

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	Agricultural
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20			
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20			
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete	
	1/1/20 - 12/31/20			
	1/1/21 - 12/31/21			

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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.

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	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 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	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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/31/2017	

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				
21624	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Mr. O.C. Shah		Hi-View Hotel/Plymouth Lodge			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
697 Berlin Tpke						Newington	CT	06037
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-828-9200		860-828-4402		860-258-3834				

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

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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						
Contact Role(s): Administrative Contact, Legal Contact, Owner						

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

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							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Minimum: 0.3 MG/L	2
Start Date: 12/1/2013	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

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	

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
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555 WILLARD AVE				2			
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				
		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
HARKINS, STUART A.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2022
WITTENZELLNER, ROBERT	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2021

Contact Information

Name			Organization			Job Title		
Mr. Gregory R. Lalka			Va CT Healthcare System			Site Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
555 Willard Avenue						Newington	CT	06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-666-6832	6596	860-667-6764		203-494-3139	gregory.lalka@va.gov			

Contact Role(s): **Administrative Contact**

Name			Organization			Job Title		
Mr. John I. Callahan			Va CT Healthcare System			Assoc 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			John.Callahan@va.gov			

Contact Role(s): **Legal Contact**

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