Commontiant Domonton and of Dublic	Toolth Duin	laine a Makan C	o abi a sa
Connecticut Department of Public			ection
Water Quality Monitoring ar	ıd Compliar	nce Schedule	
PWS ID PWS Name	Classific	ation Population Ow	ner Type Primary Source
CT0949073 NEWINGTON VA MEDICAL CENTER-BUILDING 2E	NTN	IC 335	F SWP
Local Address (where applicable) Service	Residential Com	nmercial Industrial	Combined Agricultural
555 WILLARD AVE Connections	6	1	
Towns Served: NEWINGTON			
Monitoring Req	uirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Asbestos (1094)		1 routi	ne (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	d Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19	9	Complete
	1/1/20 - 12/31/28	3	
Total Coliform (3100)		1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	d Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19	1	Complete
	10/1/19 - 12/31/1	9	Complete
	1/1/20 - 3/31/20	1	Complete
	4/1/20 - 6/30/20)	
	7/1/20 - 9/30/20)	
Lead And Copper (PBCU)		10 routir	ne (RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	d Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20)	
Physical Parameters (PPS)			utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period		•
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/1		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 Monito	oring Requireme	ents
Water System Facility: TREATMENT PLANT (WSFID: 00700)			
Analyte Monitoring Requirement (Summary Type)	Operating Lin	mit	Samples Req/Month
Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS)	Minimum: 0	.3 MG/L	2
Start Date: 12/1/2013 Compl	ance History:	Operating Limit	Monitoring
Monito	ring Period	Compliance Statu	s: Compliance Status:
10/1/2	019 - 10/31/2019		
	019 - 11/30/2019		
	019 - 12/31/2019		
	20 - 1/31/2020		
2/1/20	20 - 2/29/2020		
Other Complianc	e Schedules		
Compliance Schedule Activity	Due Date		Date
CROSS CONNECTION SURVEY REPORT	3/1/2018		
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019		
CROSS CONNECTION SURVEY REPORT	3/1/2020)	

	Co	onnectic	ut Depa	rtment of	Public	Health	Drin	king V	Nater S	ection	
			•	lity Monit							
PWS ID	PW	VS Name	(333							wner Type P	rimary Source
СТ094907	3 NE	WINGTON VA	MEDICAL C	ENTER-BUILDIN	G 2E		NTN		335	F	SWP
Local Add	ress (whe	re applicable)			Service	Residen	tial Com	nmercial	Industrial	Combined	Agricultural
555 WILL	ARD AVE				Connectio	ns		1			
Towns Sei	ved: NEW	VINGTON									
			Water Sy	stem Facili	ity and S	ampling	Point	Invent	tory		
Water					_			Tota			
System	_	ystem Facility		Sampling Point ID	Sampling I Description			Colifor			Stage
Facility ID		ITIONI CVCTEN	<u> </u>				Stati			er Asbestos	WQP 2 DBPR
00600	DISTRIBL	JTION SYSTEM		2E-1103 2E-2113	BLDG #2E	2ND FLOOR	A A	Y Y	2 2		
				2E-2113 2E-4111		EXEC DINING		Υ	2		
				2E-B130		BASEMENT	. A	Y	2		
				2E-B130A	2E-B130A	DAJLIVILIVI	A	Y	2		
				2E-B131A	2E-B131A		A	Y			
				2E-B135B	BLDG #2E	PO4/ZN	Α	Y	2	Υ	
				4		ION SYSTEM		Υ	2		
				DOWNSTREAM							
				UPSTREAM	WITHIN 5	SERVICE CON	N A				
00700	TREATM	ENT PLANT		3	TREATMEN	NT PLANT	А				
58542		NNECTION - 11 - MDC									
				Certified	Operato	r Inform	ation				
Water Sy	stem Fac	cility: TREAT	MENT PLA	NT (WSF ID: 0	0700)						
Facility Cl	assificatio	on: CLASS 1 TF	REATMENT P	LANT							Certification
Operator	Name			Operator Typ	е	Certificatio	n(s)				Expiration
HARKINS,	STUART A	۸.		CHIEF OPERATO)R	DISTRIBUTI	ON SYSTE	EM OPER	ATOR - CLAS	S III	6/30/2022
						WATER TRE	ATMENT	PLANT C	PERATOR -	CLASS II	6/30/2022
WITTENZE	ELLNER, R	OBERT		ASSIGNED OPER	RATOR				ATOR - CLAS		6/30/2022
						WATER TRE	ATMENT	PLANT C	PERATOR -	CLASS III	9/30/2021
				Con	tact Info	ormation)				
Name				Oı	rganization					Job Title	
Mr. Grego	ory R. Lalk	a		Va	CT Healtho	care System		!	Site Manage	r	
Mailing A				Mailing Address	s Line Two				City	State	Zip Code
555 Willar						I		Newingto		CT	06111
Busines		Extension	Fax		le Phone	Emergency					
860-66		6596	860-667-6	5764		203-494-	3139	gregory.la	alka@va.gov		
	ole(s): A	dministrative	Contact					T		1.1.000	
Name	. 6-11 1	_			rganization	C			A D' :	Job Title	
Mr. John	ı. Callahaı	n		Va	CI Healtho	care System		,	Assoc Direct	or	

State

CT

City

John.Callahan@va.gov

West Haven

Emergency Phone Email Address

Zip Code

06516

Mailing Address Line Two

Mobile Phone

M.S. 001

Fax

203-934-4795

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

3888

950 Campbell Avenue

Business Phone

203-932-5711

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

ш											
ı	PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
(СТ0949073	NEWINGTON VA MED	ICAL CEN	ITER-BUILDING	i 2E			NTNC	335	F	SWP
Ī	ocal Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
!	555 WILLARD AV	Æ			Connections			1			
П											

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.
- 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 Pub					_			ection	
	Water Quality Monitorin	g and	Con	npl	liance	e Sc	hedu	le		
PWS ID	PWS Name			Cla	ssificatio	n Po	pulation	Ow	ner Type Pr	imary Source
CT0949053	NEWINGTON VA MEDICAL CENTER-BUILDING 1				NTNC		110		F	SWP
Local Address (where applicable) Service		esiden	tial	Comme	rcial	Industri	al	Combined	Agricultural
555 WILLARD A	NV E	ections			1					
Towns Served:										
	Monitoring	Requir	eme	nts	.					
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)								
Asbestos (10	994)						1 rc	outir	ne (RT) per	nine years
Sampling	Point (Sampling Point ID)		nitori	_		Coll	ection Pe	riod	Complic	ince Status
Select fror	n Inventory of Active Sampling Points		1/11 -			_			Cor	mplete
		1/3	1/20 -	12/3	31/28					
Total Coliforn	•								utine (RT) p	•
	Point (Sampling Point ID)		nitori			Coll	ection Pe	riod		ince Status
Select from	n Inventory of Active Sampling Points		1/19 -							nplete
					31/19					mplete
			1/20 - 1/20 -						Cor	nplete
			1/20 -							
Lead And Cop	nner (PRCII)		1/20	<i>J</i> / <i>J</i>	0/20		5 ro	utin	e (RT) per s	siv months
	Point (Sampling Point ID)	Мо	nitori	na F	Period	Coll	ection Pe			ince Status
	m Inventory of Active Sampling Points		1/19 -							nplete
	,		1/20 -							<u>,</u>
			1/20 -							
Physical Para	meters (PPS)						1	l roı	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)	Mo	nitori	ng F	Period	Coll	ection Pe	riod	Complic	ince Status
Select fror	n Inventory of Active Sampling Points	7/	1/19 -	9/3	0/19				Cor	nplete
		10/	1/19 -	12/	31/19				Cor	mplete
			1/20 -						Cor	nplete
			1/20 -							
		·	1/20 -		•					
	Monthly Water System Facility (V	VSF) Lev	vel N	Λοι	nitorin	ig R	equire	me	nts	
Water System	Facility: TREATMENT PLANT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summary Typ	e)	Ope	rati	ng Limit				Samples Re	q/Month
Phosphate	(as PO4) Entry Point Phosphate Monitoring (PHO	S)	Mini	imuı	m: 0.3 N	1G/L			2	
Start Date:	12/1/2013	Compliance	e Histo	ory:		Oper	ating Lim	it	Monitor	ing
	ı	Monitoring	Perio	d		-	oliance St		: Complia	nce Status:
		0/1/2019								
		1/1/2019								
		2/1/2019								
		/1/2020 -								
	Other Compl	2/1/2020 - iance S								
Compliance Sci	•				Date		Achie	eved	Date	
	CTION SURVEY REPORT				2019		Actife	u	_ 000	
	SYSTEM MATERIALS EVALUATION				/2019					
CROSS CONNEC	CTION SURVEY REPORT				2020					

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

PWS ID PWS Name						Population	Owner Type	Primary Source
CT0949053	NEWINGTON VA MEDICAL CENTER-BUILDING	6 1			NTNC	110	F	SWP
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
555 WILLARD AV	/E	Connections			1			

Towns Served: NEWINGTON

	Wat	ter System Facili	ity and Sampling P	oint In	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DB
00600	DISTRIBUTION SYSTEM	1-305	BLDG 1/3RD FLOOR	Α		2		
		1-414B	BLDG 1/4TH FLOOR	Α		2		
		1-416B	1-416B	Α	Υ	2		
		1-509	BLDG 1/5TH FLOOR	Α		2		
		1N-169	1N-169	Α	Υ			
		1N-305	1N-305	Α	Υ			
		1N-414A	1N-414A	Α	Υ			
		1S-166	BLDG #1 PO4/ZN/1FL	Α	Υ	2	Υ	
		1S-178	BLDG1 PO4/ZN	Α	Υ	2	Υ	
		1S-272	BLDG 1/2ND FLOOR	Α		2		
		4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		IN-305	IN-305	Α	Υ			
		IN-414A	IN-414A	Α	Υ			
		IN-509	IN-509	Α	Υ			
		IS-169	IS-169	Α	Υ			
		IS-272	IS-272	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	TREATMENT PLANT	3	TREATMENT PLANT	Α				
58542	INTERCONNECTION -							

CT0640011 - MDC

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00700)

Facility Classification: CLASS 1 TREATMEN	T PLANT		Certification
Operator Name	Operator Type	Certification(s)	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

			C	ontact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Gregory R. Lalk	a			Va CT Health	ncare System		Site Manager		
Mailing Address Lin	e One		Mailing Add	lress Line Two		City State 2			Zip Code
555 Willard Avenue	ı					Newingt	on	СТ	06111
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address			
860-666-6832	6596	860-667-6	5764		203-494-3139	gregory.lalka@va.gov			
Contact Pole(s): A	dministrativo	Contact				1			

Contact Role(s): Administrative Contact

Page 5

Schedule Generation Date: 3/10/2020

C	onnectic	ut Depa	irtm	ent of	Public	Health	D	rınkıng	g Water	Sect	ion	
	Wa	ter Qua	lity I	Monite	oring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Owner	Type Pi	rimary Source
CT0949053 N	053 NEWINGTON VA MEDICAL CENTER-BUILDING 1							NTNC	110	F		SWP
Local Address (where applicable) Service Reside						Residen	itial	Commerci	al Industri	al Co	mbined	Agricultural
555 WILLARD AVE					Connection	ns		1				
Towns Served: NEV	WINGTON					,			,	,		
Name				Or	ganization					Jo	b Title	
Mr. John I. Callaha	ın			Va	CT Healthca	are System			Assoc Dire	ector		
Mailing Address Li	ne One		Mailing	g Address	Line Two				City	9	State	Zip Code
950 Campbell Aver	nue		M.S. 00	01				West F	laven		СТ	06516
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email A	Address			
203-932-5711	3888	203-934-4	4795					John.C	allahan@va.	.gov		
Contact Role(s): L	egal Contact											

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

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

Schedule Generation Date: 3/10/2020

Conne	ecticut Department of Pr					ction	
	Water Quality Monitor	ing and Con	npliance	Schedul	le		
PWS ID PWS Nam	e		Classification	Population	Owne	er Type Pr	imary Sourc
CT0949063 NEWINGT	ON VA MEDICAL CENTER-BUILDING 20		NTNC	80		F	SWP
Local Address (where appli	-	rvice Residen	tial Commerc	cial Industri	al C	ombined	Agricultura
555 WILLARD AVE	Со	nnections	1				
Towns Served: NEWINGTO	N						
	Monitorii	ng Requireme	nts				
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 0	0600)					
Asbestos (1094)				1 rc	outine	(RT) per	nine years
Sampling Point (Samp	oling Point ID)	Monitori	ng Period	Collection Pe	riod	Complia	ance Status
Select from Inventory	of Active Sampling Points	1/1/11 -	12/31/19			Cor	mplete
		1/1/20 -	12/31/28				
Total Coliform (3100)				1	l routi	ine (RT) p	er quarter
Sampling Point (Samp	oling Point ID)	Monitori	ng Period	Collection Pe	riod	Complia	ance Status
Select from Inventory	of Active Sampling Points	7/1/19 -	9/30/19			Cor	mplete
		10/1/19 -	12/31/19			Cor	mplete
		1/1/20 -	3/31/20			Cor	mplete
		4/1/20 -	6/30/20				
		7/1/20 -	9/30/20				
Lead And Copper (PBC	U)			5 ro	utine	(RT) per	six months
Sampling Point (Samp	oling Point ID)	Monitori	ng Period	Collection Pe	riod	Complia	ance Status
Select from Inventory	of Active Sampling Points	7/1/19 -	12/31/19			Cor	mplete
		1/1/20 -	6/30/20				
		7/1/20 -	12/31/20				
Physical Parameters (P	PS)			1	l routi	ine (RT) p	er quarter
Sampling Point (Samp	-	Monitori	ng Period	Collection Pe			ance Status
Select from Inventory	of Active Sampling Points	7/1/19 -	9/30/19			Cor	mplete
		10/1/19 -	12/31/19			Cor	mplete
		1/1/20 -	3/31/20			Cor	mplete
			6/30/20				·
			9/30/20				
Mor	nthly Water System Facility			g Require	men	ts	
Water System Facility: I	DISTRIBUTION SYSTEM (WSFID: 00	0600)					
Analyte	Monitoring Requirement (Summary	Туре) Оре	rating Limit		S	amples Re	q/Month
Orthophosphate	Entry Point Phosphate Monitoring (P	HOS) Max	imum: 3.0 M	G/L		2	
Start Date: 7/1/2018		Compliance Histo	ory:	perating Lim	it	Monitori	ing
		Monitoring Perio		ompliance St			nce Status:
		10/1/2019 - 10/3					
		11/1/2019 - 11/3					
		12/1/2019 - 12/3					
		1/1/2020 - 1/31/2					
		2/1/2020 - 2/29/2					

	Conne	ecticut Dep	artmer	nt of Public H	lealth	Drink	ing W	ater S	Section		
		•		onitoring an			_				
PWS ID	PWS Nam					_				rimary Source	
CT0949063		ON VA MEDICAL	. CENTER-BU	JILDING 2C		NTNC		80	F	SWP	
Local Address (where appli	icable)		Service		tial Comm	nercial	Industrial	Combined	Agricultural	
555 WILLARD A	VE	•		Connections			L				
Towns Served:	NEWINGTO	N								-	
Water System	Facility:	TREATMENT PL	ANT (WSF	ID: 00700)							
Analyte		Monitoring Red	quirement (Summary Type)	Opei	ating Limi	t		Samples Ro	eq/Month	
Orthophosphate Entry Point P			sphate Mon	itoring (PHOS)	Mini	linimum: 1.5 MG/L 2					
Start Date: 7/6/2018			Complian			ry:	Operat	ing Limit	Limit Monitoring		
			Monitoring Period Compliance Status: Compliance Statu								
				10/1/20	19 - 10/31	L/2019					
				11/1/20	19 - 11/30)/2019					
				12/1/20	19 - 12/31	L/2019					
					0 - 1/31/2						
				2/1/202	0 - 2/29/2	.020					
Analyte		Monitoring Red	quirement (Summary Type)	Oper	ating Limi	t		Samples Ro	eq/Month	
Orthophos	ohate	Entry Point Pho	sphate Mon	itoring (PHOS)	Maxi	mum: 3.0	MG/L		2		
Start Date:	7/6/2018			Complia	Compliance History:			Operating Limit Monitoring			
			Monitoring Period								
			10/1/2019 - 10/31/2019					Υ			
			11/1/2019 - 11/30/2019					Υ			
					19 - 12/31			Υ			
					0 - 1/31/2						
				2/1/202	0 - 2/29/2	.020					
			Oth	er Compliance	Sched	ules					
Compliance Scl	hedule Activ	vity				Due Date		Achieve	ed Date		
CROSS CONNEC	CTION SURV	'EY REPORT									
DISTRIBUTION	SYSTEM MA	ATERIALS EVALUA	TION		8,	/31/2019					
CROSS CONNEC	CTION SURV	EY REPORT			3/1/2020	1/2020					
CCTS 2: DWS RI	EVIEW & AP	PROVAL OF OCC	Т	6/30/202							
			Public	Notification R	eguire	ments					
				Compliance	Notice		lic Notifi	cation	PN Cert	ification	
Violation/Situa	ation			Period		Requi			PN Certification Due to DPH Received		
90th Percentile		ceedance		1/1/18 - 6/30/18	Tier 2	8/26/2		,	9/5/2018		
		Water	System I	Facility and Sar	nnling	Point l	nvento	rv			
Water		Water	Jystein i	acinity and sai		· Oiiic ii	Total	Lead a	nd		
	ter System I	Facility	Samplina	Point Sampling Point	nt		Coliforn			Stage	
Facility ID	,	•	ID	Description		Status	Rule			WQP 2 DBPR	
	RIBUTION S	SYSTEM	2C-11	32 2C 2ND FLOO	R/1	A		2			
			2C-11			Α	Υ	2	Υ		
			2C-20	•	D FL/1	Α	Υ	2			
			2C-21	06 2C 2ND FLOO	R/3	Α		2			
			2C-21	09 2C 2ND FLOO	R/3	Α		2			
			2C-21	35 BLDG #2C 2NI	D FL/2	Α	Υ	2			
			2C-21	36 2C 2ND FLOO	R/2	Α	Υ	2			
			2C-21	37 2C-2137		Α	Υ				
			20 21	27 20 200 51 001	n	۸		2			

2C 3RD FLOOR

Α

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2C-3127

	C			C D l. l.: -	II lel-	Dada	.1-:	TA7 -	+ · C			
	Connectic	•					Ŭ			ection		
		ter Qua	lity Monit	toring a	na con							
PWS ID PWS Name									Population Owner Type Primary Sou			
СТ0949063						NC	80		F	SWP		
-	here applicable)	Service Resider			itial Co	mmercia	l Ind	lustrial	Combined	Agricultura		
555 WILLARD A			Connections			1						
Towns Served: N	IEWINGTON											
		Water Sy	stem Facil	ity and S	ampling	Poin	t Inver	ntory	/			
Water	Nater							Total Lead and				
*	Water System Facility			t Sampling Point			Colif		Coppe		Stage	
Facility ID			ID Description			Sto	itus Ri	ıle	Rule Tie	er Asbestos	WQP 2 DBP	
							4					
			DOWNSTREAM	REAM WITHIN 5 SERVICE CON			4					
			UPSTREAM	WITHIN 5 SERVICE CON			4					
00700 TREA	700 TREATMENT PLANT			TREATMENT PLANT			4					
58542 INTE	RCONNECTION -											
СТ06	40011 - MDC											
			Certified	Operato	r Inform	natior	1					
Water System	Facility: TREAT	TMENT PLA	NT (WSF ID: 0	00700)								
Facility Classific	ation: CLASS 1 TF	REATMENT P	LANT								Certification	
Operator Name		Operator Typ	Certification(s)					Expiration				
HARKINS, STUAF	RT A.	CHIEF OPERATOR DISTRIBUTION SYS			TEM OPERATOR - CLASS III				6/30/2022			
					WATER TRI	EATMEN	IT PLANT	OPER	ATOR -	CLASS II	6/30/2022	
WITTENZELLNER, ROBERT ASSIGN				IGNED OPERATOR DISTRIBUTION SYST			TEM OPERATOR - CLASS III				6/30/2022	
		WATER TREATMEN			IT PLANT	OPER	CLASS III	9/30/2021				
			Cor	ntact Info	rmation	1						
					anization					Job Title		
Mr. Gregory R.	.alka	Va CT Healthcare System					Site I	Manage	r			
Mailing Address	Line One		Mailing Address Line Two				City	/	State	Zip Code		
555 Willard Avenue			_			Newing	ton	·	СТ	06111		
Business Phon	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress	;			
860-666-6832						gregory						
Contact Role(s):	Administrative	Contact										
Name Organization					Job Title							
					are System		Asso					
Mailing Address	Line One	Mailing Address Line Two				City State			State	Zip Code		
950 Campbell A	/enue	M.S. 001				West Haven CT 06516						
Business Phon			Mobile Phone		Emergency	/ Phone	Email A	ddress	;			
							+					

Contact Role(s): Legal Contact

3888

Please note the following:

203-932-5711

- 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.

203-934-4795

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

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