (3	3014)							1 rc	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	ion Period	d Compl	iance Status
WELL	(2)			10/1/23 -	12/3	31/23				
				1/1/24 -	3/31	1/24			Co	omplete
				4/1/24 -	6/30	0/24				
				7/1/24 -	9/30	0/24				
	Water	System Facili	ty and Sar	npling	Poi	int Inv	ento	ry		
Water							Total	Lead and		_
System Facility ID	Water System Facility	Sampling Point ID	Description	nt			oliform			Stage WQP 2 DBPR
-	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA		<u>Status</u> A	Rule Y	nuie He	ו אטטפטנטט	WYF Z DDYK
00000	DISTRIBUTION STSTEIN	DOWNSTREAM				A	1			
		UPSTREAM	WITHIN 5 SER			A				
00700	ENTRY POINT	3	ENTRY POINT		•	A				
	WELL	2	WELL			A				
				nation						
		Con	tact Inforr	nation						

Business Phone Extension Fax Mohile 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.

Job Title

State

 MA

Zip Code

02453

Env. Project Manager

City

Waltham

Organization

Mailing Address Line Two

800 South Street, Suite 500

Global Partners, Lp

Name

Mr. Jeff McCullough

P.O. Box 549290

Mailing Address Line One

	Connectic	ut Departn	nent of Public	Health	Drir	ıking	Water	Section	
	Wat	ter Quality	Monitoring a	nd Com	iplia	nce S	chedul	e	
PWS ID	PWS Name				Classif	ication	Population	Owner Type	Primary Source
CT1040044	GLOBAL PARTNE	RS LP			N	IC	25	Р	GW
Local Address (wi	here applicable)		Service	Residen	tial Co	mmercia	l Industri	al Combine	ed Agricultural
170 TAFTVILLE- O	CCUM ROAD		Connectio	ns		1			
Towns Served: No	ORWICH								
781-250-7369						jeff.mcc	cullough@g	lobalp.com	
Contact Role(s):	Legal Contact			1					
Name			Organization					Job Title	5
Mr. Jack Cerra			Atlas Technica	al Consultan	ts		Sr Enviror	nmental Tec	
Mailing Address L	ine One	Mail	ing Address Line Two				City	State	Zip Code
290 Roberts Stree	et	Suite	e 301			East Ha	rtford	СТ	06108
Business Phone	Extension	Fax	Mobile Phone	Emergency	Phone	Email A	ddress		
860-614-1983						jack.cer	ra@gmail.c	com	
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.

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

End of schedule

	Connecticut Dep						_		ection	
	Water Qu	ality Monit	oring and	d Com	ıplia	ance	e Sch	edule		
PWS ID	PWS Name				Class	ificatio	n Popu	lation O	vner Type	Primary Source
CT1040054	CHURCH OF JESUS CHRIST	OF LATTER DAY SA	ΔI			NC	2	25	Р	GW
Local Address	(where applicable)		Service	Residen	tial C	omme	ercial Ir	ndustrial	Combine	d Agricultura
597 SCOTLANI	ROAD		Connections			1				
Towns Served:	NORWICH						·			
		Monite	oring Requ	ireme	nts					
Water Syster	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Colifor	m (3100)							1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pei	riod	Collect	ion Perio	d Comp	liance Status
Select fro	m Inventory of Active Sampli	ing Points	:	10/1/23 -	12/31	L/23			C	omplete
				1/1/24 -	3/31/	24			С	omplete
				4/1/24 -	6/30/	24				
				7/1/24 -	9/30/	′24				
Physical Par	ameters (PPS)							1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pei	riod	Collect	ion Perio	d Comp	liance Status
Select fro	m Inventory of Active Sampli	ing Points	:	10/1/23 -	12/31	L/23			C	omplete
				1/1/24 -	3/31/	′ 24			C	omplete
				4/1/24 -	6/30/	′ 24				
				7/1/24 -	9/30/	′24				
Water Syster	n Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (104	10)							1 rc	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pei	riod	Collect	ion Perio	d Comp	liance Status
ENTRY PO	DINT (3)		:	10/1/23 -	12/31	L/23			C	omplete
				1/1/24 -	3/31/	′24			C	omplete
			_	4/1/24 -	6/30/	24	_		_	
				7/1/24 -	9/30/	′24				
Nitrate And	Nitrite (NOX)								1 routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Pei	riod	Collect	ion Perio	d Comp	liance Status
ENTRY PO	DINT (3)			1/1/23 -	12/31	/23			С	omplete
				1/1/24 -	12/31	/24			С	omplete
				1/1/25 -	12/31	/25				
	Water	System Facili	ity and Sar	npling	Poir	nt Inv	vento	ry		
Water							Total	Lead an	d	
,	ter System Facility	Sampling Point		nt		C	Coliform			Stage
Facility ID		ID	Description		St	atus	Rule	Rule Tie	er Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
00700 EN	TRY POINT	3	ENTRY POINT			Α				
21815 WE	LL	2	WELL			Α				
		Con	tact Inforr	nation	١					
Name		Oı	rganization						Job Title	
Mr. Roy B. Mc	Daniel	Na	atural Resource	es-Special	l Proj		Ma	nager		

801-240-4656 801-240-2913 mcdanielrb@churchofjesuschrist.org 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.

Mailing Address Line Two

Mobile Phone

Mfd 12Th Floor

Fax

Mailing Address Line One

50 East North Temple St

Extension

Business Phone

State

UT

Zip Code

84150

City

Salt Lake City

Emergency Phone Email Address

(Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity M	lonit	oring a	nd Con	npli	ance S	Schedul	le		
PWS ID F	WS Name						Class	ification	Population	Owner Typ	e Pr	imary Source
CT1040054	HURCH OF JESUS CHRIST OF LATTER DAY SAI NC 25 P GW											
Local Address (wh	ere applicable)				Service	Resider	ntial (Commerci	al Industri	al Combi	ned	Agricultural
597 SCOTLAND RO	DAD				Connection	ıs		1				
Towns Served: NO	RWICH				'	'	'			'		
Contact Role(s):	Legal Contact, C	Owner										
Name				0	rganization					Job Ti	tle	
Ms. Christine Spe	ncer			Cl	nurch of Jesu	s Christ of	Lds		Hartford /	Admin Asst		
Mailing Address L	ine One		Mailing	Addres	s Line Two				City	State	5	Zip Code
130 South St								Cromw	/ell	СТ		06516
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency	/ Phor	ne Email A	Address	,		
860-635-4035		860-835-	4036					spence	rca@church	ofjesuschris	t.or	
Contact Role(s):	Administrative	Contact						•				

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1040064	NORWICH AESTHETIC DENTISTRY				NC	25	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
164 OTROBAND	O AVENUE	Connections			1			

Towns Served: NORWICH			1
Monitori	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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Page 5 Schedule Generation Date: 4/3/2024

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

PWS ID	PWS Name			Classif	fication F	Population	Owner Type	Primary Source
CT1040064	NORWICH AESTHETIC DENTISTRY			1	NC	25	Р	GW
Local Address	Local Address (where applicable)			ntial Commerci		l Industria	al Combine	ed Agricultural
164 OTROBAN	Connections			1				

Towns Served: NORWICH

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 7/6/2023

	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	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								

				Contact In	formation				
Name				Organizatio	n	Job Title			
Dr. Edward C. Yates	5		Norwich Ae	sthetic Dentsitry	Dentist-Own	er			
Mailing Address Lin	e One		Mailing	Address Line Two	ress Line Two			State	Zip Code
164 Otrobando Ave	nue					Norwich		СТ	06360
Business Phone	Extension		Mobile Phone	Emergency Phone	Email Address				
860-889-6445			860-961-6221	yatesrec	ords@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

Schedule Generation Date: 4/3/2024

Со		•	rtment o lity Moni							ction	
PWS ID PW	S Name	ter Qua	iity Moiii	toring a	illu Coll				_	or Type [Primary Source
	RWICH WOR	CLID CENTER	•				ICation i	25	II OWI	P P	GW
Local Address (where		SHIP CENTER		Service	Posidon		mmercia		rial	Combined	
165 LAWLER LANE	e applicable)			Connection		tiai Co	1	ii iiiuust	.i iai	Combined	Agricultural
Towns Served: NOR\	MICH			33			1				
Towns Served. NOR	NICH		D.(a.a.).	havina Da							
Water System Faci	lity: DISTR	IBUTION SY			quireme	nts					
Total Coliform (3	100)								1 rou	itine (RT)	per quarter
Sampling Point	-	oint ID)			Monitori	ng Peri	od Co	ollection P			iance Status
Select from Inve	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
					1/1/24 -	3/31/2	24				
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Physical Paramete	ers (PPS)								1 rou	itine (RT)	per quarter
Sampling Point	(Sampling P	oint ID)			Monitori	ng Peri	od Co	llection P	Period	Compl	iance Status
Select from Inve	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
					1/1/24 -	3/31/2	24				
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Water System Faci	lity: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate And Nitrit	e (NOX)								1	routine (I	RT) per year
Sampling Point	(Sampling P	oint ID)			Monitori	ng Peri	od Co	llection P	Period	Compl	iance Status
ENTRY POINT (3	3)				1/1/23 -	12/31/	23			Co	omplete
					1/1/24 -	12/31/	24				
					1/1/25 -	12/31/	25				_
		Water Sy	ystem Faci	lity and S	Sampling	Poin	t Inver	ntory			
Water									d and		_
	stem Facility	•	Sampling Point ID				ρ.		pper	A = h = = t = =	Stage
Facility ID	T.O.L. 6./6TEA	-		Descriptio			itus		ie Her	Aspestos	WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM		4		TON SYSTEM			Y			
			DOWNSTREAM				A				
00700 FNTDV DC	NAIT		UPSTREAM		SERVICE CON		Α				
00700 ENTRY PC) IN I		3	ENTRY PO	INI		A				
21818 WELL			2	WELL			A				
			Coi	ntact Info	ormation)		_			
Name			C	Organization						Job Title	
Mr. Michael Maixne	r										
Mailing Address Line	One		Mailing Addre	ss Line Two				City		State	Zip Code
165 Lawler Lane							Norwich			СТ	06360
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	Phone	Email A	ddress			
Contact Role(s): Leg	gal Contact		<u>'</u>		<u>* </u>						
,											

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C	Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Qua	lity M	onite	oring ai	nd Con	nplia	ince S	chedul	le		
PWS ID P	WS Name	S Name Classification Population Owner Type Primary Source									Primary Source	
CT1040084 N	ORWICH WORSHIP CENTER						ı	IC	25	Р	GW	
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommercia	al Industri	al Combine	ed Agricultural	
165 LAWLER LANE					Connection	S		1				
Towns Served: NO	RWICH									1		
Name				Or	ganization					Job Titl	e	
Mr. Jefferey R. Sh	arp			No	rwich Worsl	hip Center			Senior Pa	stor/Pre.		
Mailing Address Li	ne One		Mailing A	Address	Line Two				City	State	Zip Code	
165 Lawler Lane								Norwic	h	СТ	06360	
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	ddress			
860-822-9522	11	860-822-	6678			860-334	-0651	nwcnor	wichct@ao	l.com		
Contact Role(s):	Administrative (Contact	'		1			'				

Please note the following:

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

End of schedule

	Carra a ati arat Dana		: D1-1: - II		D		_ TA7	`- -	C L:		
	Connecticut Depa						_			on	
	Water Qua	lity Monit	oring an	d Con	ıpl	iance	Sch	edule	9		
PWS ID	PWS Name				Cla	ssification	Popu	ulation	Owner T	ype Pr	imary Source
CT1040104	7-ELEVEN #32524					NC		25	Р		GW
Local Address (w	here applicable)		Service	Residen	tial	Commerc	cial I	ndustria	l Com	bined	Agricultural
152 TAFTVILLE-C	OCCUM ROAD		Connections			1					
Towns Served: N	IORWICH		-	I					·		
		Monito	oring Requ	iireme	nts						
Water System	Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)								
Total Coliform	(3100)							1	routine	(RT) p	er quarter
Sampling P	oint (Sampling Point ID)			Monitori	ing P	Period (Collect	tion Peri	od (Compli	ance Status
Select from	Inventory of Active Sampling	Points		10/1/23 -	- 10/	31/23				Co	mplete
				1/1/24 -	- 3/3	1/24				Co	mplete
				4/1/24 -	- 6/3	0/24					
				7/1/24 -	- 9/3	0/24					
Total Coliform	(3100)								3 repea	t (RP)	per period
Sampling P	oint (Sampling Point ID)			Monitori	ing P	Period (Collect	tion Peri	od (Compli	ance Status
Select from	Inventory of Active Sampling	Points		10/3/23	- 10,	/8/23				Co	mplete
Total Coliform	(3100)						3 ten	nporary	routin	e (TR)	per month
Sampling P	oint (Sampling Point ID)			Monitori	ing P	Period (Collect	tion Peri	od (Compli	ance Status
Select from	Inventory of Active Sampling	Points		11/1/23 -	- 11/	30/23				Co	mplete
Physical Paran	neters (PPS)							1	routine	(RT) p	er quarter
Sampling P	oint (Sampling Point ID)			Monitori	ing P	Period (Collect	tion Peri	od (Compli	ance Status
Select from	Inventory of Active Sampling	Points		10/1/23 -	- 12/	31/23				Co	mplete
				1/1/24 -	- 3/3	1/24				Co	mplete
				4/1/24 -	- 6/3	0/24					
				7/1/24 -	- 9/3	0/24					
Water System	Facility: ENTRY POINT (V	VSF ID: 00700)									
Nitrate And N	itrite (NOX)								1 rout	ine (R	T) per year
Sampling P	oint (Sampling Point ID)			Monitori	ing P	Period (Collect	tion Peri	od (Compli	ance Status
ENTRY POIN	NT (3)			1/1/23 -	12/3	31/23				Co	mplete
				1/1/24 -	12/3	31/24				Co	mplete
				1/1/25 -	12/3	31/25					
Water System	Facility: WELL (WSF ID: 2	1820)									
E. Coli (3014)								1 t	riggere	d (TG)	per period
Sampling P	oint (Sampling Point ID)			Monitori	ing P	Period (Collect	tion Peri	od (Compli	ance Status
WELL (2)				10/2/23	- 10,	/8/23				Co	mplete
	Water S	ystem Facili	ty and Sar	npling	Po	int Inve	ento	ry			
Water						7	Total	Lead a	ınd		
System Wate	r System Facility	Sampling Point	Sampling Poi	nt		Со	liform	Сорр	er		Stage

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Description

ENTRY POINT

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

Rule

Υ

Status

Α

Α

Α

Α

Α

Rule Tier Asbestos WQP 2 DBPR

ID

4

UPSTREAM

3

2

Facility ID

21820

00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

WELL

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source			
CT1040104	7-ELEVEN #32524				NC	25	Р	GW			
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
152 TAFTVILLE-	Connections			1							

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Dave Goodmaı	1			Olde Northe	ast Realty Lp		Administrator		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
22 Christy's Drive			Suite 4			Brockto	n	02301	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
508-427-6111		508-427-	4333						
Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner					
Name				Organization	l			Job Title	
Christy's Realty Lim	ited Partners	hip							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
P. O. Box 711			C/O Southlar	nd Cofp-Tax D	ept Loc 125	Dallas		TX	75221
		Fax		obile Phone	Emergency Phone	Email A	ddrocc		

Please note the following:

Towns Served: NORWICH

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

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Connecticut Departmen			Ŭ			
Water Quality Mo	onitoring and	d Comp	oliance S	chedule		
PWS ID PWS Name		С	lassification	Population O	wner Type Pri	imary Source
CT1040134 THE NORWICH FISH & GAME ASSOC., I	NC.		NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	I Commercia	al Industrial	Combined	Agricultural
44 BROWNING ROAD	Connections		1			
Towns Served: NORWICH						
Mo	onitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM (\)	WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period Co	ollection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points	1	.0/1/23 - 12	2/31/23		Cor	nplete
		1/1/24 - 3/	/31/24		Cor	nplete
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points	1	.0/1/23 - 12	2/31/23		Cor	nplete
		1/1/24 - 3/			Cor	nplete
		4/1/24 - 6/				
		7/1/24 - 9/	/30/24			
Water System Facility: ENTRY POINT - WELL #2 (WSF ID: 00701)					
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		ince Status
ENTRY POINT - WELL 2 (3)		1/1/23 - 12			Cor	nplete
		1/1/24 - 12				_
		1/1/25 - 12	· ·			
Oth	er Compliance	Schedu	les			
Compliance Schedule Activity			e Date	Achieve	d Date	
RESPOND TO SANITARY SURVEY		11/2	25/2021			
Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	8/10/2011		8/20/2011	
Total Coliform MCL Violation	7/1/11 - 7/31/11	2	9/15/2011		9/25/2011	
Water System F	acility and San	npling P	oint Inve	ntory		
Water				tal Lead ar		
	Point Sampling Point	it	-	form Coppe		Stage
Facility ID ID	Description	6)/6755	Julus		er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION			Υ		
	REAM WITHIN 5 SER		A			
UPSTRE			Α			
00701 ENTRY POINT - WELL #2 3	ENTRY POINT	- WELL Z	Α .			

WELL #2

Α

2

54488 WELL #2

62279 TREATMENT PLANT

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1040134	THE NORWICH FISH & GAME ASSOC., INC.				NC	25	Р	GW			
Local Address (Local Address (where applicable)			tial	Commerci	al Industri	al Combine	ed Agricultural			
44 BROWNING	ROAD	Connections			1						
Towns Served: NORWICH											

Connecticut Department of Public Health Drinking Water Section

TOWNS SCITCUL ITO	***************************************								
			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Norwich Fish & Gai	ne Associatio	n, Inc.							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
44 Browning Road						Norwich		СТ	06360
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-887-3174									
Contact Role(s): O	wner		,						
Name				Organization				Job Title	
Mr. Jan M. Schneid	er			Norwich Fish	& Game		2008 House	e Chairman	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
44 Browning Road						Norwich		СТ	06360
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-433-7285					860-887-3174	jschneid	@EBMAIL.G	DEB.COM	
Contact Role(s): A	dministrative	Contact							
Name				Organization				Job Title	
Ms. Amy Sipuleski									
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
290 High Street					_	Baltic		СТ	06330
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
			86	0-608-5869					
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	
Mr. Brent Al				Norwich Fish	& Game		House Chai	r	
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
44 Browning Road	1					Norwich		СТ	06360
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-303-0861						ogees22	8365@yaho	o.co m	
Contact Role(s): Le	gal 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

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification Population Owner		Owner Type	Primary Source				
CT1049024 MOHEGAN PARK - GROUP PAVILION					NC	25	L	GW			
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
PARK CENTER R	Connections					1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORWICH

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete					
	4/1/24 - 6/30/24							
	7/1/24 - 9/30/24							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete					
	4/1/24 - 6/30/24							
	7/1/24 - 9/30/24							
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 Status		
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-12/31	Complete		
	1/1/24 - 12/31/24	4/1-12/31			
	1/1/25 - 12/31/25	4/1-12/31			

Water System Facility	y and Sampling I	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					
50021	WELL 1	2	WELL 1	Α					

Contact Information											
Name				Organization		Job Title					
Mr. Patrick MCLaughlin				City of Norw	ich		City Engineer				
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code		
Norwich Public Works Dept. 50 Clinton A				ve		Norwich		СТ	06360		
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address					
860-823-3798		860-823-3	3788		860-333-7216	pmclaughlin@cityofnorwich.org					
						1					

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

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Connecticut D	epartment of	Public H	lealth [)rin	king V	Vat	er Se	ection		
Water (Quality Monit	oring an	d Comp	liai	nce Sc	hed	ule			
PWS ID PWS Name								ner Type P	rimary Source	
CT1049034 MOHEGAN PARK - DOG	POUND			N	2	25		L	GW	
Local Address (where applicable)		Service	Residentia	I Cor	nmercial	Indu	strial	Combined	Agricultural	
PARK CENTER RD / MOHEGAN PARK RD		Connections						1	_	
Towns Served: NORWICH										
	Monito	oring Requ	uirement	ts						
Water System Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)								
Total Coliform (3100)							1 ro	utine (RT)	per quarter	
Sampling Point (Sampling Point ID))		Monitoring Period Collection Period Compliance St						ance Status	
Select from Inventory of Active Sam	pling Points		4/1/24 - 6/30/24							
			7/1/24 - 9/	/30/24	4					
Total Coliform (3100)							1 ro	utine (RT)	per month	
Sampling Point (Sampling Point ID))		Monitoring Period Col			ection	Period	Compli	Compliance Status	
Select from Inventory of Active Sam	pling Points		11/1/23 - 11	1/30/2	23			Co	mplete	
			12/1/23 - 12	2/31/2	23			Со	mplete	
Physical Parameters (PPS)							1 rou	utine (RT)	per quarter	
Sampling Point (Sampling Point ID))		Monitoring	Perio	d Coll	ection	Period	Compli	ance Status	
Select from Inventory of Active Sam	pling Points		4/1/24 - 6/	/30/24	4					
	. •		7/1/24 - 9/	/30/24	4					
Physical Parameters (PPS)				-			1 ro	utine (RT)	per month	
Sampling Point (Sampling Point ID))		Monitoring Period Colle			ection	Period		ance Status	
			11/1/23 - 12						mplete	
,	1 0		12/1/23 - 12						mplete	
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)			<u>, , , , , , , , , , , , , , , , , , , </u>					-	
Nitrate And Nitrite (NOX)							1	routine (F	RT) per year	
Sampling Point (Sampling Point ID))		Monitoring Period Co			ection	Period	Compli	Compliance Status	
ENTRY POINT (3)			1/1/23 - 12	.3 4	4/1-12/31			Complete		
		1/1/24 - 12/31/24			4 4	4/1-12/31			·	
		1/1/25 - 12/31/25			.5 4	4/1-12/31				
Wate	er System Facili	ty and Sar	mpling P	oint	Invent	ory				
Water					Tota		ad and			
System Water System Facility	Sampling Point		int		Colifo		opper		Stage	
Facility ID	ID	Description		Stat	tus Rule	e R	ule Tier	Asbestos	WQP 2 DBPF	
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	. Y					
	DOWNSTREAM			Α						
	UPSTREAM	WITHIN 5 SER	RVICE CON	Α	1					
00700 ENTRY POINT	3	ENTRY POINT	•	Α						
50031 WELL 1	2	WELL 1		Α						
	Con	tact Infori	mation							
Name	Or	ganization						Job Title		
Mr. Peter Nystrom		ty of Norwich	 :h			Mayor				
Mailing Address Line One	Mailing Address	-				City		State	Zip Code	
Norwich City Hall	100 Broadway				Norwich			СТ	06360	
								-		

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Mobile Phone

Business Phone

860-823-3743

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-885-2914

Emergency Phone Email Address

pnystrom@cityofnorwich.org

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	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
PARK CENTER RD / MOHEGAN PARK RD		Connections				1	
					·	·	

Towns Served: NORWICH

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