	Connecticut De	nartment of	F Public F	lealth I	Drinb	ing M	Jater S	ection	
		•				_		CCHOII	
		uality Monit	oring an		-				
PWS ID	PWS Name			C		ion Pop			rimary Source
СТ0509033		HYS REHAB&OCCUP			NC		40	Р	GW
	ess (where applicable)		Service	Residentia	al Comm	nercial	Industrial	Combined	Agricultural
	BROOK ROAD		Connections		1	L			
Towns Serv	ved: ESSEX								
		Monito	oring Requ	uiremen	ts				
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Asbestos	(1094)						1 rout	ine (RT) pei	nine years
Sampl	ling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Perio	d Compli	ance Status
Select	from Inventory of Active Samp	oling Points		1/1/11 - 12	2/22/15	1/	1-12/22	Со	mplete
Total Coli	iform (3100)						1 rc	utine (RT)	per quarter
	ling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Perio	• •	ance Status
_	from Inventory of Active Samp	oling Points		7/1/19 - 9					mplete
	· '			 10/1/19 - 1	-				mplete
				1/1/20 - 3					mplete
				4/1/20 - 6	-				•
				7/1/20 - 9					
Physical F	Parameters (PPS)				· ·		1 rc	utine (RT)	per quarter
-	ling Point (Sampling Point ID)			Monitoring	a Period	Collec	tion Period		ance Status
	from Inventory of Active Samp	oling Points		7/1/19 - 9					mplete
				10/1/19 - 1					mplete
				1/1/20 - 3					mplete
				4/1/20 - 6					mpiece
				7/1/20 - 9	•				
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)		,,1,20 3	, 50, 20				
•	nd Nitrite (NOX)	(113: 15: 30: 30)						l routine (R	T) per year
	ling Point (Sampling Point ID)			Monitoring	a Period	Collec	tion Perio		ance Status
	POINT (3)					Conec	CIOII I EI IO	•	mplete
LINIIXI	T FOINT (3)		1/1/19 - 12/31/19 1/1/20 - 12/31/20						mplete
				1/1/20 - 12/31/20					ilibiete
		- O-1 - O	I•						
		Other C	ompliance						
_	e Schedule Activity				ue Date		Achieve	d Date	
CROSS CON	NNECTION SURVEY REPORT				1/2020				
	Wate	r System Facili	ity and Sai	mpling F	oint Ir	rvento	ory		
Water						Total	Lead an		
	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status		Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DIST		Α	Υ			
		MHMMCSWT1			Α	Υ	2	Υ	
		MHMMCSWT2			Α	Υ	2	Υ	
		MHMMCSWT3	EMP BATHRO	OM SINK	Α	Υ	2	Υ	
		MHMMCSWT4	ULTRASOUNE	SINK	Α	Υ	2	Υ	
		MHMMCSWT5	LAB SINK		Α	Υ	2	Υ	
		MHMMCSWT6	NURSING SIN	K	Α	Υ	2	Υ	
00700	ENTRY POINT	3	ENTRY POINT		Α				
10221	WELL	2	WELL		Α				-

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.

Schedule Generation Date: 3/10/2020 Page 1

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0509033	MIDDLESEX HOSPITAL PHYS REHAB&OCCUP. MED				NC	40	Р	GW
Local Address (where applicable)		Service	Residen	itial Commerc		al Industri	al Combine	ed Agricultural
252 WESTBROOK ROAD		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: ESSEX

Water System Facility and Sampling Point Inventory

WaterTotalLead andSystemWater System FacilitySampling PointColiformCopperStageFacility IDIDDescriptionStatusRule Tier Asbestos WQP 2 DBPR

50628 HYDRONEUMATIC STORAGE

Certified Operator Information

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

Facility Classification:CertificationOperator NameOperator TypeCertification(s)ExpirationKLOBUKOWSKI, STEVEN J.CHIEF OPERATORWATER TREATMENT PLANT OPERATOR - CLASS IV
DISTRIBUTION SYSTEM OPERATOR - CLASS III6/30/2020

Contact Information

Name				Organization		Job Title				
Mr. Timothy J. Kava	othy J. Kavanaugh Middlesex Hospital					Engineering Operatio				
Mailing Address Line One Mailing Address				ddress Line Two	ess Line Two			State	Zip Code	
28 Cresent Street						Middleto	own	СТ	06457-3650	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-358-6000	0 860-358-6972		5972		860-358-6000 tim.kav		.kavanaugh@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

Schedule Generation Date: 3/10/2020

Connecticut Dej	partment of	Public Health	Drinki	ing W	ater Se	ction	
	iality Monit	oring and Com	_				
PWS ID PWS Name			Classificati	on Popu	lation Owr	ner Type Pi	imary Source
CT0509113 SHORELINE PROFESSIONA	AL CENTER		NC	3	88	Р	GW
Local Address (where applicable)		Service Resident	ial Comm	ercial Ir	dustrial	Combined	Agricultural
180 WESTBROOK ROAD		Connections 7					
Towns Served: ESSEX							
	Monito	oring Requireme	nts				
Water System Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou		per quarter
Sampling Point (Sampling Point ID)		Monitorii	_	Collect	ion Period		ance Status
Select from Inventory of Active Sampl	ing Points	7/1/19 -	<u> </u>				mplete
		10/1/19 -				Co	mplete
		1/1/20 -	-			Со	mplete
		4/1/20 -					
		7/1/20 -	9/30/20				
Physical Parameters (PPS)							per quarter
Sampling Point (Sampling Point ID)		Monitorii		Collect	ion Period		ance Status
Select from Inventory of Active Sampl	ing Points	7/1/19 -					mplete
		10/1/19 -					mplete
		1/1/20 -				Со	mplete
		4/1/20 -	6/30/20				
		7/1/20 -	9/30/20				
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorii		Collect	ion Period	Compli	ance Status
ENTRY POINT (3)		1/1/19 - 1	2/31/19			Со	mplete
		1/1/20 - 1	2/31/20			Со	mplete
		1/1/21 - 1	2/31/21				
	Other Co	ompliance Sched	ules				
Compliance Schedule Activity			ue 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				
Water	System Facili	ity and Sampling	Point Ir	vento	ry		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		WITHIN 5 SERVICE CON					
	SPC 002	180 WESTBROOK RD-B2			N		
	SPC 003	180 WESTBROOK RD-B3			N		
	SPC 004	180 WESTBROOK RD-B4	1 P		N		

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Schedule Generation Date: 3/10/2020 Page 3

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0509113	70509113 SHORELINE PROFESSIONAL CENTER					38	Р	GW
Local Address (w	ocal Address (where applicable)		Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
180 WESTBROOK ROAD		Connections	7					

Connecticut Department of Public Health Drinking Water Section

Towns Served: ESSEX

	Water System Facility and Sampling Point Inventory											
Water		6 !: 5 : .	6 " 9 "		Total	Lead and						
System	Water System Facility		Sampling Point		Coliform	Copper			Stage			
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
		SPC 005	180 WESTBROOK RD-B5	Р		Ν						
		SPC 006	180 WESTBROOK RD-B6	Р		N						
		SPC 007	180 WESTBROOK RD-B7	Р		N						
		SPC-001	180 WESTBROOK RD-B1	Р	Υ	N						
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
10742	SHORELINE PROFESSIONAL CENTER WELL	2	SHORELINE PROFESSION	Α								
51379	PRESSURE STORAGE								-			

Certified Operator Information

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

Facility Classification:SMALL WATER SYSTEMCertificationOperator NameOperator TypeCertification(s)ExpirationO'SHAUGHNESSY, WILLIAM J.CHIEF OPERATORWATER TREATMENT PLANT OPERATOR - CLASS II6/30/2021

,									<u> </u>		
Contact Information											
Name		Organization	Organization Job Title								
Dr. Katrina A. Wall				Shoreline Pro	ofessional Center	President					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code		
180 Westbrook Rd, Bldg 6						Essex		СТ	06426		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress				
860-767-2262			86	0-304-0819		essexde	ntist@hotmail	.com			

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

Schedule Generation Date: 3/10/2020