	C	. CD 11: T	1.1	D : 1:	TAT .	C .:	
	Connecticut Departmen	t of Public H	lealth	Drinking	g Water	Section	
	Water Quality Mo	nitoring an	d Com	ipliance S	Schedul	e	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0360034	SHM DEEP RIVER MARINA LLC			NC	25	Р	GW
Local Address	(where applicable)	Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural
50 RIVER LAN	E	Connections		1			
Towns Served	: DEEP RIVER			,		'	
	Mo	onitoring Requ	ireme	nts			
Water Syster	m Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)					
Total Colifo	rm (3100)				1	routine (RT) per quarter

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate+Nitrite (1038)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Other Cor	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D)ate
CROSS CONNECTION SURVEY REPORT	3/1/2020		

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								

	Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	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: 4/3/2024 Page 1

	Water Quality Mor	nitoring and	d Con	npl	iance S	Schedul	e	
PWS ID					ssification	Population	Owner Type	Primary Source
CT0360034	CT0360034 SHM DEEP RIVER MARINA LLC				NC	25	Р	GW
Local Address (w	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
50 RIVER LANE		Connections			1			

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP		
20667	WELL 1	2	WELL 1	Α						
59522	ATMOSPHERIC STORAGE									
59752	WELL 2	2	WELL 2	А						

Contact Information

			,	contact inf	ormation				
Name				Organization	1	Job Title			
Mr. Matthew Beer				Shm Deep Ri	ver Marina LLC	General Manager			
Mailing Address Lin	e One		Mailing Add	dress Line Two		City		State	Zip Code
50 River Lane	0 River Lane					Deep Riv	/er	СТ	06417
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address			
860-526-5560		860-526-	2469			mbeer@shmarinas.com			
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact						
Name				Organization			Job Title		
Safe Harbor Marina	as, LLC								
Mailing Address Lin	e One		Mailing Add	dress Line Two		City		State	Zip Code
50 River Lane						Deep Riv	/er	СТ	06417
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Address			
860-526-5560									
Contact Role(s): O	wner								

Please note the following:

Towns Served: DEEP RIVER

- 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: 4/3/2024

	Connecticut Dep	artment of	Public Healt	h Drink	ing Wa	ater Se	ction
	Water Ou	ality Monit	oring and Co	mpliand	ce Sche	edule	
PWS ID	PWS Name	J = ====	0	Classificat			ner Type Primary Source
CT0363064	JEANS LEGACY, LLC			NC		.5	P GW
Local Address ((where applicable)		Service Reside	ntial Comn	nercial In	dustrial	Combined Agricultural
497 WINTHRO			Connections		1		
Towns Served:	DEEP RIVER					I	
		Monito	oring Requirem	ents			
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)				
Total Colifor	m (3100)					1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monito	ring Period	Collecti	ion Period	Compliance Status
Select fro	m Inventory of Active Samplir	ng Points	10/1/23	3 - 12/31/23			Complete
			1/1/24	- 3/31/24			
			4/1/24	- 6/30/24			
			7/1/24	- 9/30/24			
Physical Para	ameters (PPS)					1 rou	tine (RT) per quarter
-	Point (Sampling Point ID)		Monito	ring Period	Collecti	ion Period	Compliance Status
Select fro	m Inventory of Active Samplin	ng Points	10/1/23	3 - 12/31/23			Complete
			1/1/24	- 3/31/24			
			4/1/24	- 6/30/24			
			7/1/24	- 9/30/24			
Water Systen	m Facility: ENTRY POINT ((WSF ID: 00700)					
Nitrate And	Nitrite (NOX)					1	routine (RT) per year
	Point (Sampling Point ID)		Monito	ring Period	Collecti	ion Period	Compliance Status
POINT OF	ENTRY (3)		1/1/23	- 12/31/23			Complete
			1/1/24	- 12/31/24			·
			1/1/25	- 12/31/25			
Water Systen	m Facility: WELL #2 (WSF	ID: 62434)					
E. Coli (3014	4)					1 rou	tine (RT) per quarter
-	Point (Sampling Point ID)		Monito	ring Period	Collecti	ion Period	Compliance Status
WELL #2 (10/1/23	3 - 12/31/23			Complete
	, ,			- 3/31/24			•
				- 6/30/24			
				- 9/30/24			
	Water	System Facili	ty and Samplin	g Point II	nventor	У	
Water					Total	Lead and	
- /	ter System Facility	Sampling Point			_	Copper	Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	Α			
			WITHIN 5 SERVICE CO				
		UPSTREAM	WITHIN 5 SERVICE CO				
	TRY POINT	3	POINT OF ENTRY	Α			
62434 WE	LL #2	2	WELL #2	Α			
	ATMENT						

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62511 UV TREATMENT

Schedule Generation Date: 4/3/2024 Page 3

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Com	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Cla	ssification	Population	Owner T	ype F	rimary Source
CT0363064	JEANS LEGACY, LLC				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Resider	itial	Commerci	al Industri	al Com	bined	l Agricultural
497 WINTHROP	ROAD	Connections			1				

Towns Served: DEEP RIVER

			C	ontact Inf	ormation				
Name				Organization	ı	Job Title			
Mr. Fred Zobel				Jeans Legacy LLC					
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code	
79 River Street						Deep Riv	er	СТ	06417
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-526-3277			20	3-623-1445					

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.

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

End of schedule

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