

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 Connections	Residential	Commercial	Industrial	Combined
345 EAST CEDAR STREET			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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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
345 East Cedar St				Newington	CT
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.

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

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CT0940014	GOSPEL HALL				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
345 EAST CEDAR STREET				1				
Towns Served: NEWINGTON								
Name			Organization			Job Title		
Mr. William Brescia			Gospel Hall					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
345 East Cedar Street					Newington		CT	06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-604-7305					wbrescia@me.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.
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

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
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	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				

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CT0940024	HI-VIEW MOTEL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
2273 BERLIN TURNPIKE			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	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
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.
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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
CT0949074	NEWINGTON VA MEDICAL CENTER-BLDGS 3 & 42	NC	43	F	SWP
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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:	
		Monitoring Period	Operating Limit
		8/1/2025 - 8/31/2025	Monitoring Compliance Status:
		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:	
		Monitoring Period	Operating Limit
		8/1/2025 - 8/31/2025	Monitoring Compliance Status:
		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
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	Lead and Coliform	Copper	Asbestos	WQP 2	DBPR Stage
					Coliform Rule	Rule Tier				
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
		DOWNSTREAM	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:	Operator Name	Operator Type	Certification(s)	Certification Expiration
	KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028 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
950 Campbell Avenue		State
Business Phone	Extension	Zip Code
203-932-5711	3888	203-934-4795
Email Address		
		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
950 Campbell Avenue	M.S. 001	State
Business Phone	Extension	Zip Code
203-932-5711	3888	203-934-4795
Email Address		
		Becky.Rhoads@va.gov

Contact Role(s): Legal Contact

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

Towns Served: NEWINGTON

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