Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0878011	**BREEZY KNOLL ASSOCIATION**	C	100	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		25				

Towns Served: LITCHFIELD, MORRIS

Monitoring Requirements

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

Asbestos (1094) — **1 routine (RT) per nine years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		

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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Lead And Copper (PBCU) — **5 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/16	6/1-9/30	Complete
	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	

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	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Net Gross Alpha (4000) — **1 routine (RT) per six years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/14 - 12/31/19		

Uranium (4006) — **1 routine (RT) per six years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/14 - 12/31/19		

Combined Radium-226/228 (4010) — **1 routine (RT) per six years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/14 - 12/31/19		

Inorganic Chemicals (IOCS) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/15 - 12/31/17		
	1/1/18 - 12/31/20		

Nitrate And Nitrite (NOX) — **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*

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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
CT0878011	**BREEZY KNOLL ASSOCIATION**	C	100	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		25				

Towns Served: LITCHFIELD, MORRIS

Monitoring Requirements

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

Nitrate And Nitrite (NOX) — **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Pesticides, Herbicides and PCBs-Phase II (SOC2) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Pesticides, Herbicides and PCBs-Phase V (SOC5) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Organic Chemicals (VOCS) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/15 - 12/31/17		
	1/1/18 - 12/31/20		

Water System Facility: **WELL 1 (WSF ID: 1544)**

E. Coli (3014) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
WELL (2)	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
SUBMIT CCR TO THE DEPARTMENT	6/30/2017	
SUBMIT CCR CERTIFICATION FORM	8/9/2017	
CROSS CONNECTION EXEMPTION	3/1/2019	

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 2 DBPR*
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BREEZY001	BREEZY400	A		3		
		BREEZY002	BREEZY402	A	Y	3		
		BREEZY003	BREEZY404	A	Y	3		

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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
CT0878011	**BREEZY KNOLL ASSOCIATION**	C	100	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		25				

Towns Served: LITCHFIELD, MORRIS

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 2 DBPR*
		BREEZY004	BREEZY406	A	Y	3		
		BREEZY005	BREEZY408	A	Y	3		
		BREEZY006	BREEZY410	A	Y	3		
		BREEZY007	BREEZY412	A	Y	3		
		BREEZY008	BREEZY414	A	Y	3		
		BREEZY009	BREEZY416	A	Y	3		
		BREEZY010	BREEZY418	A	Y	3		
		BREEZY011	BREEZY420	A	Y	3		
		BREEZY012	BREEZY422	A	Y	3		
		BREEZY013	BREEZY424	A	Y	3		
		BREEZY014	BREEZY426	A	Y	3		
		BREEZY015	BREEZY428	A	Y	3		
		BREEZY016	BREEZY430	A	Y	3		
		BREEZY017	BREEZY432	A	Y	3		
		BREEZY018	BREEZY434	A	Y	3		
		BREEZY019	BREEZY436	A	Y	3		
		BREEZY020	BREEZY443	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1544	WELL 1	2	WELL	A				
47131	PRESSURE TANK							

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	*Operator Type*	*Certification(s)*	*Certification Expiration*
BLACK, RON W.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2017
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2017
GIORDANO, DAVID S.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2017
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2017

Contact Information

Name	Organization	Job Title
Breezy Knoll Association Incorporated		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
58 Moran Street	C/O Jacob Hyner	Waterbury	CT	06704

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
212-755-3063					

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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
CT0878011	**BREEZY KNOLL ASSOCIATION**	C	100	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		25				

Towns Served: LITCHFIELD, MORRIS

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Mike Held	Breezy Knoll Association	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
469 8Th St		Brooklyn	NY	11215

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
646-468-7388				646-468-7388	mikeheld1@gmail.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

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.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0878021	**ELDRIDGE ELDERLY HOUSING**	C	40	L	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
109 EAST ST (RT 109)		21				

Towns Served: MORRIS

Monitoring Requirements

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

Asbestos (1094) — **1 routine (RT) per nine years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21		

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	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Lead And Copper (PBCU) — **5 routine (RT) per six months**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 12/31/16		Complete
	1/1/17 - 6/30/17		
	7/1/17 - 12/31/17		

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	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

Water System Facility: **ENTRY POINT - WELLS 2, 3, & 4 (WSF ID: 00700)**

Inorganic Chemicals (IOCS) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
EP - WELLS 2, 3, & 4 (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Nitrate And Nitrite (NOX) — **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
EP - WELLS 2, 3, & 4 (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
EP - WELLS 2, 3, & 4 (3)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		

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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
CT0878021	**ELDRIDGE ELDERLY HOUSING**	C	40	L	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
109 EAST ST (RT 109)		21				

Towns Served: MORRIS

Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 2, 3, & 4 (WSF ID: 00700)**

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
EP - WELLS 2, 3, & 4 (3)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Organic Chemicals (VOCS) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
EP - WELLS 2, 3, & 4 (3)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2016	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2017	
SUBMIT CCR TO THE DEPARTMENT	6/30/2017	
SUBMIT CCR CERTIFICATION FORM	8/9/2017	

Public Notification Requirements

Violation/Situation	*Compliance Period*	*Notice Tier*	*Public Notification*		*PN Certification*	
			Required	*Performed*	*Due to DPH*	*Received*
Combined Radium-226/228 M&R Violation	1/1/05 - 3/31/05	3	10/24/2006		11/3/2006	
Uranium M&R Violation	1/1/05 - 3/31/05	3	10/24/2006		11/3/2006	
Net Gross Alpha M&R Violation	1/1/05 - 3/31/05	3	10/24/2006		11/3/2006	
Di(2-Ethylhexyl) - Phthalate M&R Violation	7/1/10 - 9/30/10	3	12/30/2011		1/9/2012	

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 2 DBPR*
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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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
CT0878021	**ELDRIDGE ELDERLY HOUSING**	C	40	L	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
109 EAST ST (RT 109)		21				

Towns Served: MORRIS

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 2 DBPR*
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		ELD001	SENIOR CTR KITCHEN	A	Y	2		
		ELD002	UNIT #1	A		2		
		ELD003	UNIT #5	A		2		
		ELD004	UNIT #15	A		2		
		ELD005	UNIT #17	A		2		
		ELD006	UNIT #21	A		2		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELLS 2, 3, & 4	3	EP - WELLS 2, 3, & 4	A				
1543	WELL 2	2	WELL 2	A				
50951	ATMOSPHERIC STORAGE							
50953	PRESSURE STORAGE							
50955	ELDRIDGE TREATMENT PLANT							
55144	WELL 3	2	WELL 3	A				
59706	WELL 4	2	WELL 4	A				

Certified Operator Information

Water System Facility: **ELDRIDGE TREATMENT PLANT (WSF ID: 50955)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	*Operator Type*	*Certification(s)*	*Certification Expiration*
GRELA, GEORGE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	9/30/2017

Contact Information

Name	Organization	Job Title
Ms. Barbara E. Bongiolatti	Town of Morris	First Selectwoman

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Morris Community Hall	3 East Street, P.O. Box 66	Morris	CT	06763-0066

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-567-7430		860-567-7432			1stselectman@townofmorrisct.org

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

Name	Organization	Job Title
Town of Morris Elderly Housing		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
109 East Street		Morris	CT	06763

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

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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
CT0878021	**ELDRIDGE ELDERLY HOUSING**	C	40	L	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
109 EAST ST (RT 109)		21				

Towns Served: MORRIS

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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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