С	onnectic	ut Depa	rtmen	t of	f Public	Health	Drir	nking	g W	ater Se	ction	
	Wa	ter Qua	lity Mo	onit	oring a	nd Com	plia	nce	Sch	edule		
PWS ID PV	VS Name	C C			0						ner Type	Primary Sou
сто940014 GC	OSPEL HALL						N			25	P	GW
Local Address (whe	re applicable)				Service	Resident	ial Co	mmerci	ial Ir	ndustrial	Combine	d Agricultu
345 EAST CEDAR ST	REET				Connectio	ns		1				
Towns Served: NEV	VINGTON				4					1		
			Мо	onite	oring Re	quireme	nts					
Water System Fac	cility: DISTR	IBUTION SY	YSTEM (V	VSF I	D: 00600)							
Total Coliform (3100)									1 rou	itine (RT) per quart
Sampling Poir	nt (Sampling P	oint ID)				Monitori	ng Perio	od C	ollect	ion Period	Сотр	liance Statu
Select from In	ventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			C	Complete
						10/1/19 -	12/31/	19			(Complete
						1/1/20 -	3/31/2	0				
						4/1/20 -	6/30/2	0				
						7/1/20 -	9/30/2	0				
Physical Parame										1 rou	-) per quart
Sampling Poir						Monitori	-		ollect	ion Period	Сотр	liance Statı
Select from In	ventory of Act	ive Sampling	Points			7/1/19 -						Complete
						10/1/19 -					C	Complete
						1/1/20 -						
						4/1/20 -						
	_					7/1/20 -	9/30/2	.0				
Water System Fac		Y POINT (W	VSF ID: 00	700)								
Nitrate And Nitr	• •											(RT) per ye
Sampling Poir		oint ID)				Monitori	-		ollect	ion Period		liance Statu
ENTRY POINT	(3)					1/1/19 - 1					(Complete
						1/1/20 - 1						
						1/1/21 - 1						
		Water Sy	ystem F	acili	ity and S	ampling	Point	t Inve	ento	ry		
Water				_					otal	Lead and		
	ystem Facility		Sampling I ID	Point	Sampling Description				iform		Achasta	Sta
							Sta	lus	Rule	Rule Her	ASDESIO	s WQP 2 DI
00600 DISTRIB	UTION SYSTEM		4			ION SYSTEM	A A		Y			
			UPSTRE									
						SERVICE CON						
00700 ENTRY P			3		ENTRY POI		4					
21623 WELL			2		WELL		A	4				
61489 TREATM	IENT PLANT			•								
				Con	tact Info	ormation						
Name				0	rganization						Job Title	
Gospel Hall												
Mailing Address Lin	ne One		Mailing Ad	ddres	s Line Two					ity	State	Zip Code
345 East Cedar St								Newin	-		СТ	06111
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email /	Addre	SS		
Contract Dala(-)												
Contact Role(s): O	wner											
NOTE: This information	has been provide	d to help owne	rs and opera	tors of	public water s	ystems maintai	n compli	iance witl	h drinki	ing water aud	lity monitor	ing requireme
NOTE: This information Any inaccuracies contai	ined herein will no	-		-	-	-						ing require

Schedule Generation Date: 3/10/2020

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

	-		-)	O		1			-			
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source		
СТ0940014	GOSPEL HALL						NC	25	Р	GW		
Local Address (w	here applicable)			Service	Service Resider		Commerci	al Industri	al Combin	ed Agricultural		
345 EAST CEDAR STREET				Connecti	ons		1					
Towns Served: N	EWINGTON											
Name				Organizatior	า			Job Title				
Mr. William Bres	scia			Gospel Hall								
Mailing Address	Line One		Mailing Addr	ress Line Two				City	State	Zip Code		
345 East Cedar S	treet						Newin	gton	СТ	06111		
Business Phone	e Extension	Fax	Mo	bile Phone	Emerger	ncy Pho	one Email	Email Address				
860-604-7305							wbres	cia@me.con	า			
Contact Role(s):	Administrative	Contact, Leg	gal Contact, O	wner	ż							
Please note the	following:											
1. The residual d	isinfectant concent	ration must b	be measured at	the same loca	tion and tim	e as ea	ch total colif	orm 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

	Connecticu	t Denartme	nto	f Public	Health		rinki	ησΜ	Vator	- 50	ction		
		er Quality M						<u> </u>			cuon		
PWS ID	PWS Name					-	ssificati			1	ner Type P	rimary Source	
СТ0940024	HI-VIEW MOTEL						NC		25		Р	GW	
Local Address (where applicable)			Service	Resider	ntial	Comm	ercial	Industr	ial	Combined	Agricultural	
2273 BERLIN TU	JRNPIKE			Connectio	ns		1						
Towns Served:	NEWINGTON												
		Γ	1onit	oring Re	quireme	ents							
Water System	Facility: DISTRIB	UTION SYSTEM	(WSF I	D: 00600)									
Total Colifor	• •	at (D)			Manitar	in a D	oriod	Calla				per quarter	
	Point (Sampling Point m Inventory of Active				<i>Monitor</i> 7/1/19	_		Colle	ction Pe	erioa		iance Status	
Select Iron	n inventory of Active	e Sampling Points			10/1/19		-					omplete	
					1/1/20							mpiete	
					4/1/20								
					7/1/20								
Physical Para	meters (PPS)				., _, _, _,	.,	,			1 rou	tine (RT)	per quarter	
-	Point (Sampling Poi	nt ID)			Monitor	ing P	eriod	Colle	ction Pe			iance Status	
	m Inventory of Active				7/1/19						Co	omplete	
					10/1/19	- 12/3	31/19				Co	omplete	
					1/1/20	- 3/32	1/20						
					4/1/20	- 6/30	0/20						
					7/1/20	- 9/30	0/20						
Water System	Facility: ENTRY	POINT (WSF ID:	00700)										
	Nitrite (NOX)										-	RT) per year	
	Point (Sampling Point	nt ID)		Monitoring Period				Colle	ction Pe	eriod	Compliance Status		
ENTRY PO	INT (3)			1/1/19 - 12/31/19							Co	omplete	
					1/1/20 -								
				P	1/1/21 -		•						
		Ot	ner C	omplian									
Compliance Scl						Due			Achie	eved I	Date		
RESPOND TO SA	ANITARY SURVEY						/2017						
	V	Vater System	Facil	ity and S	ampling	; Po	int In	vent	ory				
Water								Total				_	
	ter System Facility	Samplin IL	-	Sampling I Description				Colifor	-		Achactas	Stage WQP 2 DBPF	
Facility ID 00600 DIST	RIBUTION SYSTEM	4		-	n ION SYSTEN		<u>Status</u> A	Rule Y	RUIE	iler	ASDESIOS	WQr Z UBPH	
				WITHIN 5 S			A	ř					
		UPSTF			SERVICE CO		A						
00700 ENT	RY POINT	3		ENTRY POI		••	A						
21624 WEL	-	2		WELL			A						
		-		itact Info	rmation	1							
Name					matiol	•					Job Title		
Name Mr. O.C. Shah				rganization i-View Hotel	/Plymouth	loda	Δ	ח	residen	+	JOD LITIE		
Mailing Addres	s Line One	Mailing		s Line Two	riymouth	LOUG	C		City	L	State	Zip Code	
697 Berlin Tpke		wannig	raules	S LINE I WU			Nev	wingtor			CT	06037	
Business Pho		Fax	Mobi	ile Phone	Emergency	v Pho						00007	
860-828-920		860-828-4402		2	860-258								

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. Schedule Generation Date: 3/10/2020

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

			0									
ΡW	/S ID	PWS Name					Population	Owner Type	Primary Source			
СТ	0940024	HI-VIEW MOTEL		NC	25	Р	GW					
Local Address (where applicable) Service Reside						Commerci	al Industri	al Combine	ed Agricultural			
22	73 BERLIN TU	RNPIKE			1							
То	Towns Served: NEWINGTON											
Со	ntact Role(s):	Administrative Contact, Legal Contact, Own	er									
Ple	ase note the	following:										
1.	The residual d	lisinfectant concentration must be measured at the	same location	and time a	as ead	ch total colif	orm sample.					
2.	If a Collection	Period is specified, all water quality samples must	be collected dur	ing the sp	ecifie	ed period.						
3.	Depending on	results, additional monitoring may be required (i.e	. repeat or conf	irmation s	samp	les). This sc	hedule is subj	ect to change,	and any related			
	corresponden	ce sent by the DWS on or after the generation date	of this schedul	e will have	e pre	cedence ove	r what is cont	tained in this so	hedule.			
	If you have any questions, please contact the Drinking Water Section at (860) 509-7333.											

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Com	tion t D	o where out of	CD			- TA	John C	a atta			
		·	artment of				<u> </u>		ection			
	I	Water Qua	ality Monit	coring an	d Comp	olianc	e Scł	nedule				
PWS ID	PWS Name				C	lassificati	on Pop	oulation O	wner Type	rimary Source		
СТ0949074	NEWINGTO	N VA MEDICAL	CENTER-BLDGS 3	& 42		NC		43	F	SWP		
Local Address	(where applica	able)		Service	Residentia	al Comm	ercial	Industrial	Combined	Agricultural		
555 WILLARD A	AVE			Connections		2						
Towns Served:	NEWINGTON					·				·		
			Monit	oring Requ	uirement	ts						
		ISTRIBUTION	SYSTEM (WSF I									
Total Colifor	• •									per quarter		
	Point (Sampl				Monitoring		Colle	ction Perio		iance Status		
Select fro	m Inventory o	f Active Samplir	ng Points		7/1/19 - 9,					omplete		
					10/1/19 - 1					omplete		
					1/1/20 - 3,				Co	omplete		
					4/1/20 - 6,							
DI 1 1-		c \			7/1/20 - 9,	/30/20						
Physical Para	-	-			Monitori	Deviced	C-11			per quarter		
	Point (Sample		a Dointa		Monitoring		Colle	ction Perio		iance Status		
Select fro	in inventory o	f Active Samplir	ig Points		7/1/19 - 9, 10/1/19 - 1					omplete		
							Complete Complete					
					1/1/20 - 3					ompiete		
					4/1/20 - 6							
			~ · _ ·		7/1/20 - 9,		-	•				
	IVION	thly Water	System Facil	ity (WSF)	Level IVI	onitori	ng Re	quirem	ents			
Water Systen	n Facility: TF	REATMENT PL	ANT (WSFID: 00	0700)								
Analyte	1	Monitoring Req	uirement (Summ	ary Type)	Opera	ting Limit	t		Samples R	eq/Month		
Phosphate		Entry Point Phos	sphate Monitorin	g (PHOS)	Minim	um: 0.3 l	MG/L		2			
Start Date:	12/1/2013				ance History	y:	Opera	ting Limit		Monitoring		
					ing Period		Compl	iance Stat	ıs: Compli	ance Status:		
					19 - 10/31/							
					19 - 11/30/							
					19 - 12/31/							
					0 - 1/31/20							
					0 - 2/29/20							
			Other C	ompliance	Schedu	les						
Compliance Sc	hedule Activit	ţ			Du	ie Date		Achieve	d Date			
CROSS CONNE	CTION SURVE	Y REPORT			3/	1/2020						
		Water	System Facil	ity and Sai	mpling P	oint In		-				
Water	ton Custom F	eilite e		Course alter - D			Total			<i>c</i> .		
System Wa Facility ID	ter System Fa	ciiity	Sampling Point ID	Sampling Poi Description	πτ		Coliforr Rule			Stage WQP 2 DBPR		
	TRIBUTION SY	STEM	3-111A	DISTRIBUTION		<u>Status</u> A	Y	nule II		WQF 2 DDPN		
00000 013			3-111A 3-210	BLDG #3 2ND		A	r Y	2				
			3-210 3-302A	BLDG #3 2ND BLDG #3 3RD		A	r Y	2				
			3-302A 3-304A	BLDG #3 3RD BLDG #3 3RD		A	r Y	2				
			5-504A 4	DISTRIBUTIO			r Y	2				
			42-208		2ND FL BATH A Y 2							
			42-208 BLDG #3 PO4						Y			
		515111601101	, SISILIVI	А	1	2	1					

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. Schedule Generation Date: 3/10/2020

Сс	onnectic	ut Depa	rtment of	f Public	Health	Dri	nkin	g W	'ater	Se	ction	
	Wat	ter Qual	lity Monit	oring a	nd Con	nplia	ance	Sch	edul	e		
PWS ID PW	/S Name			0		Classif	fication	Рор	ulation	Owr	ner Type P	rimary Source
CT0949074 NE	WINGTON VA	MEDICAL C	ENTER-BLDGS 3	& 42		Ν	NC		43		F	SWP
Local Address (when	re applicable)			Service	Residen	tial Co	ommer	cial I	ndustri	al	Combined	Agricultura
555 WILLARD AVE				Connectio	ns		2					
Towns Served: NEW	/INGTON											
		Water Sy	ystem Facil	ity and S	ampling	Poin	it Inv	ento	ry			
Water	Water							Total	Lead	and		
System Water Sy	stem Facility		Sampling Point				Сс	oliform	Сор	per		Stage
Facility ID			ID	Descriptio	า	Sta	atus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	۱.	A					
			UPSTREAM	WITHIN 5 S	SERVICE CON	۱.	A					
00700 TREATM	ENT PLANT		3	TREATMEN	IT PLANT		А					
58542 INTERCO	NNECTION - (MDC)										
			Certified	Operato	or Inform	atio	n					
Water System Fac	ility: TREAT	MENT PLA	NT (WSFID: 0	0700)								
Facility Classificatio	on:											Certification
Operator Name Operator				tor Type Certification(s)								Expiration
HARKINS, STUART A	CHIEF OPERATO	CHIEF OPERATOR DISTRIBUTION			STEM O	PERAT	OR - CL	ASS	111	6/30/2022		
				WATER TREATMEN			NT PLA	NT OP	ERATOF	R - CL	ASS II	6/30/2022
WITTENZELLNER, RO	ASSIGNED OPE	RATOR	DISTRIBUTI	ON SYS	STEM O	PERAT	OR - CL	ASS.	111	6/30/2022		
			WATER TREATMEN			NT PLA	NT OP	ERATOF	R - CL	ASS III	9/30/2021	
			Con	tact Info	ormation							
Name			0	rganization							Job Title	
Mr. Gregory R. Lalk	а		V	a CT Healtho	ealthcare System				e Mana			
Mailing Address Line	e One		Mailing Addres					City				Zip Code
555 Willard Avenue					Newingto					06111		
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	e Email	Addre	ess			
860-666-6832	6596	860-667-6	5764		203-494-	3139	grego	ory.lalk	a@va.g	gov		
Contact Role(s): Ac	dministrative	Contact	L.				_					
Name			0	rganization	ization					Job Title		
Mr. John I. Callahar	ı		V	a CT Healtho	CT Healthcare System				soc Dire	ector	•	
Mailing Address Line	e One		Mailing Addres	s Line Two				C	City		State	Zip Code
950 Campbell Aven	ue		M.S. 001				West	Haver	า		СТ	06516
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	e Email	Addre	ess		I	
203-932-5711	3888	203-934-4	1795				John.	Callah	an@va.	gov		
Contact Role(s): Le	gal Contact		· · · · · ·									
Please note the foll	owing:											
1. The residual disin	fectant concent	ration must b	e measured at th	e same locati	on and time a	s each t	total col	liform s	ample.			
2. If a Collection Per	iod is specified,	all water qua	lity samples must	be collected	during the sp	ecified p	period.					
 Depending on res correspondence s 		-	ay be required (i. ne generation dat								-	

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

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End of schedule