	Conne	cticut Department				0		ection	
		Water Quality Mo	nitoring and	<b>A</b>					
PWS ID	PWS Name			C		n Po	-		Primary Sourc
СТ0949073		ON VA MEDICAL CENTER-BUIL			NTNC		335	F	SWP
Local Address		cable)	Service	Residentia		rcial	Industrial	Combined	d Agricultura
555 WILLARD			Connections		1				
Towns Served:	NEWINGIO								
Mator System	n Eacility:	Mo DISTRIBUTION SYSTEM(W		irement	ts			_	
Asbestos (1			/SF 1D. 00000)				1 routi	no (PT) no	
-	-	oling Point ID)		Monitoring	Period	Colle	ction Period		er nine years <i>liance Status</i>
		of Active Sampling Points		1/1/20 - 12		Cone		i comp	iunce status
Total Colifor		or Active Sampling Fornts		1/1/20 - 12	./ 51/20		1 ro	uting (PT)	per quarter
	• •	oling Point ID)		Monitoring	Period	Colle	ction Period	• •	liance Status
		of Active Sampling Points		10/1/23 - 12		Cone			omplete
Jeieutitu	in inventory		· · · · · · · · · · · · · · · · · · ·	1/1/24 - 3					omplete
				4/1/24 - 6/				C	Simplete
				7/1/24 - 9/					
Lead And Co	opper (PBCl	(۲					10 routii	ne (RT) pe	r six months
Sampling	Point (Samp	oling Point ID)		Monitoring	Period	Colle	ection Period	l Comp	liance Status
Select fro	om Inventory	of Active Sampling Points		7/1/23 - 12	2/31/23			C	omplete
				1/1/24 - 6,	/30/24			C	omplete
				7/1/24 - 12	2/31/24				
Physical Para	ameters (P	PS)					1 ro	utine (RT)	per quarter
Sampling	Point (Samp	oling Point ID)		Monitoring	Period	Colle	ection Period	l Comp	liance Status
Select fro	om Inventory	of Active Sampling Points	:	10/1/23 - 12	2/31/23			C	omplete
				1/1/24 - 3,				C	omplete
				4/1/24 - 6,					
				7/1/24 - 9,	/30/24				
		hthly Water System Fa		evel Mo	onitorin	ig Re	equireme	ents	
Water Systen	n Facility: 1	REATMENT PLANT (WSFI	D: 00700)						
Analyte		Monitoring Requirement (Su	ımmary Type)	Opera	ting Limit			Samples I	Req/Month
Orthophos	sphate	<spaces> ( )</spaces>		Maxim	num: 3.0 N	/IG/L			2
Start Date:	8/1/2021		-	nce History	<b>/</b> :	Opera	iting Limit	Monito	
				ing Period		Comp	liance Statu	s: Compli	ance Status:
				23 - 11/30/2					
				23 - 12/31/2					
				4 - 1/31/202					
				4 - 2/29/202					
				4 - 3/31/202					
Analyte		Monitoring Requirement (Su		-	ting Limit			Samples I	Req/Month
Orthophos	-	Entry Point Phosphate Monit			um: 1.5 N	-			2
Start Date:	8/31/2021			nce History		-	ting Limit	Monito	-
				ing Period		Comp	liance Statu	s: Compli	ance Status:
				23 - 11/30/2			Y		
				23 - 12/31/2			Y		
				4 - 1/31/202 1 - 2/20/202			Y		
			2/1/202	4 - 2/29/202	<b>∠</b> 4		Y		

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source **NEWINGTON VA MEDICAL CENTER-BUILDING 2E** F СТ0949073 NTNC 335 SWP Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 555 WILLARD AVE 1 Towns Served: NEWINGTON Water System Facility: TREATMENT PLANT (WSFID: 00700) **Monitoring Requirement (Summary Type) Operating Limit** Samples Reg/Month Analyte Entry Point Phosphate Monitoring (PHOS) Orthophosphate Minimum: 1.5 MG/L 2 Start Date: 8/31/2021 **Compliance History:** Monitoring **Operating Limit Monitoring Period Compliance Status: Compliance Status:** 3/1/2024 - 3/31/2024 **Other Compliance Schedules** Achieved Date Compliance Schedule Activity Date

compliance schedule Activity	Due Dule	Acmeveu Dute	
CROSS CONNECTION SURVEY REPORT	3/1/2021		
CROSS CONNECTION SURVEY REPORT	3/1/2022		
CROSS CONNECTION SURVEY REPORT	3/1/2023		
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	12/31/2023	3/10/2023	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	12/31/2023	3/10/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024		
CCTS 6: PWS MONITOR AFTER OCCT INSTALL	6/30/2024		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2024		
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024		
COMPLETE INITIAL LSL INVENTORY	10/16/2024		

	Wat	er System Facili	ity and Sampling P	oint Ir	ventor	'Y		
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	2E-1103	FLOOR 1 MENS BATH 1	А	Y	2	Y	Y
		2E-1105	FLOOR 1 MENS BATH 2	А		2		
		2E-1112	RECEPTION BATH	А		2		
		2E-1180	WALK-IN BATH	А		2		
		2E-1198B	WAITING ROOM MENS	А		2		
		2E-2113	BLDG #2E 2ND FLOOR	А	Y	2	Y	Υ
		2E-2136B	DERMATOLOGY BATH	А		2		
		2E-2148	BREAK ROOM SINK	А		2		
		2E-2154	FLOOR 2 STAFF BATH	А		2		
		2E-2155	FLOOR 2 PATIENT BATH	А		2		
		2E-3103	FLOOR 3 BATH 1	А		2		
		2E-3107	FLOOR 3 BATH 2	А		2		
		2E-4100B	BENEFITS MENS BATH	А		2		
		2E-4111	BLDG #2E EXEC DINING	А	Y	2	Y	Y
		2E-B109	BASEMENT MENS BATH	А		2		
		2E-B118	LAB SINK	А		2		
		2E-B130	BLDG 2E BSMT LOCKER	А	Y	2	Y	Y
		2E-B130A	2E-B130A	А	Y			
		2E-B131A	2E-B131A	А	Y			
		2E-B135B	BLDG #2E PO4/ZN	А	Y	2	Y	Y

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

PWS ID	PWS Name		-			Cla	ssification	Population	Owner Type	Primary Source
СТ0949073	NEWINGTON VA MED	ICAL CE	NTER-BUILDIN	G 2E			NTNC	335	F	SWP
Local Address (	where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
555 WILLARD A	VE			Connections			1			

Towns Served: NEWINGTON

		Water Sy	/stem Facili	ity and S	Sampling P	oint Ir	vento	ry		
Water							Total	Lead and		
System I	Nater System Facility	·	Sampling Point	Sampling	Point		Coliform	Copper		Stage
Facility ID			ID	Descriptio	n	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
			4	DISTRIBUT	TION SYSTEM	А	Y			
			CAFE1	SERVING H	HAND SINK	А		2		
			CORR C2-3	HALLWAY	HANDSINK	А		2		
			DOWNSTREAM	WITHIN 5	SERVICE CON	А				
			UPSTREAM	WITHIN 5	SERVICE CON	А				
00700	REATMENT PLANT		3	TREATME	NT PLANT	А				
	NTERCONNECTION - CT0640011 - MDC									
			Certified	Operate	or Informa	tion				
Water Syst	em Facility: TREA		NT (WSF ID: 0	0700)						
Facility Clas	sification: CLASS 1 TH	REATMENT PI	LANT							Certification
Operator N	ame		<b>Operator</b> Typ	е	Certification(	's)		Expiration		
KILBOURN,	ERIC M.		CHIEF OPERATO	DR	DISTRIBUTION	<b>SYSTEM</b>		12/31/2025		
					WATER TREAT	IMENT P	LANT OPE	RATOR - CL	ASS II	12/31/2025
			Con	tact Inf	ormation					
Name			0	rganization					Job Title	
Dr. John J. (	Callahan			-	care System		Ass	oc Director		
Mailing Add	lress Line One		Mailing Addres	s Line Two			C	ity	State	Zip Code
950 Campb			M.S. 001			We	est Haven		СТ	06516
Business	Phone Extension	Fax	Mobi	le Phone	Emergency P	hone Em	ail Addre	SS		
203-932-	5711 3888	203-934-4	1795					in@va.gov		
Contact Rol	e(s): Administrative	Contact, Leg	al Contact		1	I				
Please note	the following:									
1 The resid	fual disinfectant concern	tration must b	o moscurad at the	o como locat	ion and time as a	ach total	coliform cr	amplo		

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

2. 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 3. 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

		Water Quali	ty Montorn.	ig and	LCOID	ipi	lance	<b>SC</b>	neaui	e		
WS ID	PWS Nam			0							ner Type P	rimary Sour
CT0949053	NEWINGT	ON VA MEDICAL CEN	ITER-BUILDING 1				NTNC		110		F	SWP
ocal Address (w	here appli	cable)	Servi	ce	Resident	tial	Commer	cial	Industria	al	Combined	Agricultu
55 WILLARD AV	/E		Conn	nections			1					
owns Served: N	IEWINGTO	N										
			Monitoring	g Requ	ireme	nts						
Vater System	Facility:	DISTRIBUTION SYS	TEM (WSF ID: 006	500)								
Asbestos (109	94)								1 ro	utir	ne (RT) pei	r nine yea
Sampling P	oint (Sam	oling Point ID)		1	Monitoriı	ng P	eriod	Colle	ection Per	riod	Compli	ance Statu
Select from	Inventory	of Active Sampling P	oints		1/1/20 - 1	12/3	31/28					
Total Coliform	(3100)								1	rou	utine (RT)	per quarte
Sampling P	oint (Sam	oling Point ID)			Monitorii	ng P	eriod	Colle	ection Pe	riod	Compli	ance Statu
Select from	Inventory	of Active Sampling P	oints	1	.0/1/23 -							mplete
					1/1/24 -						Со	mplete
					4/1/24 -							
					7/1/24 -	9/30	0/24					
Lead And Cop	• •	•									e (RT) per	
		oling Point ID)			Monitorii	-		Colle	ection Pe	riod		ance Statu
Select from	Inventory	of Active Sampling P	oints		7/1/23 - 1							mplete
					1/1/24 -						Со	mplete
					7/1/24 - :	12/3	31/24					
Physical Paran	-	•				_					utine (RT)	
		oling Point ID)	• •		Monitorii	_		Colle	ection Per	riod		ance Statu
Select from	Inventory	of Active Sampling P	oints	1	.0/1/23 -							mplete
					1/1/24 -						Co	mplete
					4/1/24 -							
Matax Custom					7/1/24 -	9/30	0/24					
		TREATMENT PLAN	1 (WSF ID: 00700)						1		e (DT) men	
Lead And Cop	• •	U) oling Point ID)			Monitoriı	na D	ariad	Colle	L rou			six month ance Status
TREATMEN					7/1/23 - :	-		COIle	cuon Per	100		mplete
INLATIVILIN	•	•							•			mpiete
		hthly Water Sys		WSF) L	eveiiv	ion	litoring	g Re	equire	me	nts	
	Facility:	REATMENT PLAN			0		a Lineth				Comulas D	
Analyte	aata		ement (Summary Ty	pe)	-		ng Limit				Samples R	-
Orthophosph		<spaces> ( )</spaces>		Comelia			m: 3.0 M				2	
Start Date:	8/1/2021			-	nce Histo ng Perio	-		-	iting Limi		Monitor	ring Ince Status
					ng Period 23 - 11/30			omp	liance Sta	atus	: compila	ince Status
					23 - 11/30							
					- 1/31/2							
					- 1/31/2 - 2/29/2							
					+ - 2/29/2 + - 3/31/2							
				J/ 1/ 2024	- 2/21/2	.024						

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

		water Q		ring an		цЫ	lance	, <u>J</u> C	ncuu	C		
PWS ID	PWS Na	me				Cla	ssificatio	n Po	pulation	Own	er Type P	rimary Sourc
СТ0949053	NEWING	GTON VA MEDIO	CAL CENTER-BUILDING	1			NTNC		110		F	SWP
Local Address	s (where app	olicable)	S	Service	Residen	itial	Comme	rcial	Industri	al	Combined	Agricultura
555 WILLARD	) AVE		(	Connections			1					
Towns Served	d: NEWINGT	ON						·		÷		
Water Syste	em Facility:	TREATMENT	PLANT (WSFID: 007	00)								
Analyte		Monitoring I	Requirement (Summar	y Type)	Ope	ratir	ng Limit			9	Samples R	eq/Month
Orthopho	osphate	Entry Point P	Phosphate Monitoring	(PHOS)	Min	imur	m: 1.5 N	1G/L			2	2
Start Date	e: 8/31/202	21		Complia	ance Hist	ory:		Opera	ating Lim	it	Monito	ing
				Monitor	ing Perio	d			liance St		Complia	nce Status:
				11/1/20	23 - 11/3	0/20	)23		Y			
				12/1/20	23 - 12/3	1/20	)23		Y			
				1/1/202	4 - 1/31/2	2024	ł		Y			
				2/1/202	4 - 2/29/	2024	ł		Y			
				3/1/202	4 - 3/31/2	2024	ł					
			Other Co	mpliance	Schec	dule	es					
Compliance S	Schedule Ac	tivity				Due	Date		Achie	ved L	Date	
CCTS 6: PWS	MONITOR A	FTER OCCT INST	ΓALL									
CROSS CONN	IECTION SUF	VEY REPORT				3/1/	2021					
CROSS CONN	IECTION SUF	<b>VEY REPORT</b>				3/1/	2022					
CROSS CONN	IECTION SUF	<b>NVEY REPORT</b>				3/1/	2023					
CROSS CONN	IECTION SUF	<b>NVEY REPORT</b>				3/1/	2024					
SUBMIT LEAD	D CONSUME	R NOTICE CERTI	FICATE		ç	9/28,	/2024					
SUBMIT LEAD	O SERVICE LI	NE INVENTORY			1	0/16	6/2024					
COMPLETE IN	NITIAL LSL IN	IVENTORY			1	0/16	6/2024					
		Wate	er System Facilit	y and Sar	npling	Po	int Inv	vent	ory			
Water								Tota				
System W	later System	n Facility	Sampling Point S	ampling Poi	nt		0	Colifor	rm Cop	per		Stage

Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBP
DISTRIBUTION SYSTEM	1-305	BLDG 1/3RD FLOOR	А	Y	2	Y	Y	
	1-311	3RD FLOOR	А	Y	2	Y	Y	
	1-338	RESTROOM WAITING	А	Y	2	Y	Y	
	1-340	STAFF BATH	А	Y	2	Y	Y	
	1-414B	BLDG 1/4TH FLOOR	А	Y	2	Y	Y	
	1-416B	1-416B	А	Y	2	Y	Y	
	1-508	WOMEN'S BATH	А	Y	2	Y	Y	
	1-509	BLDG 1/5TH FLOOR	А	Y	2	Y	Y	
	1N-118	STAFF BATH	А	Y	2	Y	Y	
	1N-169	1N-169	А	Y				
	1N-227	BATH/2ND FLOOR N	А	Y	2	Y	Y	
	1N-305	1N-305	А	Y				
	1N-414A	1N-414A	А	Y				
	1S-166	BLDG 1 PO4/ZN/1FL	А	Y	2	Y	Y	
	1S-169	BATH/1ST FLOOR S	А	Y	2	Y	Y	
	1S-178	BLDG1 PO4/ZN	А	Y	2	Y	Y	
	1S-263	WOMEN'S ROOM	А	Y	2	Y	Y	
	1S-272	BLDG 1/2ND FLOOR	А	Y	2	Y	Y	
	)	ID   DISTRIBUTION SYSTEM 1-305   1-311 1-338   1-340 1-414B   1-416B 1-508   1-509 1N-118   1N-169 1N-227   1N-305 1N-414A   1S-166 1S-169   1S-178 1S-263	IDDescriptionDISTRIBUTION SYSTEM1-305BLDG 1/3RD FLOOR1-3113RD FLOOR1-3113RD FLOOR1-338RESTROOM WAITING1-340STAFF BATH1-414BBLDG 1/4TH FLOOR1-416B1-416B1-416B1-416B1-508WOMEN'S BATH1-509BLDG 1/5TH FLOOR1N-118STAFF BATH1N-1691N-1691N-227BATH/2ND FLOOR N1N-3051N-3051N-414A1N-414A1S-166BLDG 1 PO4/ZN/1FL1S-169BATH/1ST FLOOR S1S-178BLDG1 PO4/ZN1S-263WOMEN'S ROOM	IDDescriptionStatusDISTRIBUTION SYSTEM1-305BLDG 1/3RD FLOORA1-3113RD FLOORA1-3138RESTROOM WAITINGA1-340STAFF BATHA1-414BBLDG 1/4TH FLOORA1-416B1-416B1-416B1-508WOMEN'S BATHA1-509BLDG 1/5TH FLOORA1N-118STAFF BATHA1N-1691N-169A1N-227BATH/2ND FLOOR NA1N-3051N-305A1N-414A1N-414AA1S-166BLDG 1 PO4/ZN/1FLA1S-178BLDG1 PO4/ZNA1S-263WOMEN'S ROOMA	IDDescriptionStatusRuleDISTRIBUTION SYSTEM1-305BLDG 1/3RD FLOORAY1-3113RD FLOORAY1-338RESTROOM WAITINGAY1-340STAFF BATHAY1-414BBLDG 1/4TH FLOORAY1-416B1-416BAY1-509BLDG 1/5TH FLOORAY1N-118STAFF BATHAY1N-1691N-169AY1N-227BATH/2ND FLOOR NAY1N-3051N-305AY1N-414A1N-414AAY1S-166BLDG 1 PO4/ZN/1FLAY1S-178BLDG1 PO4/ZNAY1S-263WOMEN'S ROOMAY	IDDescriptionStatusRuleRule TierDISTRIBUTION SYSTEM1-305BLDG 1/3RD FLOORAY21-3113RD FLOORAY21-3113RD FLOORAY21-338RESTROOM WAITINGAY21-340STAFF BATHAY21-414BBLDG 1/4TH FLOORAY21-416B1-416BAY21-508WOMEN'S BATHAY21-509BLDG 1/5TH FLOORAY21N-118STAFF BATHAY21N-1691N-169AY21N-3051N-305AY21N-414A1N-414AAY21S-166BLDG 1 PO4/ZN/1FLAY21S-178BLDG1 PO4/ZNAY21S-263WOMEN'S ROOMAY2	IDDescriptionStatusRuleRule TierAsbestosDISTRIBUTION SYSTEM1-305BLDG 1/3RD FLOORAY2Y1-3113RD FLOORAY2Y1-338RESTROOM WAITINGAY2Y1-340STAFF BATHAY2Y1-414BBLDG 1/4TH FLOORAY2Y1-416B1-416BAY2Y1-508WOMEN'S BATHAY2Y1-509BLDG 1/5TH FLOORAY2Y1N-118STAFF BATHAY2Y1N-1691N-169AY2Y1N-27BATH/2ND FLOOR NAY2Y1N-3051N-305AY2Y1S-166BLDG 1 PO4/ZN/1FLAY2Y1S-169BATH/1ST FLOOR SAY2Y1S-169BATH/1ST FLOOR SAY2Y1S-163WOMEN'S ROOMAY2Y	IDDescriptionStatusRuleRule TierAsbestosWQPDISTRIBUTION SYSTEM1-305BLDG 1/3RD FLOORAY2YY1-3113RD FLOORAY2YY1-338RESTROOM WAITINGAY2YY1-340STAFF BATHAY2YY1-414BBLDG 1/4TH FLOORAY2YY1-416B1-416BAY2YY1-508WOMEN'S BATHAY2YY1-509BLDG 1/5TH FLOORAY2YY1N-118STAFF BATHAY2YY1N-1691N-169AY2YY1N-1691N-169AY2YY1N-3051N-305AY2YY1N-414A1N-414AAY2YY1S-166BLDG 1 PO4/ZN/1FLAY2YY1S-169BATH/1ST FLOOR SAY2YY1S-169BATH/1ST FLOOR SAY2YY1S-178BLDG1 PO4/ZNAY2YY1S-263WOMEN'S ROOMAY2YY

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

		C	<u> </u>	0		1			1	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0949053	NEWINGTON VA MEI	DICAL CE	NTER-BUILDING	61			NTNC	110	F	SWP
Local Address	where applicable)			Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
555 WILLARD /	AVE			Connections			1			

**Towns Served: NEWINGTON** 

TOWINS SELVE												
	,	Water Sy	stem Facil	ity and S	ampling Po	oint	Invent	ory				
Water							Tota	I Lead	and			
System V	/ater System Facility	S	Sampling Point	Sampling	Point		Colifor	т Сорр	per		St	tage
Facility ID			ID	Descriptio	n	Statu	is Rule	e Rule	Tier	Asbestos	WQP 2	DBP
			4	DISTRIBUT	ION SYSTEM	Α						
		I	DOWNSTREAM	WITHIN 5	SERVICE CON	А						
			IN-305	IN-305		Α	Y					
			IN-414A	IN-414A		Α	Y					
			IN-509	IN-509		Α	Y					
			IS-272	IS-272		А	Y					
			UPSTREAM	WITHIN 5	SERVICE CON	А						
00700 TI	REATMENT PLANT		3	TREATMEN	IT PLANT	А						
58542 IN	ITERCONNECTION -											
C <sup>-</sup>	T0640011 - MDC											
			Certified	Operato	or Informat	ion						
Water Syste	em Facility: TREAT	MENT PLA	NT (WSF ID: 0	0700)								
Facility Class	ification: CLASS 1 TR	EATMENT PL	ANT								Certifica	itior
Operator Na	me		<b>Operator</b> Typ	e	Certification(s	)					Expira	tion
KILBOURN, E	RIC M.		CHIEF OPERATO	OR	DISTRIBUTION	SYSTE	M OPER	ATOR - CL	ASS I		12/31/2	2025
					WATER TREAT	MENT	PLANT O	PERATOR	- CL	ASS II	12/31/2	2025
			Con	tact Info	ormation							
Name			0	rganization						Job Title		
Dr. John J. C	allahan			a CT Healtho	are System		F	Assoc Dire	ector			
Mailing Addr	ess Line One		Mailing Addres		,			City		State	Zip Coc	le
950 Campbe			M.S. 001			v	Vest Hav			СТ	06516	
Business P		Fax		ile Phone	Emergency Ph	one E	mail Add	lress		-		
203-932-5		203-934-4						han@va.	gov			
	(s): Administrative C				ļ							

#### Please note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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

Conne	ecticut Department of Pu	ublic Health Drink	ing Water Se	ction
	Water Quality Monitor	ing and Compliand	ce Schedule	
PWS ID PWS Nam				er Type Primary Source
CT0949063 NEWING	TON VA MEDICAL CENTER-BUILDING 20			F SWP
Local Address (where appl		rvice Residential Comm	nercial Industrial	Combined Agricultura
555 WILLARD AVE		nnections	1	
Towns Served: NEWINGTO	DN			
	Monitori	ng Requirements		
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 0	<u> </u>		
Asbestos (1094)			1 routine	e (RT) per nine years
Sampling Point (Sam	pling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory	of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)			1 rou	tine (RT) per quarter
Sampling Point (Sam	pling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
	of Active Sampling Points	10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Lead And Copper (PBC	:U)		5 routine	(RT) per six months
Sampling Point (Sam	pling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory	of Active Sampling Points	7/1/23 - 12/31/23		Complete
		1/1/24 - 6/30/24		Complete
		7/1/24 - 12/31/24		
<b>Physical Parameters (I</b>	PPS)		1 rou	tine (RT) per quarter
Sampling Point (Sam	pling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory	<pre>v of Active Sampling Points</pre>	10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Мо	nthly Water System Facility	(WSF) Level Monitor	ing Requiremer	its
Water System Facility:	DISTRIBUTION SYSTEM (WSFID: 00	)600)		
Analyte	Monitoring Requirement (Summary 7	Type) Operating Limit	it S	amples Req/Month
Orthophosphate	<spaces> ( )</spaces>	Maximum: 3.0	MG/L	2
Start Date: 7/1/2018		Compliance History:	<b>Operating Limit</b>	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		11/1/2023 - 11/30/2023		
		12/1/2023 - 12/31/2023		
		1/1/2024 - 1/31/2024		
		2/1/2024 - 2/29/2024		
		3/1/2024 - 3/31/2024		
Mator System Facility	TDEATMENT DI ANT ANCEID. 00700	1		
	TREATMENT PLANT (WSFID: 00700	-		Secondaria de la constante
Analyte	Monitoring Requirement (Summary 1	Type) Operating Lim		Samples Req/Month
Analyte Orthophosphate		Type)Operating LimitHOS)Minimum: 1.5	MG/L	2
Analyte	Monitoring Requirement (Summary 1	Type) Operating Limit HOS) Minimum: 1.5 Compliance History:	MG/L Operating Limit	2 Monitoring
Analyte Orthophosphate	Monitoring Requirement (Summary 1	Type) Operating Limi HOS) Minimum: 1.5 Compliance History: Monitoring Period	MG/L Operating Limit Compliance Status:	2
Analyte Orthophosphate	Monitoring Requirement (Summary 1	Type)Operating LimitHOS)Minimum: 1.5Compliance History:Monitoring Period11/1/2023 - 11/30/2023	MG/L Operating Limit Compliance Status: Y	2 Monitoring
Analyte Orthophosphate	Monitoring Requirement (Summary 1	Type) Operating Limi HOS) Minimum: 1.5 Compliance History: Monitoring Period	MG/L Operating Limit Compliance Status:	2 Monitoring

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

		Water Qu	ality Monit	oring an	d Con	ipliai	nce S	chedu	le		
PWS ID	PWS Nam	ne				Classific	cation	Population	Own	ner Type Pr	imary Sourc
СТ0949063	NEWING	FON VA MEDICA	L CENTER-BUILDIN	G 2C		NTN	١C	80		F	SWP
Local Address	(where appl	icable)		Service	Residen	itial Cor	nmercia	l Industr	ial	Combined	Agricultura
555 WILLARD	AVE			Connections			1				
Towns Served:	NEWINGTO	DN									
Water Syster	n Facility:	TREATMENT PI	ANT (WSFID: 00	)700)							
Analyte		Monitoring Re	quirement (Summ	ary Type)	Оре	rating Li	mit		9	Samples Re	eq/Month
Orthophos	phate	Entry Point Pho	sphate Monitoring	g (PHOS)	Min	imum: 1	5 MG/I	_		2	
Start Date:	7/6/2018			Complia	nce Hist	ory:	Оре	erating Lim	it	Monitor	ing
				Monitor	ing Perio	d		npliance St		Complia	nce Status:
				2/1/202	4 - 2/29/2	2024		Y			
				3/1/202	4 - 3/31/2	2024					
Analyte		Monitoring Re	quirement (Summ	ary Type)	Оре	rating Li	mit			Samples Re	eq/Month
Orthophos	phate	<spaces> ( )</spaces>			Max	kimum: 3	3.0 MG/	L		2	
Start Date:	7/6/2018				nce Hist	-	Оре	erating Lim	it	Monitor	-
					ing Perio		Con	npliance St	tatus:	Complia	nce Status:
					23 - 11/3						
					23 - 12/3						
					4 - 1/31/2						
					4 - 2/29/2						
				3/1/202	4 - 3/31/2	2024					
			Other C	ompliance	Schec	lules					
Compliance So	hedule Acti	vity				Due Dat	е	Achie	eved L	Date	
CROSS CONNE	CTION SURV	/EY REPORT				3/1/202	1				
CROSS CONNE	CTION SURV	/EY REPORT				3/1/202	2				
CROSS CONNE	CTION SURV	/EY REPORT				3/1/202	3				
CROSS CONNE	CTION SURV	/EY REPORT				3/1/202	4				
SUBMIT LEAD	CONSUMER	NOTICE CERTIFIC	CATE		ç	9/28/202	24				
SUBMIT LEAD	SERVICE LIN	E INVENTORY			1	0/16/20	24				
COMPLETE INI	TIAL LSL INV	'ENTORY			1	0/16/20	24				
		Water	System Facil	ity and Sar	npling	Point	Inver	ntory			
Water			-				То	tal Lead	and		
	ter System l	Facility	Sampling Point		nt		Colif	form Cop	per		Stag
Facility ID			ID	Description		Stat	tus Ri	ile Rule	Tier	Asbestos	WQP 2 DBI

	Water System Facility	Sampling Point ID	Sampling Point		Coliform	Copper	Achastas	Stage
Facility ID		U	Description	<u>Status</u>	Rule	Rule Her	Aspestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	2C-1132	2C 2ND FLOOR/1	А	Y	2	Y	Y
		2C-1161	2C PO4/ZN	А	Y	2	Y	Y
		2C-202	BLDG #2C 2ND FL/1	А	Y	2	Y	Y
		2C-2106	2C 2ND FLOOR/3	А	Y	2	Y	Y
		2C-2109	2C 2ND FLOOR/3	А	Y	2	Y	Y
		2C-2135	BLDG #2C 2ND FL/2	А	Y	2	Y	Y
		2C-2136	2C 2ND FLOOR/2	А	Y	2		
		2C-2137	2C-2ND FLOOR/2	А	Y	2	Y	Y
		2C-3127	2C 3RD FLOOR	А	Y	2	Y	Y
		4	DISTRIBUTION SYSTEM	А				
		DOWNSTREAM	WITHIN 5 SERVICE CON	А				
		UPSTREAM	WITHIN 5 SERVICE CON	А				
00700	TREATMENT PLANT	3	TREATMENT PLANT	А				

PWS ID PV	PWS Name				Classification Population Owner Type Primary S						
CT0949063 NE	WINGTON VA	MEDICAL CE	NTER-BUILDIN	G 2C	۲ <u>C</u>		IC	80	F	SWP	
Local Address (whe	re applicable)		Service		Residenti	ntial Commercial		I Industrial	Combined	d Agricultura	
555 WILLARD AVE			Connections			1					
Towns Served: NEV	VINGTON										
		Water Sy	stem Facil	ity and Sa	ampling F	Point	Inver	ntory			
Water System Water System Facility Facility ID 58542 INTERCONNECTION - CT0640011 - MDC			Sampling Point Sampling Point ID Description St			Stat	Tot Colife <sub>Cus</sub> Ru	orm Coppe	er	Stage WQP 2 DBP	
			Certified	Operato	r Informa	ation					
Water System Fa	cility: TREAT	MENT PLAP		•							
Facility Classification										Certification	
Operator Name			Operator Type Certificat			(s)	Expiration				
KILBOURN, ERIC M.			CHIEF OPERATOR DISTRIBUTI			TION SYSTEM OPERATOR - CLASS I				12/31/2025	
				WATER TREATMENT PLANT OPERATOR - CLASS II					12/31/2025		
			Cor	tact Info	rmation						
Name				Organization				Job Title			
Dr. John J. Callahar	ı		Va CT Healthcare System				Assoc Director				
Mailing Address Lin	e One	Mailing Address Line Two				City		State	Zip Code		
950 Campbell Aven	ue	M.S. 001				West Haven		СТ	06516		
Duration and Discourse	Extension	Fax	Mob	ile Phone	Emergency F	hone	Email Address				
Business Phone	203-932-5711 3888 203-934-4		4795				John.Callahan@va.gov				
	dministrative	Contact, Lega	ll Contact								

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