	Connectic	•						_		ection	
	Wat	ter Qual	ity Monit	oring ar	nd Com	plia	nce	Sche	edule		
PWS ID	PWS Name							_		vner Type P	rimary Source
CT0940014	GOSPEL HALL					Ν	NC	2	.5	Р	GW
Local Addres	ss (where applicable)			Service	Resident	ial Co	ommer	cial In	dustrial	Combined	Agricultural
345 EAST CE	DAR STREET			Connections	S		1				
Towns Serve	d: NEWINGTON					·		,			
			Monito	oring Req	uiremer	nts					
Water Syste	em Facility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)							
<b>Total Colifo</b>	orm (3100)								1 ro	utine (RT)	per quarter
Samplir	ng Point (Sampling Po	oint ID)			Monitorin	ng Peri	iod	Collect	ion Period	l Compl	iance Status
Select fi	rom Inventory of Acti	ve Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
					1/1/24 -	3/31/2	24			Co	omplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Physical Pa	arameters (PPS)								1 ro		per quarter
_	ng Point (Sampling Po				Monitorin			Collecti	ion Period		iance Status
Select f	rom Inventory of Acti	ive Sampling	Points		10/1/23 -						omplete
					1/1/24 -					Co	omplete
					4/1/24 -						
	= 10.				7/1/24 -	9/30/2	24				
	em Facility: ENTRY	POINT (W	SF ID: 00700)								
	d Nitrite (NOX)									l routine (I	RT) per year
	ng Point (Sampling Po	oint ID)			Monitorin	_		Collecti	ion Period		iance Status
	ng Point (Sampling Po POINT (3)	oint ID)			1/1/23 - 1	L2/31/	′23	Collect	ion Period		iance Status omplete
		oint ID)			1/1/23 - 1 1/1/24 - 1	L2/31/ L2/31/	/23 /24	Collect	ion Period		
	POINT (3)				1/1/23 - 1 1/1/24 - 1 1/1/25 - 1	12/31/ 12/31/ 12/31/	/23 /24 /25				
	POINT (3)		rstem Facili	ty and Sa	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1	12/31/ 12/31/ 12/31/	/23 /24 /25				
ENTRY I	POINT (3)	Water Sy		-	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling	12/31/ 12/31/ 12/31/	/23 /24 /25 I <b>t Inv</b>	ento:	<b>'Y</b> Lead and	Co	omplete
Water System W	POINT (3)	Water Sy	Sampling Point	Sampling Po	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling	12/31/ 12/31/ 12/31/ <b>Poin</b>	/23 /24 /25 It Inv	entor Total pliform	<b>'Y</b> Lead ana Copper	Co	omplete  Stage
Water System W Facility ID	POINT (3)  Vater System Facility	Water Sy	Sampling Point ID	Sampling Po	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Co	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete
Water System W Facility ID	POINT (3)	Water Sy	Gampling Point ID 4	Sampling Po Description	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 it Inv Ca atus A	entor Total pliform	<b>'Y</b> Lead ana Copper	Co	omplete  Stage
Water System W Facility ID	POINT (3)  Vater System Facility	Water Sy	Sampling Point ID 4 DOWNSTREAM	Sampling Po Description DISTRIBUTIO WITHIN 5 SE	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling pint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete  Stage
Water System W Facility ID	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM	Water Sy	Gampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Po Description DISTRIBUTIO WITHIN 5 SE	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling Dint DN SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Ca atus A A	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete  Stage
Water System W Facility ID  00600 D	POINT (3)  Vater System Facility  USTRIBUTION SYSTEM	Water Sy	Sampling Point ID  4 DOWNSTREAM UPSTREAM 3	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling Dint DN SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Co atus A A A	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete Stage
Water System W Facility ID  00600 D	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL	Water Sy	Gampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Po Description DISTRIBUTIO WITHIN 5 SE	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling Dint DN SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Ca atus A A	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete Stage
Water System W Facility ID 00600 D	POINT (3)  Vater System Facility  USTRIBUTION SYSTEM	Water Sy	Gampling Point ID  4 DOWNSTREAM UPSTREAM  3 2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Co atus A A A	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete Stage
Water System W Facility ID  00600 D  00700 EI 21623 W 61489 TE	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL	Water Sy	Gampling Point ID  4 DOWNSTREAM UPSTREAM 3 2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Co atus A A A	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	r Asbestos	omplete Stage
Water System W Facility ID  00600 D  00700 EI 21623 W 61489 TI	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL	Water Sy	Gampling Point ID  4 DOWNSTREAM UPSTREAM 3 2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Co atus A A A	<b>entor</b> Total Diform Rule	<b>'Y</b> Lead ana Copper	Co	omplete Stage
Water System W Facility ID  00600 D  00700 EI 21623 W 61489 TI  Name Gospel Hall	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL  REATMENT PLANT	Water Sy	Gampling Point ID  4  DOWNSTREAM  UPSTREAM  3  2  Con	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Co atus A A A	entor Total bliform Rule Y	Lead and Copper Rule Tie	r Asbestos  Job Title	Stage WQP 2 DBPR
Water System W Facility ID  00600 D  00700 EI 21623 W 61489 TE  Name Gospel Hall Mailing Addr	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL  REATMENT PLANT	Water Sy	Gampling Point ID  4 DOWNSTREAM UPSTREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Contus A A A A	entor Total Diform Rule Y	Lead and Copper Rule Tie	Job Title  State	Stage WQP 2 DBPR  Zip Code
Water System W Facility ID  00600 D  00700 EI 21623 W 61489 TI  Name Gospel Hall Mailing Addr 345 East Ced	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL  REATMENT PLANT  ress Line One	Water Sy	Gampling Point ID  4 DOWNSTREAM UPSTREAM 3 2  Con Or	Sampling Popular Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information ganization s Line Two	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Contus A A A A A	entor Total Oliform Rule Y	Lead and Copper Rule Tie	r Asbestos  Job Title	Stage WQP 2 DBPR
Water System W Facility ID  00600 D  00700 EI 21623 W 61489 TE  Name Gospel Hall Mailing Addr	POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL  REATMENT PLANT  ress Line One	Water Sy	Gampling Point ID  4 DOWNSTREAM UPSTREAM 3 2  Con Or	Sampling Popular Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information ganization s Line Two	1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 ampling oint ON SYSTEM ERVICE CON	12/31/ 12/31/ 12/31/ Poin	/23 /24 /25 It Inv Contus A A A A A	entor Total Oliform Rule Y	Lead and Copper Rule Tie	Job Title  State	Stage WQP 2 DBPR  Zip Code

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	Connectic	ut Depa	rtment (	of Public	Health	Drir	ıkıng	g Water	Section		
	Wat	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary So	urce
CT0940014	GOSPEL HALL					N	С	25	Р	GW	
Local Address (wi	nere applicable)			Service	Resider	itial Co	mmerci	al Industr	al Combin	ed Agricult	cural
345 EAST CEDAR	STREET		Connection	ns		1					
Towns Served: NI	EWINGTON			,		'		'	1	1	
Name				Organization				Job Titl	е		
Mr. William Bres	cia			Gospel Hall							
Mailing Address I	ine One		Mailing Addr	ess Line Two			City		State	Zip Cod	e
345 East Cedar St	reet						Newin	gton	СТ	06111	
Business Phone	Extension	Fax	Мс	obile Phone	Emergency	/ Phone	Email A	Address			
860-604-7305							wbreso	cia@me.con	า		
Contact Role(s)	Administrative	Contact Lea	al Contact O	wnor							

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 147-1 - - C

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 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 Cla				Cla	ssification	Population	Owner Type	Primary Source
CT0940024	HI-VIEW MOTEL				NC	25	Р	GW
Local Address (where applicable)		Service Resid		ntial	Commercia	al Industri	al Combine	ed Agricultural
2273 BERLIN TU	RNPIKE	Connections			1			

Towns Served: NEWINGTON

Towns Served: NEWINGTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/9/24 - 1/14/24		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	2/1/24 - 2/29/24		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24	1/1-1/31	Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24	_	
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	4 /4 /25 42 /24 /25		

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.

1/1/25 - 12/31/25

	Water Quali	ty Monitoring and			C	,		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0940024	HI-VIEW MOTEL				NC	25	Р	GW
Local Address	(where applicable)	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural	
2273 RERLIN TURNDIKE Connections 1								

Connecticut Department of Public Health Drinking Water Section

		·						
toring Requirements								
E. Coli (3014) 1 triggered (TG) per per								
Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>						
1/8/24 - 1/14/24		Complete						
Compliance Schedules								
Due Date	Achieved D	ate						
1/10/2024								
2/8/2024	2/10/202	4						
2/29/2024	2/23/202	4						
3/10/2024	2/20/202	4						
3/10/2024	2/19/202	4						
5/10/2024	2/23/202	4						
	Monitoring Period  1/8/24 - 1/14/24  Compliance Schedules  Due Date  1/10/2024  2/8/2024  2/29/2024  3/10/2024  3/10/2024	1 trigge  Monitoring Period Collection Period  1/8/24 - 1/14/24  Compliance Schedules  Due Date Achieved De 1/10/2024  2/8/2024 2/10/2024  2/29/2024 2/23/2024  3/10/2024 2/20/2024  3/10/2024 2/19/2024						

	V	Vater System Facili	ity and Sampling F	oint Ir	nventor	у		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		HM1	BTH SINK RM 1	Α	Υ			
		HM10	BTH SINK RM10	Α	Υ			
		HM11	BTH SINK RM11	Α	Υ			
		HM12	BTH SINK RM12	Α	Υ			
		HM13	BTH SINK RM13	Α	Υ			
		HM14	BTH SINK RM14	Α	Υ			
		HM16	BTH SINK RM16	Α	Υ			
		HM17	BTH SINK RM17	Α	Υ			
		HM2	BTH SINK RM2	Α	Υ			
		HM3	BTH SINK RM3	Α	Υ			
		HM4	BTH SINK RM4	Α	Υ			
		HM5	BTH SINK RM5	Α	Υ			
		HM6	BTH SINK RM6	Α	Υ			
		HM7	BTH SINK RM7	Α	Υ			
		HM8	BTH SINK RM8	Α	Υ			
		HM9	BTH SINK RM9	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21624	WELL	2	WELL	Α				

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	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source				
СТ0940024	HI-VIEW MOTEL				NC	25	Р	GW			
Local Address	(where applicable)	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
2273 BERLIN TURNPIKE Connections					1						

Connecticut Department of Public Health Drinking Water Section

				Co	ntact Inf	ormation					
Name				(	Organization				Job Title		
Mr. Ochhav Shah				ŀ	Hi-View Hote	el/Plymouth Lodge		President			
Mailing Address Lin	e One		Mailing	Addre	ess Line Two			City	State	Zip Code	
697 Berlin Tpke	97 Berlin Tpke						Berlin		СТ	06037	
Business Phone	Extension	Fax		Mol	bile Phone	Emergency Phone	Email Ad	ddress			
860-828-9200		860-828-	4402			860-922-6341	ocshah@	yahoo.com			
Contact Role(s): Ac	dministrative	Contact, Leg	al Conta	ct, Ov	vner						
Name				(	Organization				Job Title		
Ms. Kusum Shah				l	Liraj Inc			President			
Mailing Address Lin	e One		Mailing	Addre	ess Line Two			City	State	Zip Code	
Twin Spruce Motel			697 Berl	lin Tur	npike		Berlin		СТ	06037	
Business Phone	Extension	Fax		Mol	bile Phone	Emergency Phone	Email Ad	ddress			
860-666-2528		860-828-	4402			860-922-6341	ocshah@	yahoo.com			
Contact Role(s): O	wner										

## Please note the following:

Towns Served: NEWINGTON

- 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

Page 5

Schedule Generation Date: 4/3/2024

Coni	necticut Department of				_			tion	
	Water Quality Monit	oring an	d Com	ıpli	ance S	chedule	9		
PWS ID PWS N	ame			Class	sification	Population	Owne	r Type Pr	imary Source
CT0949074 NEWIN	GTON VA MEDICAL CENTER-BLDGS 3	& 42			NC	43	- 1	F	SWP
Local Address (where ap	pplicable)	Service	Resident	tial(	Commercia	l Industria	I C	ombined	Agricultura
555 WILLARD AVE		Connections			2				
Towns Served: NEWING	TON								
	Monit	oring Requ	uireme	nts					
Water System Facility	: DISTRIBUTION SYSTEM (WSF I	D: 00600)							
Total Coliform (3100	0)					1	routi	ine (RT) բ	er quarter
Sampling Point (Sa	mpling Point ID)		Monitorii	ng Pe	eriod Co	llection Peri	iod	Compli	ance Status
Select from Invento	ory of Active Sampling Points		10/1/23 -	12/3	1/23			Co	mplete
			1/1/24 -	3/31	/24			Co	mplete
			4/1/24 -	6/30	/24				
			7/1/24 -	9/30	/24				
<b>Physical Parameters</b>	(PPS)					1	routi	ine (RT) ເ	er quarter
Sampling Point (Sa	impling Point ID)		Monitorii	ng Pe	eriod Co	llection Peri	iod	Compli	ance Status
Select from Invento	ory of Active Sampling Points		10/1/23 -	12/3	1/23			Co	mplete
			1/1/24 -	3/31	/24			Co	mplete
			4/1/24 -	6/30	/24				
			7/1/24 -	9/30	/24				
M	onthly Water System Facil	ity (WSF)	Level N	/lon	itoring I	Requiren	nent	ts	
Water System Facility	: TREATMENT PLANT (WSFID: 00	0700)							
Analyte	Monitoring Requirement (Summ	ary Type)	Opei	rating	g Limit		Sa	amples Re	q/Month
Orthophosphate	Entry Point Phosphate Monitoring	g (PHOS)	Mini	mum	: 1.5 MG/I	_		2	
<b>Start Date: 1/1/202</b>	22	Complia	ance Histo	ory:	Оре	erating Limit	:	Monitor	ing
		Monitor	ing Perio	d	Con	npliance Sta	tus:	Complia	nce Status:
			23 - 11/30						
			23 - 12/31		23				
		1/1/202	4 - 1/31/2	2024					
			4 - 2/29/2						
		3/1/202	4 - 3/31/2	2024					
Analyte	Monitoring Requirement (Summ	ary Type)	Opei	rating	g Limit		Sa	amples Re	eq/Month
Orthophosphate	Entry Point Phosphate Monitoring	- ,			n: 3.0 MG/	L		2	
<b>Start Date: 1/1/202</b>	22	Complia	ance Histo	ory:	Оре	erating Limit	:	Monitor	ing
			ing Perio			npliance Sta	tus:	Complia	nce Status:
			23 - 11/30						
		12/1/20	23 - 12/31	1/202	23				
			4 - 1/31/2						
			4 - 2/29/2						
			4 - 3/31/2						
		ompliance							
Compliance Schedule A				Due D		Achiev	ed Do	ate	
CROSS CONNECTION SU				3/1/2					
CROSS CONNECTION SU				3/1/2					
CROSS CONNECTION SU	RVEY REPORT		3	3/1/2	.023				

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3/1/2024

CROSS CONNECTION SURVEY REPORT

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	Water Quality	Monitoring and	d Con	npl	iance S	chedul	e		
PWS ID	PWS ID PWS Name Classification   Population   Owner Type   Primary Source								
СТ0949074	NEWINGTON VA MEDICAL CENTER	R-BLDGS 3 & 42			NC	43	F		SWP
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed	Agricultural
555 WILLARD	55 WILLARD AVE Connections 2								

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWINGTON

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

Certified Operator Information							
Water System Facility:	TREATMENT PLANT (WSF ID: 00700)						
Facility Classification:			Certification				
Operator Name	Operator Type	Certification(s)	Expiration				
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025				

WATER TREATMENT PLANT OPERATOR - CLASS II

Contact Information										
Name				Organization			Job Title			
Dr. John J. Callahan	1			Va CT Health	care System		Assoc Direc	tor		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code	
950 Campbell Aven	ue		M.S. 00	)1		West Ha	ven	СТ	06516	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
203-932-5711	3888	203-934-4795				John.Callahan@va.gov				

Contact Role(s): Administrative Contact, 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

12/31/2025