

# 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>CT0509033</b>	<b>MIDDLESEX HOSPITAL PHYS REHAB&amp;OCCUP. MED</b>	NC	40	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
252 WESTBROOK ROAD				1			
Towns Served: ESSEX							

## Monitoring Requirements

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

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

<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	1/1/25 - 3/31/25		
	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)**

<b>Nitrate And Nitrite (NOX)</b>			<b>1 routine (RT) per year</b>
<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		
	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>
CROSS CONNECTION SURVEY REPORT	3/1/2025	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	1/2/2025		1/12/2025	
Total Coliform M&R Violation	10/1/24 - 12/31/24	3	3/31/2026		4/10/2026	
Physical Parameters M&R Violation	10/1/24 - 12/31/24	3	3/31/2026		4/10/2026	
Nitrate And Nitrite M&R Violation	1/1/24 - 12/31/24	3	3/31/2026		4/10/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y		
		MHMMCSWT1	MECHROOM SPIKIT	A	Y	2	Y
		MHMMCSWT2	KITCHEN SINK	A	Y	2	Y
		MHMMCSWT3	EMP BATHROOM SINK	A	Y	2	Y
		MHMMCSWT4	ULTRASOUND SINK	A	Y	2	Y
		MHMMCSWT5	LAB SINK	A	Y	2	Y
		MHMMCSWT6	NURSING SINK	A	Y	2	Y

*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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<b>CT0509033</b>	<b>MIDDLESEX HOSPITAL PHYS REHAB&amp;OCCUP. MED</b>	NC	40	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
252 WESTBROOK ROAD				1			
Towns Served: ESSEX							

## 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
00700	ENTRY POINT	3	ENTRY POINT	A				
10221	WELL	2	WELL	A				
50628	HYDRONEUMATIC STORAGE							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Kevin McGinty</b>			Middlesex Health			Director, Care Envir			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
28 Crescent Street						Middletown		CT	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-358-5908					kevin.mcginity@midhosp.org				

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

**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		
<b>CT0509113</b>	<b>SHORELINE PROFESSIONAL CENTER</b>	NC	38	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
180 WESTBROOK ROAD			7				
Towns Served: ESSEX							

## Monitoring Requirements

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

<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	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				

<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	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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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>
CROSS CONNECTION SURVEY REPORT	3/1/2012	
CROSS CONNECTION SURVEY REPORT	3/1/2015	
CROSS CONNECTION SURVEY REPORT	3/1/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
RESPOND TO SANITARY SURVEY	3/8/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
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	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## 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			

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0509113</b>	<b>SHORELINE PROFESSIONAL CENTER</b>	NC	38	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
180 WESTBROOK ROAD			7				
Towns Served: ESSEX							

## 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				
		SPC 002	180 WESTBROOK RD-B2	P		N		
		SPC 003	180 WESTBROOK RD-B3	P		N		
		SPC 004	180 WESTBROOK RD-B4	P		N		
		SPC 005	180 WESTBROOK RD-B5	P		N		
		SPC 006	180 WESTBROOK RD-B6	P		N		
		SPC 007	180 WESTBROOK RD-B7	P		N		
		SPC-001	180 WESTBROOK RD-B1	P	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10742	WELL	2	SHORELINE PROFESSION	A				

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Facility Classification: SMALL WATER SYSTEM			Certification Expiration
Operator Name	Operator Type	Certification(s)	Certification Expiration
O'SHAUGHNESSY, WILLIAM J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027

## Contact Information

Name		Organization			Job Title			
<b>Dr. Katrina A. Wall</b>		Shoreline Professional Center			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
180 Westbrook Rd, Bldg 6						Essex	CT	06426
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-767-2262			860-304-0819		essexdentist@hotmail.com			
Contact Role(s): <b>Administrative Contact, 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		
<b>CT0509133</b>	<b>AIRPORT WATER COMPANY, LLC</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
83 WESTBROOK ROAD				1			
Towns Served: ESSEX							

## Monitoring Requirements

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

<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	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				

<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	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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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				

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/24 - 9/30/24	3	11/20/2025		11/30/2025	
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/20/2025		11/30/2025	

## 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	Y			
			UPSTREAM WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
63071	WELL #1	2	WELL #1	A				

## Contact Information

Name		Organization			Job Title			
<b>Mr. Stephen R Cline</b>		E.S.T Irrevocable Trust						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O.Box 995						Essex	CT	06426
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-767-0000				860-767-0339	tryonclark@prodigy.net			

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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>CT0509133</b>	<b>AIRPORT WATER COMPANY, LLC</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
83 WESTBROOK ROAD				1				
Towns Served: ESSEX								
Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>E.S.T Irrevocable Trust</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O.Box 995						Essex	CT	06426
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-767-0000		860-767-7124						
Contact Role(s): <b>Owner</b>								
Name			Organization			Job Title		
<b>Mr. Tyron D Clark</b>			Airport Water Company LLC			Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 995						Essex	CT	06426
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-767-0000	202				tyronclark@prodigy.net			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								

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**End of schedule**