

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0878011</b>	<b>BREEZY KNOLL ASSOCIATION</b>	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)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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	1/1/23 - 12/31/31				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<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	1/1/23 - 12/31/25	6/1-9/30			
	1/1/26 - 12/31/28	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/20 - 12/31/25		Complete		
	1/1/26 - 12/31/31				
<b>Uranium (4006)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/20 - 12/31/25		Complete		
	1/1/26 - 12/31/31				
<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/20 - 12/31/25		Complete		
	1/1/26 - 12/31/31				
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/24 - 12/31/26				
	1/1/27 - 12/31/29				
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		

*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.*

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<b>CT0878011</b>	<b>BREEZY KNOLL ASSOCIATION</b>	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)**

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/26 - 12/31/26		
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

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

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2030	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		BREEZY001	BREEZY400	A	Y	3	
		BREEZY002	BREEZY402	A	Y	3	
		BREEZY003	BREEZY404	A	Y	3	Y
		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	

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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		
<b>CT0878011</b>	<b>BREEZY KNOLL ASSOCIATION</b>	<b>C</b>	<b>100</b>	<b>P</b>	<b>GW</b>		
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 WQP 2 DBPR
		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		
		BREEZY021	BREEZY KNOLL RD 7	A	Y	3		
		BREEZY022	BREEZY KNOLL RD 3	A	Y	3		
		BREEZY023	BREEZY KNOLL RD 5	A	Y	3		
		BREEZY024	BREEZY KNOLL RD 9	A	Y	3		
		BREEZY025	SPERLING CAMP DAVID	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	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2026
CROWNSHAW, MICHAEL L	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	3/31/2028

### Contact Information

Name			Organization			Job Title			
<b>Mr. Robert Maddox</b>						Water Contact			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
300 Flax Hill Road #11						Norwalk		CT	06854
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
917-856-3589					water@breezyknoll.org				
Contact Role(s): <b>Administrative Contact, Legal Contact</b>									

*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			
<b>CT0878011</b>	<b>BREEZY KNOLL ASSOCIATION</b>	<b>C</b>	<b>100</b>	<b>P</b>	<b>GW</b>			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
			25					
Towns Served: LITCHFIELD, MORRIS								
Name			Organization			Job Title		
<b>Mr. Steve Friedman</b>						Treasurer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
890 West End Avenue #11B						New York	NY	10025
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
917-689-7462					treasurer@breezyknoll.org			
Contact Role(s): <b>Owner</b>								

**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		
<b>CT0878021</b>	<b>ELDRIDGE ELDERLY HOUSING</b>	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)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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	1/1/22 - 12/31/30				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>			
<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	1/1/25 - 6/30/25		Complete		
	7/1/25 - 12/31/25				
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
Water System Facility: <b>ENTRY POINT - WELLS 2, 3, &amp; 4 (WSF ID: 00700)</b>					
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - WELLS 2, 3, & 4 (3)	1/1/23 - 12/31/25		Complete		
	1/1/26 - 12/31/28				
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - WELLS 2, 3, & 4 (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				
<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - WELLS 2, 3, & 4 (3)	1/1/23 - 12/31/28				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - WELLS 2, 3, & 4 (3)	1/1/23 - 12/31/25		Complete		
	1/1/26 - 12/31/28				
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - WELLS 2, 3, & 4 (3)	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		

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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		
<b>CT0878021</b>	<b>ELDRIDGE ELDERLY HOUSING</b>	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)**

<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	3/7/2020	
SUBMIT FISCAL AND ASSET MANAGEMENT CERT	1/1/2021	
RESPOND TO SANITARY SURVEY	2/24/2024	
SUBMIT CCR TO THE DEPARTMENT	6/30/2024	
SUBMIT CCR CERTIFICATION FORM	8/9/2024	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2025	
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		ELD001	SENIOR CTR KITCHEN	A	Y	N		
		ELD002	UNIT #1	A	Y	N		
		ELD003	UNIT #5	A	Y	N		
		ELD004	UNIT #15	A	Y	N		
		ELD005	UNIT #17	A	Y	N		
		ELD006	UNIT #21	A	Y	N		
		ELD007	MENS BATH LEFT SINK	A		N		
		ELD008	MENS BATH SINK RIGHT	A		N		
		ELD009	DRINKING FOUNTAIN	A	Y	N		
		ELD010	WOMEN BATH SINK LEFT	A		N		
		ELD011	WOMEN BATH SINK RIGH	A		N		
		ELD012	UTILITY SINK	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				

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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 WQP 2 DBPR
00700	ENTRY POINT - WELLS 2, 3, & 4	3	EP - WELLS 2, 3, & 4	A				
1543	WELL 2	2	WELL 2	A				
50951	ATMOSPHERIC STORAGE							
50956	TREATMENT PLANT							
55144	WELL 3	2	WELL 3	A				
59706	WELL 4	2	WELL 4	A				

## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 50956)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
			<b>Certification Expiration</b>
Operator Name	Operator Type	Certification(s)	
GRELA, GEORGE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	9/30/2026

## Contact Information

Name		Organization			Job Title	
<b>Mr. Tom Weik</b>		Town of Morris			First Selectman	
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@morrisct.gov	

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

Name		Organization			Job Title	
<b>Town of Morris Elderly Housing</b>						
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**

**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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**End of schedule**