

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1548011	SAFE HARBOR, INC.	C	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			24				

Towns Served: WESTBROOK

Monitoring Requirements

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

Asbestos (1094)		1 routine (RT) per nine years			
<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	1/1/14 - 12/31/22				
Total Coliform (3100)		1 routine (RT) per month			
<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	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		
	1/1/17 - 1/31/17		Complete		
	2/1/17 - 2/28/17		Complete		
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Lead And Copper (PBCU)		5 routine (RT) per three years			
<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	1/1/16 - 12/31/18	6/1-9/30			
	1/1/19 - 12/31/21	6/1-9/30			
Physical Parameters (PPS)		1 routine (RT) per month			
<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	1/1/17 - 1/31/17		Complete		
	2/1/17 - 2/28/17		Complete		
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
Physical Parameters (PPX)		1 routine (RT) per month			
<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	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Net Gross Alpha (4000)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		

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Monitoring Requirements

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

	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Net Gross Alpha (4000)			
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)			
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)			
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)			
ENTRY POINT (3)	1/1/15 - 12/31/17		Complete
	1/1/18 - 12/31/20		
Nitrate And Nitrite (NOX)			
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			
ENTRY POINT (3)	1/1/14 - 12/31/16	1/1-12/31	Waiver
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)			
ENTRY POINT (3)	1/1/15 - 12/31/17		Complete
	1/1/18 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT CCR TO THE DEPARTMENT	6/30/2017	
SUBMIT CCR CERTIFICATION FORM	8/9/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	

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Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	9/1/15 - 9/30/15	2	10/25/2015		11/4/2015	

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		Stage 2	
					Rule	Rule Tier	Asbestos	DBPR	
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		SAF01	APT 1	A	Y				
		SAF02	APT 2	A	Y				
		SAF03	APT 3	A	Y				
		SAF04	APT 4	A	Y				
		SAF05	APT 5	A	Y				
		SAF06	APT 6	A	Y				
		SAF07	APT 7	A	Y				
		SAF08	APT 8	A	Y				
		SAF09	APT 9	A	Y				
		SAF10	APT 10	A	Y				
		SAF11	APT 11	A	Y				
		SAF12	APT 12	A	Y				
		SAF13	APT 13	A	Y				
		SAF14	APT 14	A	Y				
		SAF15	APT 15	A	Y				
		SAF16	APT 16	A	Y				
		SAF17	APT 17	A	Y				
		SAF18	APT 18	A	Y				
		SAF19	APT 19	A	Y				
		SAF20	APT 20	A	Y				
		SAF21	APT 21	A					
		SAF22	APT 22	A	Y				
		SAF23	APT 23	A	Y				
SAF24	APT 24	A	Y						
SAF25	COMMUNITY BUILDING	A	Y						
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
52869	ATMOSPHERIC TANK								
52871	HYDROPNEUMATIC TANK								
52873	SAFE HARBOR PUMP HOUSE								
946	WELL 2	2	WELL 2	A					
947	WELL 1	2	WELL 1	A					

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Towns Served: WESTBROOK

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
WITTENZELLNER, ROBERT	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019
		WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2018

Contact Information

Name		Organization			Job Title	
Safe Harbor, Inc.						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
162 West St Suite D		C/O Wildwood Property		Cromwell	CT	06416
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-349-3431						

Contact Role(s): **Owner**

Name		Organization			Job Title	
Mr. Michael Hallarin		Wildwood Property Management			Property Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
162 West Street, Suite D				Cromwell	CT	06416
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-398-5425	507	860-398-5429			mike@wildwoodmgt.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.
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