	Connecticu	t Department of	Public H	Health 1	Drin	king	Water	· Se	ection		
		er Quality Monit				U					
PWS ID	PWS Name	Classification Population Owner Type Primary Source									
CT0360034	BREWERS DEEP RI	VER MARINA			N	С	25		Р	GW	
Local Addr	ess (where applicable)		Service	Residenti	al Coi	mmercial	Industri	ial	Combined	Agricultural	
50 RIVER L	ANE		Connections			1					
Towns Serv	ved: DEEP RIVER		1		'			,			
		Monit	oring Requ	uiremen	ts						
Water Sys	stem Facility: DISTRIE	BUTION SYSTEM (WSF I	D: 00600)								
Total Col	iform (3100)						1	l rou	ıtine (RT)	per quarter	
Samp	ling Point (Sampling Poi	int ID)		Monitorin	g Perio	od Col	lection Pe			iance Status	
Select	from Inventory of Activ	e Sampling Points		7/1/19 - 9	/30/1	9			Со	mplete	
	•			10/1/19 - 1	2/31/	19				mplete	
				1/1/20 - 3	-					mplete	
				4/1/20 - 6						•	
				7/1/20 - 9							
Physical I	Parameters (PPS)						1	l rou	ıtine (RT)	per quarter	
Samp	ling Point (Sampling Poi	int ID)		Monitorin	g Perio	od Col	lection Pe	riod	Compli	Compliance Status	
Select	from Inventory of Activ	e Sampling Points		7/1/19 - 9	/30/1	9			Co	mplete	
				19			Co	mplete			
				0			Co	mplete			
				0							
				7/1/20 - 9	/30/20	0					
Water Sys	stem Facility: ENTRY	POINT (WSF ID: 00700)									
Nitrate A	and Nitrite (NOX)							1	routine (F	RT) per year	
Samp	ling Point (Sampling Poi	int ID)		Monitorin	g Perio	od Col	lection Pe	riod	Compli	iance Status	
ENTR	Y POINT (3)			1/1/19 - 1	2/31/1	.9			Со	mplete	
				1/1/20 - 1	2/31/2	20			Со	mplete	
				1/1/21 - 1	2/31/2	!1					
		Other C	ompliance	Schedu	ıles						
Complianc	e Schedule Activity		•		ue Dat	e:	Achie	eved	Date		
	NNECTION SURVEY REPO	RT			/1/202						
		Vater System Facil	ity and Sai				tory				
Markan	V	vater System racii	ity and Sai	ilipillig i	OIIII		-				
Water System	Water System Facility	Sampling Point	Samplina Poi	int		Tot Colife				Stage	
Facility ID	tracer system radiney	ID	Description		Sta	Ď.,		•	Asbestos	WQP 2 DBPF	
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Σtα	tus				•	
00000	DISTRIBUTION STSTEM	DOWNSTREAM			Δ						
		UPSTREAM	WITHIN 5 SEF		Δ						
00700	ENTRY POINT	3	ENTRY POINT		Α						
	WELL 1	2	WELL 1		Α						
	ATMOSPHERIC STORAGE		AA LLL I			1					
	WELL 2	2	WELL 2		Α	\					
33732			tact Infori	mation							
Namo				וומנוטוו					Job Title		
Name Mr. Brian (G Homan		rganization nm Deep River	Marina II (General N	Jana			
	dress Line One	Mailing Addres	•	iviai IIId LLC	•		City	vidild	State	Zip Code	
50 River La		ivialiling Addres	S LITIE TWO			Deep Riv			CT	06417	
JO WINEL LD				Deeh VII	CI	CI	0041/				

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

O												
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name							sification	Population	Owner Type	Primary Source		
CT0360034	BREWERS DEEP			NC	25	Р	GW					
Local Address (w	Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural					
50 RIVER LANE		Connection	ıs	1								
Towns Served: D					·							
Business Phon	e Phone	Emergency	y Phor	ne Email A	Address							
860-526-5560	1242	860-526-2469		860-575	-1660	bhoma	ın@shmarin	as.com				

Connecticut Department of Public Health Drinking Water Section

Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

- 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 Dep	artmer	nt of	f Public H	lealth	Dri	inking	Wate	r S	ection		
	Water Qu	ality M	onit	oring an	d Com	plia	ance S	chedu	le			
PWS ID	PWS Name	<i>J</i>		0						vner Type P	rimary Source	
CT0363064	JEANS LEGACY, LLC						NC	25		Р	GW	
Local Addre	ss (where applicable)			Service	Resident	ial C	Commercia	l Industi	rial	Combined	Agricultural	
497 WINTHI	ROP ROAD	Connections			1							
Towns Serve	ed: DEEP RIVER			1							,	
		М	onit	oring Requ	ıiremer	nts						
Water Syst	tem Facility: DISTRIBUTION											
Total Colif	form (3100)								1 ro	utine (RT)	per quarter	
Sampli	ing Point (Sampling Point ID)				Monitorir	ng Pei	riod Co	llection P	eriod	l Compl	ance Status	
Select	from Inventory of Active Sampli	ng Points			7/1/19 -	9/30/	/19			Cc	mplete	
					10/1/19 -	12/31	1/19			Co	mplete	
					1/1/20 -	3/31/	/20			Co	mplete	
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
-	arameters (PPS)								1 ro	utine (RT)	per quarter	
Sampli	ing Point (Sampling Point ID)				Monitorin	ng Pei	riod Co	llection P	eriod	l Compl	ance Status	
Select	from Inventory of Active Sampli	ng Points			7/1/19 -					Co	mplete	
					10/1/19 -	12/31	1/19			Complete		
					1/1/20 -					Co	mplete	
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Water Syst	tem Facility: POINT OF ENTE	RY (WSF ID	: 007	00)								
Nitrate Ar	nd Nitrite (NOX)								1	l routine (F	RT) per year	
Sampli	ing Point (Sampling Point ID)				Monitorin			llection P	eriod	l Compl	ance Status	
POINT	OF ENTRY (3)				1/1/19 - 1	L2/31	/19			Co	mplete	
					1/1/20 - 1	L2/31	/20			Co	mplete	
					1/1/21 - 1	L2/31	/21					
		Public		ification R	-	mer						
Violeties /C	ituation		C	ompliance Period	Notice			<u>tification</u>			<u>tification</u>	
Violation/S	rm M&R Violation		1 /1	/19 - 3/31/19	Tier 3		Required	Perform	ed	Due to DPH	Received	
	rameters M&R Violation			/19 - 3/31/19	3		6/6/2020			5/16/2020 5/16/2020		
E. Coli	afficiers Max Molation			/19 - 6/30/19	3		/12/2020			8/22/2020		
E. COII	107					-				0/22/2020		
	Water	system I	-acılı	ity and Sar	npling	POII						
Water	Almhan Crishares Pro-119	Ca!!	Detec	Communities D. S	4			tal Lead		1		
System V Facility ID	Nater System Facility	Sampling ID	Point	Sampling Poil Description	nt		D.	_	oper o Tio	r Achastas	Stage WQP 2 DBPR	
-	DISTRIBUTION SYSTEM	4		DISTRIBUTION	.i	St	lutus	ile Kuit	e me	ASDESIUS	WQF 2 DBFK	
00000 L	DISTRIBUTION STSTEIN		DEANA				A A					
			DWNSTREAM WITHIN 5 SERVICE CON JPSTREAM WITHIN 5 SERVICE CON									
00700	DOINT OF ENTRY		.∕UIVI			1	Α					
	POINT OF ENTRY	3		POINT OF EN	ını		Α					
53268 V	WELL	2		WELL			Α					
			Con	tact Inform	mation							
Name			0	rganization						Job Title		
Mr. Fred Zo	bel		Je	ans Legacy LLC	•							
Mailing Add	Iress Line One	ddres	s Line Two			City			State	Zip Code		

70. Diver Street

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Schedule Generation Date: 3/10/2020

Connecticut Department of Fubility Treatment Diffixing Water Section												
	Wa	ter Qual	ity Monito	oring an	d Con	nplia	ince S	Schedul	le			
PWS ID	D PWS Name							Population	Owner Type	Primary Source		
CT0363064			NC		25	Р	GW					
Local Address (w	Service	Residen	itial Co	mmerci	al Industri	al Combine	ed Agricultural					
497 WINTHROP	Connections	i		1								
Towns Served: D	EEP RIVER									·		
79 KIVEL STEEL				neeh r	ivei	CI	00417					
Business Phon	e Phone Emergency Phone		Email A	Address								
860-526-3277			203-62	23-1445								

Connecticut Department of Public Health Drinking Water Section

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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End of schedule

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