

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0509033	MIDDLESEX HOSPITAL PHYS REHAB&OCCUP. MED	NC	40	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
252 WESTBROOK ROAD	Connections		1		

Towns Served: ESSEX

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

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

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	
Physical Parameters M&R Violation	1/1/25 - 3/31/25	3	10/10/2026		10/20/2026	
Total Coliform M&R Violation	1/1/25 - 3/31/25	3	10/10/2026		10/20/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Asbestos	WQP 2 DBPR	Stage
				Status	Rule	Rule Tier	Asbestos			
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y					
		MHMMCST1	MECHROOM SPIKIT	A	Y	2				
		MHMMCST2	KITCHEN SINK	A	Y	2				
		MHMMCST3	EMP BATHROOM SINK	A	Y	2				
		MHMMCST4	ULTRASOUND SINK	A	Y	2				

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
CT0509033	MIDDLESEX HOSPITAL PHYS REHAB&OCCUP. MED	NC	40	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
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	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
		MHMMCSWT5	LAB SINK	A	Y	2	Y	
		MHMMCSWT6	NURSING SINK	A	Y	2	Y	
00700	ENTRY POINT	3	ENTRY POINT	A				
10221	WELL	2	WELL	A				
50628	HYDRONEUMATIC STORAGE							

Contact Information

Name	Organization	Job Title		
Mr. Kevin McGinty	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	Email Address
860-358-5908				kevin.mcginty@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

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

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

End of schedule

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
CT0509113	SHORELINE PROFESSIONAL CENTER	NC	38	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
180 WESTBROOK ROAD	Connections	7			

Towns Served: ESSEX

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
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

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	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
CT0509113	SHORELINE PROFESSIONAL CENTER	NC	38	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
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	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Rule			
		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: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Facility Classification:	SMALL WATER SYSTEM	Certification Expiration
Operator Name	Operator Type	Certification(s)

O'SHAUGHNESSY, WILLIAM J. CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II 6/30/2027

Contact Information

Name	Organization	Job Title		
Dr. Katrina A. Wall	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
860-767-2262			860-304-0819	Email Address essexdentist@hotmail.com

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.
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End of schedule

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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
CT0509133	AIRPORT WATER COMPANY, LLC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
83 WESTBROOK ROAD			1		

Towns Served: ESSEX

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		
Physical Parameters (PPS)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
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

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage
				Status	Rule	Rule Tier	Asbestos	
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		
Mr. Stephen R Cline	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
CT0509133	AIRPORT WATER COMPANY, LLC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
83 WESTBROOK ROAD			1		

Towns Served: ESSEX

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

Name	Organization	Job Title
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		860-767-7124

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Tyron D Clark	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): **Administrative Contact, Legal Contact**

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