

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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	4/13/2025	4/7/2025
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/12/2025	

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				

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.

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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								
Contact Role(s): Owner								
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					contacts@gospelhall-newington.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 month		
<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	2/1/25 - 2/28/25		Complete	
	3/1/25 - 3/31/25		Complete	
	4/1/25 - 4/30/25		Complete	
	5/1/25 - 5/31/25		Complete	
	6/1/25 - 6/30/25		Complete	
	7/1/25 - 7/31/25			
	8/1/25 - 8/31/25			
	9/1/25 - 9/30/25			
	10/1/25 - 10/31/25			
	11/1/25 - 11/30/25			
	12/1/25 - 12/31/25			

Physical Parameters (PPS)		1 routine (RT) per month		
<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	2/1/25 - 2/28/25		Complete	
	3/1/25 - 3/31/25		Complete	
	4/1/25 - 4/30/25		Complete	
	5/1/25 - 5/31/25		Complete	
	6/1/25 - 6/30/25		Complete	
	7/1/25 - 7/31/25			
	8/1/25 - 8/31/25			
	9/1/25 - 9/30/25			
	10/1/25 - 10/31/25			
	11/1/25 - 11/30/25			
	12/1/25 - 12/31/25			

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)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			

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				
		HM1	BTH SINK RM 1	A	Y			

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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		
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							

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
		HM10	BTH SINK RM10	A	Y			
		HM11	BTH SINK RM11	A	Y			
		HM12	BTH SINK RM12	A	Y			
		HM13	BTH SINK RM13	A	Y			
		HM14	BTH SINK RM14	A	Y			
		HM16	BTH SINK RM16	A	Y			
		HM17	BTH SINK RM17	A	Y			
		HM2	BTH SINK RM2	A	Y			
		HM3	BTH SINK RM3	A	Y			
		HM4	BTH SINK RM4	A	Y			
		HM5	BTH SINK RM5	A	Y			
		HM6	BTH SINK RM6	A	Y			
		HM7	BTH SINK RM7	A	Y			
		HM8	BTH SINK RM8	A	Y			
		HM9	BTH SINK RM9	A	Y			
		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. Ochhav Shah		Hi-View Hotel/Plymouth Lodge			President	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
697 Berlin Tpke				Berlin	CT	06037
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-828-9200		860-828-4402		860-922-6341	ocshah@yahoo.com	

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

Name		Organization			Job Title	
Ms. Kusum Shah		Liraj Inc			President	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
Twin Spruce Motel		697 Berlin Turnpike		Berlin	CT	06037
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-666-2528		860-828-4402		860-922-6341	ocshah@yahoo.com	

Contact Role(s): **Owner**

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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	
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						

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		
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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2	
Start Date: 1/1/2022		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		2/1/2025 - 2/28/2025		
		3/1/2025 - 3/31/2025		
		4/1/2025 - 4/30/2025		
		5/1/2025 - 5/31/2025		
		6/1/2025 - 6/30/2025		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2	
Start Date: 1/1/2022		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		2/1/2025 - 2/28/2025		
		3/1/2025 - 3/31/2025		
		4/1/2025 - 4/30/2025		
		5/1/2025 - 5/31/2025		
		6/1/2025 - 6/30/2025		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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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		
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							

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	
		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
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

Contact Information

Name		Organization			Job Title		
Ms. Jennifer A. Bourque		Va CT Healthcare System			Executive Assistant		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
950 Campbell Avenue					West Haven	CT	06516
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-932-5711	3888	203-934-4795			jennifer.bourque@va.gov		
Contact Role(s): Administrative Contact							
Name		Organization			Job Title		
Dr. Becky D. Rhoads		Va CT Healthcare System			Executive 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			Becky.Rhoads@va.gov		
Contact Role(s): Legal Contact							

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555 WILLARD AVE			2			
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.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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End of schedule