

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0940014	GOSPEL HALL			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
345 EAST CEDAR STREET			Connections		1			
Towns Served: NEWINGTON								

### Monitoring Requirements

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

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

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

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

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

### Water System Facility 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				
21623	WELL	2	WELL	A				
61489	TREATMENT PLANT							

### Contact Information

Name				Organization				Job Title		
Gospel Hall										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
345 East Cedar St							Newington		CT	06111
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
Contact Role(s):		Owner								

*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.*

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## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0940014</b>	<b>GOSPEL HALL</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
345 EAST CEDAR STREET			1		
Towns Served: NEWINGTON					
Name		Organization		Job Title	
<b>Mr. William Brescia</b>		Gospel Hall			
Mailing Address Line One		Mailing Address Line Two		City	State
345 East Cedar Street				Newington	CT
Zip Code					
	06111				
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-604-7305					wbrescia@me.com
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>					

**Please note the following:**

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

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

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

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0940024	HI-VIEW MOTEL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2273 BERLIN TURNPIKE				1			

Towns Served: NEWINGTON

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

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

### Water System Facility 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			

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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
CT0940024	HI-VIEW MOTEL			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
2273 BERLIN TURNPIKE		Connections		1			
Towns Served: NEWINGTON							

### 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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		HM1	BTH SINK RM 1	A	Y			
		HM10	BTH SINK RM10	A	Y			
		HM11	BTH SINK RM11	A	Y			
		HM12	BTH SINK RM12	A	Y			
		HM13	BTH SINK RM13	A	Y			
		HM14	BTH SINK RM14	A	Y			
		HM16	BTH SINK RM16	A	Y			
		HM17	BTH SINK RM17	A	Y			
		HM2	BTH SINK RM2	A	Y			
		HM3	BTH SINK RM3	A	Y			
		HM4	BTH SINK RM4	A	Y			
		HM5	BTH SINK RM5	A	Y			
		HM6	BTH SINK RM6	A	Y			
		HM7	BTH SINK RM7	A	Y			
		HM8	BTH SINK RM8	A	Y			
		HM9	BTH SINK RM9	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21624	WELL	2	WELL	A				

### Contact Information

Name				Organization		Job Title		
Mr. Ochhav Shah				Hi-View Hotel/Plymouth Lodge		President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
697 Berlin Tpke						Berlin	CT	06037
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-828-9200		860-828-4402		860-922-6341	ocshah@yahoo.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								
Name				Organization		Job Title		
Ms. Kusum Shah				Liraj Inc		President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Twin Spruce Motel			697 Berlin Turnpike			Berlin	CT	06037
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-666-2528		860-828-4402		860-922-6341	ocshah@yahoo.com			
Contact Role(s): 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	
CT0940024	HI-VIEW MOTEL			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2273 BERLIN TURNPIKE					1			

Towns Served: NEWINGTON

**Please note the following:**

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

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0949074	NEWINGTON VA MEDICAL CENTER-BLDGS 3 & 42			NC	43	F	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE			Connections		2			
Towns Served: NEWINGTON								

### Monitoring Requirements

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

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

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2
Start Date: 1/1/2022	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2
Start Date: 1/1/2022	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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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
CT0949074	NEWINGTON VA MEDICAL CENTER-BLDGS 3 & 42			NC	43	F	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				2			
Towns Served: NEWINGTON							

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	3-111A	DISTRIBUTION SYSTEM	A	Y			
		3-210	BLDG #3 2ND FLOOR	A	Y	2		
		3-302A	BLDG #3 3RD FL/2	A	Y	2		
		3-304A	BLDG #3 3RD FL/1	A	Y	2		
		4	DISTRIBUTION SYSTEM	A	Y	2		
		42-208	BLDG#42 2ND FL BATH	A	Y	2		
		BLDG #3 PO4	DISTRIBUTION SYSTEM	A	Y	2	Y	
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - (MDC)							

### Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

Facility Classification:			Certification Expiration
Operator Name	Operator Type	Certification(s)	
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028

### Contact Information

Name				Organization			Job Title		
Ms. Jennifer A. Bourque				Va CT Healthcare System			Executive Assistant		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
950 Campbell Avenue						West Haven		CT	06516
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-932-5711		3888	203-934-4795				jennifer.bourque@va.gov		

Contact Role(s): Administrative Contact

Name				Organization		Job Title		
Dr. Becky D. Rhoads				Va CT Healthcare System		Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
950 Campbell Avenue			M.S. 001			West Haven	CT	06516
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-932-5711	3888	203-934-4795			Becky.Rhoads@va.gov			

Contact Role(s): Legal Contact

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				2			

Towns Served: NEWINGTON

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