

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 Connections	Residential	Commercial	Industrial	Combined
170 TAFTVILLE- OCCUM ROAD			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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	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
P.O. Box 549290	800 South Street, Suite 500	Waltham
State	Zip Code	
MA	02453	

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.

Schedule Generation Date: 10/3/2025

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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
CT1040044	GLOBAL PARTNERS LP	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
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
Mr. Owen Stevenson			Atlas Technical Consultants		Environm Technician
Mailing Address Line One		Mailing Address Line Two		City	State
55 Hartland Street - Suite 100				East Hartford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-713-1784					owen.stevenson@oneatlas.com
Contact Role(s): Administrative Contact					
<p>Please note the following:</p> <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	
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	4/1/25 - 6/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
Total Coliform (3100)		3 repeat (RP) per period	
<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	6/14/25 - 6/19/25		Complete
	6/14/25 - 6/19/25		Complete
Total Coliform (3100)		3 temporary routine (TR) 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	7/1/25 - 7/31/25		Complete
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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 21815)**

E. Coli (3014)		1 triggered (TG) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	6/13/25 - 6/19/25		
	6/13/25 - 6/19/25		Complete

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	

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	
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									

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Nitrate MCL Violation	4/1/25 - 6/30/25	1	5/13/2025		5/23/2025	

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				
		LDSBAPT	BAPTISMAL FONT	A	Y			
		LDSMEN	MEN'S ROOM SINK	A	Y			
		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 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

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	
CT1040064	NORWICH AESTHETIC DENTISTRY			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
164 OTROBANDO AVENUE					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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	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		

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	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		

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)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		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	
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: ENTRY POINT (WSF ID: 00700)

Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	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	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:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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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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		
CT1040084	NORWICH WORSHIP CENTER				NC	25	P	GW		
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
165 LAWLER LANE						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					4/1/25 - 6/30/25				Complete	
					7/1/25 - 9/30/25					
					10/1/25 - 12/31/25					
					1/1/26 - 3/31/26					
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					4/1/25 - 6/30/25				Complete	
					7/1/25 - 9/30/25					
					10/1/25 - 12/31/25					
					1/1/26 - 3/31/26					
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)					1/1/24 - 12/31/24				Complete	
					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	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
			DOWNSTEAM 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								

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 Connections	Residential	Commercial	Industrial
165 LAWLER LANE				1	
Towns Served: NORWICH					
Name		Organization		Job Title	
Mr. Jefferey R. Sharp		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	nwcnorwichct@aol.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.

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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			Classification	Population	Owner Type	Primary Source	
CT1040104	7-ELEVEN #32524			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
152 TAFTVILLE-OCCUM 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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	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	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
CT1040104	7-ELEVEN #32524	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
152 TAFTVILLE-OCCUM ROAD			1		
Towns Served: NORWICH					
Name		Organization		Job Title	
Christy's Realty Limited Partnership					
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): Owner					

Please note the following:

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

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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	
CT1049024	MOHEGAN PARK - GROUP PAVILION			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
PARK CENTER RD / MOHEGAN PARK RD							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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

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)	1/1/24 - 12/31/24	4/1-12/31	Complete
	1/1/25 - 12/31/25	4/1-12/31	Complete
	1/1/26 - 12/31/26	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
CT1049024	MOHEGAN PARK - GROUP PAVILION	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
PARK CENTER RD / MOHEGAN PARK RD					1
Towns Served: NORWICH					
Name		Organization		Job Title	
Mr. Jeffrey Dewey		City of Norwich		City Engineer	
Mailing Address Line One		Mailing Address Line Two		City	State
50 Clinton Avenue				Norwich	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-823-3798					jdewey@cityofnorwich.org
Contact Role(s): Legal Contact					

Please note the following:

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

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

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

End of schedule

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**

<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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

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)	1/1/24 - 12/31/24	4/1-12/31	Complete
	1/1/25 - 12/31/25	4/1-12/31	Complete
	1/1/26 - 12/31/26	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			
		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
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
CT1049034	MOHEGAN PARK - DOG POUND	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
PARK CENTER RD / MOHEGAN PARK RD					1
Agricultural					
Towns Served: NORWICH					
Name		Organization		Job Title	
Mr. Jeffrey Dewey		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): Legal Contact					

Please note the following:

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

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

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

End of schedule