

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID

CT0360034

PWS Name

SHM DEEP RIVER MARINA LLC

Classification

NC

Population

25

Owner Type

P

Primary Source

GW

Local Address (where applicable)

50 RIVER LANE

Service Connections

Residential

Commercial

Industrial

Combined

Agricultural

1

Towns Served: DEEP RIVER

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

4/1/25 - 6/30/25

Complete

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

4/1/25 - 6/30/25

Complete

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+Nitrite (1038)

1 routine (RT) per year

Sampling Point (Sampling Point ID)

Monitoring Period

Collection Period

Compliance Status

ENTRY POINT (3)

1/1/24 - 12/31/24

Complete

1/1/25 - 12/31/25

Complete

1/1/26 - 12/31/26

Nitrate (1040)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)

Monitoring Period

Collection Period

Compliance Status

ENTRY POINT (3)

4/1/25 - 6/30/25

Complete

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

Other Compliance Schedules

Compliance Schedule Activity

Due Date

Achieved Date

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

Water System Facility

Sampling Point ID

Sampling Point Description

Total Coliform

Lead and Copper

Asbestos

Stage

Facility ID

ID

Rule

Rule Tier

Asbestos

WQP 2 DRDP

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: 12/12/2025

Page 1

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0360034	SHM DEEP RIVER MARINA LLC	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 RIVER LANE			1			

Towns Served: DEEP RIVER

Facility ID	Description	Status	Rate	Rate Tier	Asbestos	WQ	LDH
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	DOWNSTEAM WITHIN 5 SERVICE CON			A			
	UPSTREAM WITHIN 5 SERVICE CON			A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20667	WELL 1	2	WELL 1	A			
59522	ATMOSPHERIC STORAGE						
59752	WELL 2	2	WELL 2	A			

Contact Information

Name				Organization			Job Title		
Mr. Matthew Beer				Shm Deep River Marina LLC			General Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 River Lane						Deep River		CT	06417
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-526-5560			860-526-2469				mbeer@shmarinas.com		

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

Name				Organization		Job Title			
Safe Harbor Marinas, LLC									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 River Lane						Deep River		CT	06417
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-526-5560									

Contact Role(s): **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	
CT0363064	JEANS LEGACY, LLC			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
497 WINTHROP ROAD					1			
Towns Served: DEEP RIVER								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POINT OF ENTRY (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL #2 (WSF ID: 62434)**

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #2 (2)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	POINT OF ENTRY	A				
62434	WELL #2	2	WELL #2	A				
62436	TREATMENT							
62511	UV TREATMENT							

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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	
CT0363064	JEANS LEGACY, LLC			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
497 WINTHROP ROAD					1			
Towns Served: DEEP RIVER								

Contact Information

Name				Organization			Job Title		
Mr. Fred Zobel				Jeans Legacy LLC					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
79 River Street						Deep River		CT	06417
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-526-3277					203-623-1445				

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

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1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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