

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

Connecticut Department of Public Health Drinking Water Section

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| 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

| <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 | | |
| | 1/1/27 - 12/31/27 | | |

Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) 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> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |

Organic Chemicals (VOCS) 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> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |

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

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| WELL (2) | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

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

| <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 | | | |
| | | 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 | | |

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| 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 WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | 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 | | |
| | | 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 | | |
|--|--|-----------|--------------------------|--------------|--|-----------------|-----------------------|-------|----------|
| Mr. Robert Maddox | | | | | | | 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): Administrative Contact, Legal Contact | | | | | | | | | |

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

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

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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 | Residential | Commercial | Industrial | Combined | Agricultural |
| 109 EAST ST (RT 109) | | | Connections | 21 | | | | |

Towns Served: MORRIS

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 | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | |
| <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 | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per six months | |
| <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 | 7/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | |
| <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 | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Water System Facility: ENTRY POINT - WELLS 2, 3, & 4 (WSF ID: 00700) | | | |
| Inorganic Chemicals (IOCS) | | 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> |
| EP - WELLS 2, 3, & 4 (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | |
| <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 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) | | 1 routine (RT) per six years | |
| <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 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | | 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> |
| EP - WELLS 2, 3, & 4 (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |

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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 | Residential | Commercial | Industrial | Combined | Agricultural |
| 109 EAST ST (RT 109) | | | Connections | 21 | | | | |
| Towns Served: MORRIS | | | | | | | | |

Monitoring Requirements

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

| 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) | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|-----------|---------------|
| 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 CCR TO THE DEPARTMENT | 6/30/2025 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2025 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2026 | |

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 |
|--------------------------|-------------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 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 | | | | |
| 00700 | ENTRY POINT - WELLS 2, 3, & 4 | 3 | EP - WELLS 2, 3, & 4 | A | | | | |
| 1543 | WELL 2 | 2 | WELL 2 | A | | | | |
| 50951 | ATMOSPHERIC STORAGE | | | | | | | |

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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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 50956 | TREATMENT PLANT | | | | | | | |
| 55144 | WELL 3 | 2 | WELL 3 | A | | | | |
| 59706 | WELL 4 | 2 | WELL 4 | A | | | | |

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 50956)**

Facility Classification: CLASS 1 TREATMENT PLANT

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|---------------|----------------|--|--------------------------|
| GRELA, GEORGE | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2026 |

Contact Information

| Name | | Organization | | Job Title | | |
|--------------------------|-----------|----------------------------|--------------|-----------------|----------------------------|------------|
| Mr. Tom Weik | | 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@morristct.gov | |

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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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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