

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0949073	NEWINGTON VA MEDICAL CENTER-BUILDING 2E	NTNC	335	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
Towns Served: NEWINGTON							

## Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<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	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		
<b>Lead And Copper (PBCU)</b>		<b>10 routine (RT) per six months</b>	
<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 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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)			
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Minimum: 0.3 MG/L	2
<b>Start Date:</b> 12/1/2013	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	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

<b>Compliance Schedule Activity</b>	<b>Due Date</b>	<b>Achieved Date</b>
CROSS CONNECTION SURVEY REPORT	3/1/2018	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

*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		
<b>CT0949073</b>	<b>NEWINGTON VA MEDICAL CENTER-BUILDING 2E</b>	NTNC	335	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
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
00600	DISTRIBUTION SYSTEM	2E-1103	BLDG #2E 1ST FLOOR	A	Y	2		
		2E-2113	BLDG #2E 2ND FLOOR	A	Y	2		
		2E-4111	BLDG #2E EXEC DINING	A	Y	2		
		2E-B130	BLDG #2E BASEMENT	A	Y	2		
		2E-B130A	2E-B130A	A	Y			
		2E-B131A	2E-B131A	A	Y			
		2E-B135B	BLDG #2E PO4/ZN	A	Y	2	Y	
		4	DISTRIBUTION SYSTEM	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - CT0640011 - MDC							

### Certified Operator Information

<b>Water System Facility: TREATMENT PLANT (WSF ID: 00700)</b>			
<b>Facility Classification:</b> CLASS 1 TREATMENT PLANT			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
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

<b>Name</b>		<b>Organization</b>			<b>Job Title</b>	
<b>Mr. Gregory R. Lalka</b>		Va CT Healthcare System			Site Manager	
<b>Mailing Address Line One</b>		<b>Mailing Address Line Two</b>			<b>City</b>	<b>State</b>
555 Willard Avenue					Newington	CT
<b>Business Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>Mobile Phone</b>	<b>Emergency Phone</b>	<b>Email Address</b>	
860-666-6832	6596	860-667-6764		203-494-3139	gregory.lalka@va.gov	
<b>Contact Role(s): Administrative Contact</b>						
<b>Name</b>		<b>Organization</b>			<b>Job Title</b>	
<b>Mr. John I. Callahan</b>		Va CT Healthcare System			Assoc Director	
<b>Mailing Address Line One</b>		<b>Mailing Address Line Two</b>			<b>City</b>	<b>State</b>
950 Campbell Avenue		M.S. 001			West Haven	CT
<b>Business Phone</b>	<b>Extension</b>	<b>Fax</b>	<b>Mobile Phone</b>	<b>Emergency Phone</b>	<b>Email Address</b>	
203-932-5711	3888	203-934-4795			John.Callahan@va.gov	
<b>Contact Role(s): Legal Contact</b>						

*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	
<b>CT0949073</b>	<b>NEWINGTON VA MEDICAL CENTER-BUILDING 2E</b>	NTNC	335	F	SWP	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE			1			
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 Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0949053	NEWINGTON VA MEDICAL CENTER-BUILDING 1	NTNC	110	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
Towns Served: NEWINGTON							

## Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<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	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<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 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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)			
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Minimum: 0.3 MG/L	2
<b>Start Date:</b> 12/1/2013	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	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

<b>Compliance Schedule Activity</b>	<b>Due Date</b>	<b>Achieved Date</b>
CROSS CONNECTION SURVEY REPORT	3/1/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

*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		
<b>CT0949053</b>	<b>NEWINGTON VA MEDICAL CENTER-BUILDING 1</b>	NTNC	110	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
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
00600	DISTRIBUTION SYSTEM	1-305	BLDG 1/3RD FLOOR	A		2		
		1-414B	BLDG 1/4TH FLOOR	A		2		
		1-416B	1-416B	A	Y	2		
		1-509	BLDG 1/5TH FLOOR	A		2		
		1N-169	1N-169	A	Y			
		1N-305	1N-305	A	Y			
		1N-414A	1N-414A	A	Y			
		1S-166	BLDG #1 PO4/ZN/1FL	A	Y	2	Y	
		1S-178	BLDG1 PO4/ZN	A	Y	2	Y	
		1S-272	BLDG 1/2ND FLOOR	A		2		
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		IN-305	IN-305	A	Y			
		IN-414A	IN-414A	A	Y			
		IN-509	IN-509	A	Y			
		IS-169	IS-169	A	Y			
		IS-272	IS-272	A	Y			
UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - CT0640011 - MDC							

### Certified Operator Information

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

**Facility Classification:** CLASS 1 TREATMENT PLANT

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	
<b>Mr. Gregory R. Lalka</b>		Va CT Healthcare System			Site Manager	
Mailing Address Line One			Mailing Address Line Two		City	State
555 Willard Avenue					Newington	CT
Zip Code	Business Phone		Extension	Fax	Mobile Phone	Emergency Phone
06111	860-666-6832		6596	860-667-6764		203-494-3139
Email Address						
gregory.lalka@va.gov						
Contact Role(s): <b>Administrative Contact</b>						

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0949053</b>	<b>NEWINGTON VA MEDICAL CENTER-BUILDING 1</b>	NTNC	110	F	SWP			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
555 WILLARD AVE				1				
Towns Served: NEWINGTON								
Name			Organization			Job Title		
<b>Mr. John I. Callahan</b>			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): <b>Legal Contact</b>								

- 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		
CT0949063	NEWINGTON VA MEDICAL CENTER-BUILDING 2C	NTNC	80	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
Towns Served: NEWINGTON							

## Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<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	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<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 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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: DISTRIBUTION SYSTEM (WSFID: 00600)			
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2
<b>Start Date:</b> 7/1/2018	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	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		

*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		
CT0949063	NEWINGTON VA MEDICAL CENTER-BUILDING 2C	NTNC	80	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			

Towns Served: NEWINGTON

## Water System Facility: TREATMENT PLANT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2
<b>Start Date:</b> 7/6/2018		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		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	

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2
<b>Start Date:</b> 7/6/2018		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		10/1/2019 - 10/31/2019	Y
		11/1/2019 - 11/30/2019	Y
		12/1/2019 - 12/31/2019	Y
		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	3/1/2018	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2020	6/20/2018

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
90th Percentile Copper Exceedance	1/1/18 - 6/30/18	2	8/26/2018		9/5/2018	

## 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	2C-1132	2C 2ND FLOOR/1	A		2		
		2C-1161	2C PO4/ZN	A	Y	2	Y	
		2C-202	BLDG #2C 2ND FL/1	A	Y	2		
		2C-2106	2C 2ND FLOOR/3	A		2		
		2C-2109	2C 2ND FLOOR/3	A		2		
		2C-2135	BLDG #2C 2ND FL/2	A	Y	2		
		2C-2136	2C 2ND FLOOR/2	A	Y	2		
		2C-2137	2C-2137	A	Y			
		2C-3127	2C 3RD FLOOR	A		2		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0949063</b>	<b>NEWINGTON VA MEDICAL CENTER-BUILDING 2C</b>	NTNC	80	F	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
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
		4	DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - CT0640011 - MDC							

## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 00700)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
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		
<b>Mr. Gregory R. Lalka</b>		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): <b>Administrative Contact</b>							
Name		Organization			Job Title		
<b>Mr. John I. Callahan</b>		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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- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 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 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**