	Connecticut De	^				0		ection	
	~	uality Monit	oring an	d Com					
	PWS Name								imary Source
CT104004		LIANCEENERGYGAS			NC		25	P	GW
	ress (where applicable)		Service Connections	Resident			ndustrial	Combined	Agricultura
	/ILLE- OCCUM ROAD		connections		1				
owns Ser	ved: NORWICH			•					
Nator Sv	stem Facility: DISTRIBUTIO		oring Requ	ireme	nts				
	•		D. 00000)				1		
	liform (3100)			Monitori	na Daviad	Callag	tion Period		per quarter
	bling Point (Sampling Point ID)	ling Doints			ng Period	Collec	tion Period		ance Status
Selec	t from Inventory of Active Samp	ning Points		7/1/19 -					mplete
			<u> </u>		12/31/19				mplete
				1/1/20 -				0	mplete
				4/1/20 -					
Dhustur	Deveryoters (DDC)			7/1/20 -	9/30/20				
-	Parameters (PPS) pling Point (Sampling Point ID)			Monitori	ng Period	Coller	1 ro tion Period		per quarter ance Status
	t from Inventory of Active Samp	ling Doints		7/1/19 -	-	Conec	tion Period		mplete
Selec	t from inventory of Active Samp	ning Points			12/31/19				mplete
				1/1/20 -					mplete
				4/1/20 -				0	Inpiete
				7/1/20 -					
Mator Su	stem Facility: ENTRY POINT			//1/20-	9/30/20				
		(1035 10:00700)							T \
	And Nitrite (NOX)			Monitori	na Daviad	Callag		-	T) per year
	bling Point (Sampling Point ID)				ng Period	Collec	tion Period		ance Status
ENTR	Y POINT (3)			1/1/19 - 1				CO	mplete
				1/1/20 - 1					
Mator Cu		D. 21014)		1/1/21 - 1	12/31/21				
	stem Facility: WELL (WSF I	D: 21814)							
E. Coli (3	•					c "			per quarter
	bling Point (Sampling Point ID)				ng Period	Collec	tion Period		ance Status
WELL	. (2)			7/1/19 -					mplete
					12/31/19				mplete
				1/1/20 -				Co	mplete
				4/1/20 -	· · ·				
	Wate	r System Facili	ity and Sar	7/1/20 - npling		vento	rv		
Water				61		Total	Lead and	1	
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliform			Stage
, Facility ID		ID	Description		Status	Rule		Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A				
		UPSTREAM	WITHIN 5 SER	VICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT		А				
21814	WELL	2	WELL		А				
54234	UV TREATMENT								

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source GLOBAL PARTNERSLP, ALLIANCEENERGYGASOLINE Р CT1040044 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 170 TAFTVILLE- OCCUM ROAD 1 Towns Served: NORWICH **Contact Information** Organization Name Job Title Environmntl Proj Mgr Global Partners, Lp Mr. Eric Harvey Mailing Address Line One Mailing Address Line Two State City Zip Code 15 Ne Industrial Road Branford СТ 06405 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 203-488-3065 eharvey@globalp.com 845-238-7354 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

	Connecticu	t Depa	rtment o	f Public	Health	Drir	nking	g W	ater Se	ection	
	Wate	er Qua	lity Monit	toring an	nd Com	plia	nce S	Sch	edule		
PWS ID	PWS Name		-		(Classifi	ication	Ρορι	lation Ow	ner Type	Primary Source
CT1040054	CHURCH OF JESUS	CHRIST O	FLATTER DAY S	AI		Ν	С	2	25	Р	GW
Local Address	(where applicable)			Service	Residenti	al Co	mmerci	al Ir	ndustrial	Combined	d Agricultur
597 SCOTLANE	D ROAD			Connection	S		1				
Towns Served:	NORWICH										
			Monit	oring Req	Juiremen	ts					
Water Systen	n Facility: DISTRIB	BUTION SY	STEM (WSF	D: 00600)							
Total Colifor	• •								1 ro		per quarte
	Point (Sampling Poi				Monitorin	-		ollect	tion Period		liance Status
Select fro	m Inventory of Active	e Sampling	Points		7/1/19 - 9						omplete
					10/1/19 - 1						omplete
					1/1/20 - 3					C	omplete
					4/1/20 - 6						
DI					7/1/20 - 9	/30/2	0				
-	ameters (PPS)				Manufa						per quarte
	Point (Sampling Poi		Deliate		Monitorin			ollect	tion Period		liance Status
Select fro	m Inventory of Active	e Sampling	Points		7/1/19 - 9						omplete
					10/1/19 - 1						omplete
					1/1/20 - 3					C	omplete
					4/1/20 - 6						
			(CE ID: 00700)		7/1/20 - 9	/30/2	0				
-	m Facility: ENTRY I		/SF ID: 00700						4		
Nitrate (104	ι Point (Sampling Poi	int (D)			Monitorin	a Dori	ad C	allact	1 ro ion Period		per quarte <i>liance Status</i>
ENTRY PC					4/1/20 - 6			Unect	Ion Periou	comp	nunce status
LINIKI PC					7/1/20 - 9						
Nitrata And	Nitrite (NOX)				//1/20-9	/ 30/ 2	0		1	routino (RT) per yea
	Point (Sampling Poi	nt ID)			Monitorin	a Dori	od C	ollect	tion Period	-	liance Status
ENTRY PC					1/1/19 - 12			Unect	ion renou		omplete
LININI PC					1/1/20 - 12						omplete
					1/1/21 - 12						ompiete
	M	Natar S	stem Facil	ity and Se				nto	F 1 /		
144.4	V	valer Sy	Stem rach	ity and Se	amping r				-		
Water System Wa	ter System Facility		Sampling Point	Samplina P	oint			otal iform	Lead and Copper	1	Stage
Facility ID	ter system ruenty		ID	Description		Sta		Rule		Asbestos	WQP 2 DBF
	TRIBUTION SYSTEM		4	DISTRIBUTIO		<u> </u>	<i>cus</i>	Y			
00000 210			DOWNSTREAM			A		•			
			UPSTREAM	WITHIN 5 SE		Ļ					
00700 EN1	TRY POINT		3	ENTRY POIN		A					
21815 WE			2	WELL		, A					
				ntact Info	rmation	,					
Name					mation					lob TH	
Name	Deniel			rganization)~~!				Job Title	
Mr. Roy B. Mc				atural Resour	rces-special I	roj			inager	Chata	Zin Carla
Mailing Addres			Mailing Addres				Calt		ity	State	Zip Code
50 East North		F	Mfd 12Th Floo			here -	Salt La		-	UT	84150
Business Pho 801-240-46		Fax 801-240-2		ile Phone	Emergency F	none				la a va charta t	
			1915						<u> </u>	iesuschrist	018

		L				r -					
PWS ID	PWS Name					Clas	sification	Population	Owner Ty	pe Pr	rimary Source
CT1040054	CHURCH OF JESU	JS CHRIST O	F LATTER DAY	ŚAI			NC	25	Р		GW
Local Address (w	vhere applicable)			Service	Resider	ntial	Commerci	al Industri	al Comb	ined	Agricultural
597 SCOTLAND	ROAD			Connection	IS		1				
Towns Served: N	IORWICH										·
Contact Role(s):	Legal Contact, (Dwner						.	,		
Name	1			Organization					Job 1	ïtle	
Ms. Christine Sp	encer			Church of Jesu	s Christ of	Lds		Hartford	Admin Asst		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Sta	ce	Zip Code
130 South St							Cromv	vell	CT		06516
Business Phon	e Extension	Fax	Mc	obile Phone	Emergenc	y Pho	ne Email	Address	·		
860-635-4035	5	860-835-	4036				spence	erca@church	nofjesuschr	ist.or	rg
Contact Role(s):	Administrative	Contact	i								
Please note the	following:										
1. The residual of	lisinfectant concen	tration must b	e measured at	the same locatio	n and time	as eac	h total colif	orm sample.			
2. If a Collection	Period is specified,	all water qua	lity samples mu	ust be collected d	luring the s	pecifie	ed period.				
	results, additional ace sent by the DWS	0	· · · · · · · · · · · · · · · · · · ·	· · · · ·							,

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

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	Connecticut Department					0			ection	
	Water Quality Mon	nitoring an	d Con	npl	liance	Sc	hedu	le		
PWS ID	PWS Name			Clas	ssificatio	n Po	pulation	Ow	ner Type	rimary Source
CT1040064	NORWICH AESTHETIC DENTISTRY				NC		25		Р	GW
Local Address (where applicable)	Service	Residen	tial	Comme	rcial	Industri	al	Combined	Agricultural
164 OTROBANI	DO AVENUE	Connections			1					
Towns Served:	NORWICH									
	Moi	nitoring Requ	uireme	nts						
	n Facility: DISTRIBUTION SYSTEM (W									
Total Colifor							1	l ro		per quarter
	Point (Sampling Point ID)		Monitori	_		Colle	ection Pe	riod	Comp	iance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -							omplete
			10/1/19 -	10/	31/19				C	omplete
			1/1/20 -	3/3	1/20				C	omplete
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Total Colifor	• •							3 r	•) per period
	Point (Sampling Point ID)		Monitori	_		Colle	ection Pe	riod	Comp	iance Status
Select from	m Inventory of Active Sampling Points	:	10/16/19	- 10,	/21/19				C	omplete
			11/26/19	- 12	2/1/19				C	omplete
Total Colifor	m (3100)					3 te	emporar	y ro	outine (TR) per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe	riod	Comp	iance Status
Select from	m Inventory of Active Sampling Points		11/1/19 -	11/	30/19				C	omplete
			12/1/19 -	12/	31/19				C	omplete
Physical Para	ameters (PPS)						1	l ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe	riod	Comp	iance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -	9/3	0/19				C	omplete
			10/1/19 -	12/	31/19				C	omplete
			1/1/20 -	3/3	1/20				C	omplete
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Water System	n Facility: ENTRY POINT (WSF ID: 007	00)								
Nitrate (104	0)						1	l ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe	riod	Comp	iance Status
ENTRY PO	INT (3)		7/1/19 -	9/3	0/19				C	omplete
			10/1/19 -	12/	31/19				C	omplete
			1/1/20 -	3/3	1/20				C	omplete
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Nitrite (1041	1)							1	routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe	riod	Comp	iance Status
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19				C	omplete
			1/1/20 -	12/3	31/20				C	omplete
			1/1/21 -	12/3	31/21			_		
Water System	n Facility: WELL (WSF ID: 21816)									
E. Coli (3014	.)						1	trig	gered (TG) per period
-	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe	-		iance Status
WELL (2)			10/15/19	- 10,	/21/19				C	omplete
			11/25/19	- 12	2/1/19				C	omplete

		wat	er Qua	шу мош	oring ai	ia con	трпа	nce 5	CILE	eaule			
PWS ID	P۱	NS Name					Classif	ication	Popul	ation O	wner Type	Prim	ary Source
CT1040064	1 N	ORWICH AESTH	ETIC DENTIS	STRY			N	С	2	5	Р		GW
Local Addr	ess (whe	ere applicable)			Service	Residen	tial Co	mmercia	al In	dustrial	Combine	ed A	gricultura
164 OTRO	BANDO A	AVENUE			Connection	S		1					
Towns Serv	ved: NO	RWICH					·		÷		·		
			Water Sy	/stem Facili	ty and Sa	mpling	Poin	t Inve	ntor	.À			
Water					-			То	tal	Lead ar	nd		
System	Water S	System Facility		Sampling Point	Sampling Po	oint		Colij	form	Сорре	r		Stage
Facility ID				ID	Description		Sta	itus Ri	ule	Rule Ti	er Asbesto	os W	QP 2 DBPI
00600	DISTRIB	UTION SYSTEM		4	DISTRIBUTIO	ON SYSTEM		۹.	Y				
				DOWNSTREAM	WITHIN 5 SE	RVICE CON	N A	٩					
				UPSTREAM	WITHIN 5 SE	RVICE CON	N A	٩					
00700	ENTRY F	POINT		3	ENTRY POIN	Т	/	4					
21816	WELL			2	WELL		/	4					
54704	BLADDE	R TANK											
				Con	tact Info	rmation							
Name				Or	ganization						Job Titl	e	
Dr. Edward	d C. Yate	!S		No	orwich Aesth	etic Dentsit	try		Den	itist-Owr	ner		
Mailing Ad	dress Lir	ne One		Mailing Address	Line Two				Cit	ty	State	Zi	ip Code
164 Otroba	ando Av	enue						Norwic	h		СТ	(06360
Business	Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddres	S			
860-889	-6445		860-889-5	5572		860-961-	6221	yatesre	cords	@gmail.	com		
Contact Ro	ole(s): A	dministrative C	Contact, Leg	al Contact, Own	er								
Please not	e the fo	llowing:											
1. The res	idual disii	nfectant concentr	ation must b	e measured at the	same location	n and time a	s each t	otal colifo	orm sa	mple.			
2. If a Coll	ection Pe	riod is specified,	all water qua	lity samples must	be collected d	uring the sp	ecified p	eriod.					
	-		-	ay be required (i.e						-			
corresp	ondence	sent by the DWS	on or after th	ne generation date	e of this sched	ule will have	preced	ence over	what	is contai	ned in this so	chedul	e.

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

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		-	nt of Public H			_			
	Wat	er Quality M	onitoring an	d Com	iplia	nce So	chedul	е	
PWS ID	PWS Name				Classifi	ication P	opulation	Owner Type	Primary Source
CT1040084	NORWICH WORS	HIP CENTER			Ν		25	Р	GW
Local Address (where applicable)		Service	Resident	tial Co	mmercial	Industria	l Combine	d Agricultural
165 LAWLER LA			Connections			1			
Towns Served:	NORWICH								
		Μ	onitoring Requ	lireme	nts				
Water System	n Facility: DISTRI	BUTION SYSTEM (WSF ID: 00600)						
Total Colifor	m (3100)						1	routine (RT)	per quarter
Sampling	Point (Sampling Po	int ID)		Monitori	ng Perio	od Col	lection Per	iod Comp	liance Status
Select from	m Inventory of Activ	e Sampling Points		7/1/19 -	9/30/1	9		C	omplete
				10/1/19 -	12/31/	19		C	omplete
				1/1/20 -	3/31/2	0		C	omplete
				4/1/20 -	6/30/2	0			
				7/1/20 -	9/30/2	0			
Physical Para	ameters (PPS)						1	routine (RT)	per quarter
Sampling	Point (Sampling Po	int ID)		Monitori	ng Peri	od Col	lection Per	iod Comp	liance Status
Select fro	m Inventory of Activ	e Sampling Points		7/1/19 -					omplete
				10/1/19 -	12/31/	19		C	omplete
				1/1/20 -				C	omplete
				4/1/20 -					
				7/1/20 -	9/30/2	0			
Water System	n Facility: ENTRY	POINT (WSF ID: 0	0700)						
	Nitrite (NOX)								RT) per year
	Point (Sampling Po	int ID)		Monitori	-		lection Per	-	liance Status
ENTRY PO	INT (3)			1/1/19 - 1					omplete
				1/1/20 - 1				C	omplete
				1/1/21 - 1					
		Public	c Notification R	lequire	ment	ts			
			Compliance	Notice	Ē	Public Not	ification	PN Ce	rtification
Violation/Situe	ation		Period	Tier	Re	quired	Performed	Due to DPI	H Received
E. Coli			1/1/19 - 3/31/19	3	5/3	0/2020		6/9/2020	
	١	Water System I	Facility and Sar	mpling	Point	t Inven	tory		
Water						Tote	al Lead a	and	
	ter System Facility		Point Sampling Poi	nt		Colifo			Stage
Facility ID		ID	Description		Sta	tus Rul	e Rule	Tier Asbesto	s WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION			A Y			
			REAM WITHIN 5 SER						
		UPSTRE			I 4	4			
	RY POINT	3	ENTRY POINT	•	A				
21818 WE	_L	2	WELL		4	4			
			Contact Inform	mation					
Name			Organization					Job Title	
Mr. Michael M	laixner								
Mailing Addres	s Line One	Mailing A	Address Line Two				City	State	Zip Code
165 Lawler Lan	e					Norwich		СТ	06360
Business Pho	ne Extension	Fax	Mobile Phone Er	mergency	Phone	Email Ad	dress		

					0 -			- r -					
PWS ID	PWS Name							Clas	sification	Population	Owner Ty	/pe	Primary Source
CT1040084	NORWICH WOR	SHIP CENTE	R						NC	25	Р		GW
Local Address (w	here applicable)				Service	Re	esiden	itial	Commerc	ial Industr	ial Com	bine	d Agricultural
165 LAWLER LAN	IE				Connectio	ons			1				
Towns Served: N	ORWICH												
Contact Role(s):	Legal Contact												
Name				Or	ganization						Job	Title	
Mr. Jefferey R. S	harp			No	orwich Wor	rship Ce	enter			Senior Pa	stor/Pre.		
Mailing Address	Line One		Mailing Ad	dress	s Line Two					City	Sta	ate	Zip Code
165 Lawler Lane									Norwi	ch	C	Т	06360
Business Phone	e Extension	Fax	N	Nobil	le Phone	Emer	rgency	/ Pho	ne Email	Address			
860-822-9522	11	860-822-	6678			860	0-334-	-0651	nwcno	orwichct@ac	ol.com		
Contact Role(s):	Administrative	Contact	I			1			i				
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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PWS ID PWS Na CT1040104 7-ELEVE Local Address (where ap 152 TAFTVILLE-OCCUM F Towns Served: NORWICH Water System Facility: Total Coliform (3100 Sampling Point (Sa Select from Inventor Select from Inventor Select from Inventor	ame EN #32524 plicable) ROAD H DISTRIBUTIC	ON SYSTEI	Monit M (WSF I	Service Connectio	Residentia	b c la s i c n n n c n n c n n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c n c c n c c c c c c c c	cation C mmerc 1 od C Đ 19 0	Popu 2 al In	lation Ow 5 dustrial	P Combined utine (RT) Comp C C	Primary Sourc GW d Agricultura per quarter <i>liance Status</i> omplete omplete omplete
CT1040104 7-ELEVE Local Address (where ap 152 TAFTVILLE-OCCUM F Towns Served: NORWICH Water System Facility: Total Coliform (3100 Sampling Point (Sa Select from Inventor Physical Parameters Sampling Point (Sa	EN #32524 plicable) ROAD H DISTRIBUTIO pry of Active Sam (PPS) mpling Point ID)) npling Point	M (WSFI	Connectio	Residentia ns quiremen <i>Monitoring</i> 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	No al Con ts /30/19 2/31/2 /31/20 /30/20	C mmerc 1 od C 9 19 0	2 al In	5 dustrial 1 rou	P Combined utine (RT) Comp C C	GW d Agricultura) per quarter <i>liance Status</i> omplete omplete
Local Address (where ap 152 TAFTVILLE-OCCUM F Towns Served: NORWICH Water System Facility: Total Coliform (3100 Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa	plicable) ROAD H DISTRIBUTIO DISTRIBUTIO Distribution pry of Active Sam (PPS) mpling Point ID)) npling Point	M (WSFI	Connectio	ns quiremen Monitoring 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	al Con ts /30/19 2/31/20 /30/20	mmerc 1 od C Ə 19 0	al In	dustrial 1 rou	Combined utine (RT) Comp	d Agricultura) per quarter <i>liance Status</i> omplete omplete
152 TAFTVILLE-OCCUM F Towns Served: NORWICH Water System Facility: Total Coliform (3100 Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa	ROAD H DISTRIBUTIO mpling Point ID ory of Active Sam (PPS) mpling Point ID) npling Point	M (WSFI	Connectio	ns quiremen Monitoring 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	ts <i>Perio</i> /30/19 2/31/2 /31/20 /30/20	1 od C 9 19 0		1 rou	J tine (RT) Comp) per quarter <i>liance Status</i> omplete omplete
Towns Served: NORWICI Water System Facility: Total Coliform (3100 Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa	H DISTRIBUTIO) mpling Point ID) ory of Active Sam (PPS) mpling Point ID)) npling Point	M (WSFI	oring Re	quiremen Monitoring 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	<mark>g Peric</mark> /30/19 2/31/2 /31/20 /30/20	od C 9 19 0	ollecti		Comp C	<i>liance Status</i> omplete omplete
Water System Facility: Total Coliform (3100 Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa	DISTRIBUTIO) mpling Point ID) ory of Active Sam (PPS) mpling Point ID)) npling Point	M (WSFI		<i>Monitoring</i> 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	<mark>g Peric</mark> /30/19 2/31/2 /31/20 /30/20	9 19 0	ollecti		Comp C	<i>liance Status</i> omplete omplete
Total Coliform (3100 Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa) mpling Point ID, ory of Active Sam (PPS) mpling Point ID,) npling Point	M (WSFI		<i>Monitoring</i> 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	<mark>g Peric</mark> /30/19 2/31/2 /31/20 /30/20	9 19 0	ollecti		Comp C	<i>liance Status</i> omplete omplete
Total Coliform (3100 Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa) mpling Point ID, ory of Active Sam (PPS) mpling Point ID,) npling Point	-	D: 00600)	7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	/30/19 2/31/2 /31/20 /30/20	9 19 0	ollecti		Comp C	<i>liance Status</i> omplete omplete
Sampling Point (Sa Select from Invento Physical Parameters Sampling Point (Sa	(PPS) mpling Point ID) ory of Active Sam	npling Point	ts		7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	/30/19 2/31/2 /31/20 /30/20	9 19 0	ollecti		Comp C	<i>liance Status</i> omplete omplete
Select from Invento Physical Parameters Sampling Point (Sa	(PPS) mpling Point ID)	npling Point	ts		7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	/30/19 2/31/2 /31/20 /30/20	9 19 0	ollecti	ion Period	C	omplete omplete
Physical Parameters Sampling Point (Sa	(PPS) mpling Point ID))	ts		10/1/19 - 1 1/1/20 - 3 4/1/20 - 6	2/31/2 /31/20 /30/20	19 D			C	omplete
Sampling Point (Sa	mpling Point ID)				1/1/20 - 3 4/1/20 - 6	/31/20 /30/20	D				· · · ·
Sampling Point (Sa	mpling Point ID)				4/1/20 - 6	/30/20				C	omplete
Sampling Point (Sa	mpling Point ID)										
Sampling Point (Sa	mpling Point ID)				7/1/20 - 9						
Sampling Point (Sa	mpling Point ID)					/30/20	0				
					Manitant	Dent		allast			per quarter
Select from invento	ory of Active Safr				<i>Monitoring</i> 7/1/19 - 9			ollecti	ion Period	-	liance Status
		iping Point	lS		10/1/19 - 1						omplete omplete
					1/1/20 - 3						omplete
					4/1/20 - 6					C	ompiete
					7/1/20 - 9						
Water System Facility:	ENTRY POIN	IT (WSFI	D: 00700)		,,1,2,20 3	, 30, 2	5				
Nitrate And Nitrite (•							1	routine (RT) per year
Sampling Point (Sa	-)			Monitoring	g Perio	od C	ollecti	ion Period	-	liance Status
ENTRY POINT (3)					1/1/19 - 12	2/31/1	.9			C	omplete
					1/1/20 - 12	2/31/2	0			C	omplete
					1/1/21 - 12	2/31/2	1				
	Wate	er Syste	m Facil	ity and S	Sampling P	Point	: Inve	nto	ry		
Water		-		-				otal	Lead and		
System Water System	n Facility	Samp	-	Sampling I				iform	Copper		Stage
Facility ID			ID	Descriptio		Sta	tus F	Rule	Rule Tier	Asbestos	s WQP 2 DBP
00600 DISTRIBUTION	N SYSTEM		4		ION SYSTEM	А		Y			
					SERVICE CON	А					
		UPS	STREAM		SERVICE CON	A					
00700 ENTRY POINT			3	ENTRY POI	INI	A					
21820 WELL			2	WELL		A	\				
					ormation						
Name				rganization						Job Title	
Mr. Dave Goodman					st Realty Lp				ninistrator		7. 0 1
Mailing Address Line On	e			s Line Two			Dreate	Ci	ty	State	Zip Code
22 Christy's Drive Business Phone Ext	tonsion	Suite		ile Phone	Emergency P		Brockt			MA	02301
508-427-6111	tension 508-	Fax -427-4333		ne Priorie	Emergency P	none	CITIAIL	-uures	>>		
Contact Role(s): Admin			ntact Own	ner							
		the second con									

						P				
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	e Primary Source
CT1040104	7-ELEVEN #32524						NC	25	Р	GW
Local Address (w	nere applicable)			Service	Reside	ential	Commerc	ial Industri	al Combin	ned Agricultural
152 TAFTVILLE-O	CCUM ROAD			Connectio	ons		1			
Towns Served: N	ORWICH			i				1		
Name				Organization					Job Tit	le
Christy's Realty L	imited Partnersh	ip								
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
P. O. Box 711			C/O Southlar	nd Cofp-Tax D	ept Loc 125	5	Dallas		TX	75221
Business Phone	e Extension	Fax	Mo	obile Phone	Emergen	cy Ph	one Email	Address		
Contact Role(s):	Owner									
Please note the f	ollowing:									
1. The residual di	sinfectant concentr	ation must b	e measured at	the same locati	ion and time	e as ea	ch total coli	orm sample.		
2. If a Collection I	veriod is specified, a	all water qua	lity samples mu	ust be collected	during the s	specifi	ed 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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	Connecticut De	*			<u> </u>	-		ction	
		uality Mon	itoring an				1		
PWS ID	PWS Name			Cla	NC	25	Own	er Type Pr P	imary Source GW
CT104013	34 THE NORWICH FISH & G Iress (where applicable)	AIVIE ASSOC., INC.	Service	Residential				Combined	Agricultura
	NING ROAD		Connections	Residential	1			combineu	Agricultura
	rved: NORWICH				-				
		Moni	toring Requ	iromont	c				
Water Sv	ystem Facility: DISTRIBUTIO		• .		5	_		_	
	bliform (3100)		121 00000			1	L rout	tine (RT) p	per quarter
	pling Point (Sampling Point ID)			Monitoring	Period C	ollection Pe			ance Status
	ct from Inventory of Active Sam	pling Points		7/1/19 - 9/3					mplete
			-	10/1/19 - 12	/31/19		_	Co	mplete
				1/1/20 - 3/3	31/20			Со	mplete
				4/1/20 - 6/3	30/20				
				7/1/20 - 9/3	30/20				
Physica	l Parameters (PPS)					1	L rout	tine (RT) p	per quarter
	pling Point (Sampling Point ID)			Monitoring		ollection Pe	riod		ance Status
Sele	ct from Inventory of Active Sam	pling Points		7/1/19 - 9/3					mplete
				10/1/19 - 12					mplete
				1/1/20 - 3/3				Co	mplete
				4/1/20 - 6/3					
	ystem Facility: ENTRY POIN			7/1/20 - 9/3	30/20				
ENT	RY POINT - WELL 2 (3)			1/1/19 - 12/ 1/1/20 - 12/ 1/1/21 - 12/	/31/20			Co	mplete
		Public No	otification R						
		i done i d	Compliance	Notice		otification		PN Cert	ification
Violation	/Situation		Period	Tier	Required	Performe	d Du	ue to DPH	Received
Total Coli	form MCL Violation	4/	'1/11 - 6/30/11	2	8/10/2011			/20/2011	
Total Coli	form MCL Violation	7/	/1/11 - 7/31/11	2	9/15/2011		9,	/25/2011	
	Wate	r System Fac	ility and Sai	npling Po	oint Inve	ntory			
Water					Т	otal Lead	and		
System	Water System Facility		nt Sampling Poi	nt		iform Cop			Stage
Facility IL		ID	Description		Status		Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		A	Y			
			M WITHIN 5 SEF		A				
00704		UPSTREAM	WITHIN 5 SEF		A				
00701	ENTRY POINT - WELL #2	3	ENTRY POINT	- WELL 2	A				
54488	WELL #2	2	WELL #2		A				
54882	BLADDER TANK								
			ntact Infor	mation					
Name			Organization					Job Title	
	Fish & Game Association, Inc.								
	ddress Line One	Mailing Addre	ace Line Two		1	City		State	Zin Codo
Mailing A			ess Line Two		Norwi	City		State	Zip Code

	iia	tor yau	ney n				pm	11100	oomoa	are	,	
PWS ID	PWS Name						Classi	fication	Populatio	on O	wner Type	Primary Source
CT1040134	THE NORWICH F	ISH & GAME	ASSOC.	, INC.				NC	25		Р	GW
Local Address (w	vhere applicable)				Service	Reside	ntial C	ommerc	ial Indus	strial	Combine	ed Agricultural
44 BROWNING F	ROAD				Connectio	ons		1				
Towns Served: N												
		5		N 4 - I- 1	- Dharas	F					CI	00500
Business Phon		Fax		INODII	e Phone	Emergenc	y Phone	e Email	Address			
860-887-3174												
Contact Role(s):	Owner			0.1							Lab. The	
Name	••				ganization						Job Title	2
Mr. Jan M. Schn					orwich Fish	& Game				ouse	Chairman	
Mailing Address			Mailing	Address	Line Two				City		State	Zip Code
44 Browning Roa		_						Norwi	-		СТ	06360
Business Phon		Fax		Mobil	e Phone	Emergenc						
860-433-7285						860-887	-3174	jschne	id@EBMA	۱L.GE	DEB.COM	
	Administrative	Contact										
Name				Or	ganization						Job Title	8
Ms. Amy Sipule			1									
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Code
290 High Street		1						Baltic			СТ	06330
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phon	e Email	Address			
				860-6	08-5869							
Contact Role(s):	Legal Contact											
Name				Or	ganization						Job Title	e
Mr. Brent Al				No	orwich Fish	& Game			House	Chair	r	
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Code
44 Browning Roa	ad							Norwi	ch		СТ	06360
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phon	e Email	Address			
860-303-0861	L							ogees	228365@y	yahoo	o.co m	
Contact Role(s):	Legal Contact,	Owner										
Please note the	following:											
1. The residual c	lisinfectant concen	tration must b	e measur	ed at the	same locat	ion and time	as each	total coli [.]	form sampl	e.		
2. If a Collection	Period is specified	, all water qua	lity sampl	les must l	be collected	during the s	pecified	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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	Connecticut Dep	artment of	Public	Health	Drin	nking	Water	Section	
	*	ality Monit				0			
PWS ID	PWS Name		or mg u						Primary Source
CT1049024	MOHEGAN PARK - GROUP	PAVILION			N		25		GW
	where applicable)		Service	Residen		mmercia		- I Combine	
	RD / MOHEGAN PARK RD		Connection				industria	1	
Towns Served:									
		Monito	oring Red	quireme	nts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1	routine (R	「) per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection Peri	od Com	pliance Status
Select fror	m Inventory of Active Samplir	ng Points		7/1/19 -	9/30/1	9			Complete
				10/1/19 -	12/31/	19			Complete
				4/1/20 -	6/30/2	0			
				7/1/20 -	9/30/2	0			
Physical Para	meters (PPS)						1	routine (R1	() per quarter
•	Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection Peri	-	pliance Status
Select from	m Inventory of Active Samplir	ng Points		7/1/19 -	9/30/1	9			
	· · ·	-		10/1/19 -	12/31/	19			Complete
				4/1/20 -	6/30/2	0			
				7/1/20 -	9/30/2	0			
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And I	Nitrite (NOX)							1 routine	(RT) per year
	Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection Peri		pliance Status
ENTRY PO				1/1/19 -			4/1-12/31		Complete
				1/1/20 -			4/1-12/31		
				1/1/21 -			4/1-12/31		
	Water	System Facili	ity and Sa	ampling	Point	t Inver	ntory		
Water		-	-			Tot	al Lead a	nd	
System Wat	ter System Facility	Sampling Point				Colife	orm Copp	er	Stage
Facility ID		ID	Description	1	Sta	tus Ru	le Rule 1	ier Asbesto	os WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM	A	λ Y	,		
		DOWNSTREAM	WITHIN 5 S	ERVICE COM	N A	4			
		UPSTREAM	WITHIN 5 S	ERVICE CON	N A	4			
00700 ENT	RY POINT	3	ENTRY POIN	NT	А	<u>م</u>			
50021 WEL	L 1	2	WELL 1		А	4			
		Con	tact Info	rmation					
Name		01	rganization					Job Titl	e
Mr. Peter Nyst	rom	Cit	ty of Norwic	h			Mayor		
Mailing Addres	s Line One	Mailing Address	s Line Two				City	State	Zip Code
Norwich City H	all	100 Broadway				Norwich	1	СТ	06360
Business Pho			le Phone	Emergency	Phone	Email Ac	dress	I	
860-823-374	13 860-885	5-2914					m@cityofno	rwich.org	
Contact Role(s)	: Administrative Contact, L	egal Contact					· ·		
()	· · · · · · · · · · · · · · · · · · ·								

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1049024	MOHEGAN PARK - GROUP PAVILION			NC	25	L	GW
Local Address (where applicable)		Service	Resident	tial Commerc	ial Industri	al Combine	ed Agricultura
PARK CENTER RD / MOHEGAN PARK RD		Connections				1	
Towns Served	NORWICH	<u>'</u>				!	·
Please note th	ne following:						
1. The residua	l disinfectant concentration must be measure	ed at the same location	and time as	s each total coli	form sample.		
2. If a Collecti	on Period is specified, all water quality sample	es must be collected du	ring the spe	ecified period.			
	on results, additional monitoring may be requ ence sent by the DWS on or after the generat				-		

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

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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 **MOHEGAN PARK - DOG POUND** L CT1049034 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections PARK CENTER RD / MOHEGAN PARK RD 1 Towns Served: NORWICH **Monitoring Requirements**

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)			
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	7/1/19 - 9/30/19		Complete	
	10/1/19 - 10/31/19		Complete	
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	12/1/19 - 12/31/19		Complete	
	4/1/20 - 4/30/20			
	5/1/20 - 5/31/20			
	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			
	9/1/20 - 9/30/20			
Total Coliform (3100)		3 rej	peat (RP) per period	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/9/19 - 10/14/19		Complete	
Total Coliform (3100)		3 temporary routine (TR) per mont		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	11/1/19 - 11/30/19		Complete	
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	7/1/19 - 9/30/19		Complete	
	10/1/19 - 11/30/19	10/1-11/30	Complete	
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	12/1/19 - 12/31/19		Complete	
	4/1/20 - 4/30/20			
	5/1/20 - 5/31/20			
	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			
	9/1/20 - 9/30/20			
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)	1/1/19 - 12/31/19	4/1-12/31	Complete	

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19	4/1-12/31	Complete
	1/1/20 - 12/31/20	4/1-12/31	
	1/1/21 - 12/31/21	4/1-12/31	
Water System Facility: WELL 1 (WSF ID: 50031)			

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					Classif	ication F	opulation	Owner Type P	imary Source	
CT1049034 MOHEGAN PAR	K - DOG POUND				N	IC	25	L	GW	
Local Address (where applicable)			Service	Resident	tial Co	mmercia	l Industria	I Combined	Agricultural	
PARK CENTER RD / MOHEGAN PA	RK RD		Connection	S				1		
Towns Served: NORWICH										
	M	lonito	ring Req	uireme	nts					
Water System Facility: WELL	1 (WSF ID: 50031)									
E. Coli (3014)							1 t	riggered (TG)	per period	
Sampling Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llection Per	iod Compli	ance Status	
WELL 1 (2)				10/8/19 -	10/14/	′19		Со	mplete	
Public Notification Requirements										
		Со	mpliance	Notice <u>Public Notific</u>		tification	fication PN Certification			
Violation/Situation			Period	Tier	Re	quired	Performed	Due to DPH	Received	
REVISED TOTAL COLIFORM RULE	(RTCR) TT Violation	11/8/1	.9 - 12/12/1	9 2	12/	19/2019		12/29/2019		
Water System Facility and Sampling Point Inventory										
Water						Tot		ınd		
			Point Sampling Point			Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR				
Facility ID	ID		Description			itus Ru		ier Asbestos	WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM						4 Y				
			WITHIN 5 SE			4				
	UPSTRI		WITHIN 5 SE			4				
00700 ENTRY POINT 3			ENTRY POINT A							
50031 WELL 1	2		WELL 1	_		4				
Contact Information										
Name			Organization					Job Title		
Mr. Peter Nystrom			City of Norwich				Mayor			
Mailing Address Line One Mailing A			Address Line Two				City State		Zip Code	
Norwich City Hall	100 Broa	adway				Norwich		СТ	06360	
Business Phone Extension	Fax	Mobile	Phone I	Emergency	Phone					
860-823-3743 860-885-2914				pnystrom@cityofnorwich.org						
Contact Role(s): Administrative	Contact, Legal Contac	ct								
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. 										
							adula is subi-	at to change an	d any rolated	
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