	Connecticut Department	of Public H	Health D	rinkir	ng V	Vater S	Section	
	Water Quality Mon				_			
PWS ID	PWS Name	8:						Primary Source
CT0878011	BREEZY KNOLL ASSOCIATION			С		100	P	GW
Local Address	(where applicable)	Service	Residential	Comme	rcial	Industrial	Combine	d Agricultura
	,	Connections	25					
Towns Served	: LITCHFIELD, MORRIS	l l						
	Mor	nitoring Requ	uirement	S				
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)						
Asbestos (1	094)					1 rou	tine (RT) p	er nine years
Sampling	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio	d Com	oliance Status
Select fro	om Inventory of Active Sampling Points		1/1/23 - 12/	/31/31				
Total Colifo	rm (3100)					1 r	outine (RT	) per quarter
	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio	=	oliance Status
	om Inventory of Active Sampling Points		4/1/25 - 6/3				. (	Complete
			7/1/25 - 9/					Complete
			10/1/25 - 12					Complete
			1/1/26 - 3/3					
			4/1/26 - 6/	-				
Lead And Co	opper (PBCU)		., _,	,		5 routi	ne (RT) ne	r three years
	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio		oliance Status
	om Inventory of Active Sampling Points		1/1/23 - 12/			6/1-9/30		Complete
30.000110	minute item of metal sampling remits		1/1/26 - 12/			6/1-9/30		ompiete .
Dhysical Dar	ameters (PPS)		1/1/20 12/	31,20			outine (RT	) per quarter
-	Point (Sampling Point ID)		Monitoring	Derind	Colle	ection Perio	· -	oliance Status
	om Inventory of Active Sampling Points		4/1/25 - 6/3		Come	ction rend	_	Complete
Select II C	on inventory of Active Sampling Forits		7/1/25 - 9/3	-				Complete
			10/1/25 - 12					Complete
							•	Lompiete
			1/1/26 - 3/3					
\A/=+= C+=.	F FNITRY POINT (MCF ID: 007	00)	4/1/26 - 6/	30/20				
Net Gross A	m Facility: ENTRY POINT (WSF ID: 007)	00)				1 =0	utino (DT)	per six years
	prina (4000) Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio		per six years pliance Status
ENTRY PO			1/1/20 - 12/		Come		_	Complete
LIVIIII	51141 (3)		1/1/26 - 12/	-				complete
Uranium (4	006)		1/1/20 12/	31/31		1 ro	utino (PT)	per six years
-	p Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio		per six years pliance Status
ENTRY PO			1/1/20 - 12/		Come	ction rend		Complete
LIVITATION	JIIV1 (3)		1/1/26 - 12/					Joinpiete
Combined B	adium 226/229 /4010)		1/1/20-12/	31/31		1	utino (DT)	nor siy yoors
	adium-226/228 (4010) Point (Sampling Point ID)		Monitoring	Period	Colle	ro ection Perio		per six years pliance Status
ENTRY PO			1/1/20 - 12/		COIIC	.caon Peno	_	Complete
LINITAL	אווער עטן		1/1/26 - 12/					compiete
Inorganic Cl	nemicals (IOCS)		1/1/20-12/	J1/J1		1	no (DT)	r throo years
_	p Point (Sampling Point ID)		Monitoring	Derind	Colle	1 routi ection Perio		r three years pliance Status
ENTRY PO			1/1/24 - 12/		COIIC	.cuon Peno	u com	munice status
ENIKT PO	ואווע (ט)			-				
Nituata A	Nitrito (NOV)		1/1/27 - 12/	31/29			1 40	(DT) (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
	Nitrite (NOX)		Monitoris	Daried	Call	etion Deri		(RT) per year
Sampling	Point (Sampling Point ID)		Monitoring	reriod	COIIE	ection Perio	u com	oliance Status

Schedule Generation Date: 12/12/2025

Connecticut De	epartment of	f Public Health	Drink	ing W	ater Se	ection	
	•	coring and Con				001011	
PWS ID PWS Name	juditey 14101111	oring and don				ner Type Pr	imary Source
CT0878011 BREEZY KNOLL ASSOCIA	TION		С		00	Р	GW
Local Address (where applicable)		Service Resider	_		ndustrial	Combined	Agricultura
and the control of approach,		Connections 25			10.0001.01		7.6
Towns Served: LITCHFIELD, MORRIS							
	Monit	oring Requireme	nts				
Water System Facility: ENTRY POIN							
Nitrate And Nitrite (NOX)					1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	<del>-</del>	ince Status
ENTRY POINT (3)			12/31/24				mplete
			12/31/25				mplete
			12/31/26				
Pesticides, Herbicides and Polychlor	inated Biphenvls (		, ==, ==		1 routine	e (RT) per t	hree years
Sampling Point (Sampling Point ID)	• •		ing Period	Collect	ion Period		ance Status
ENTRY POINT (3)			12/31/25	22			nplete
(3)			12/31/28			30.	12.2.2
Organic Chemicals (VOCS)		1, 1, 20	_, , _, _,		1 routing	e (RT) ner t	hree years
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period		ance Status
ENTRY POINT (3)			12/31/26				
2(0)			12/31/29				
Water System Facility: WELL 1 (WS	F ID: 1544)	_, _,	,,				
E. Coli (3014)					1 roi	ıtine (RT) r	er quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period		ance Status
WELL (2)			6/30/25	00,,,,,			nplete
WEEE (2)			9/30/25				nplete
			12/31/25				nplete
			3/31/26			COI	пріссе
			6/30/26				
	Othor C						
Compliance Schedule Activity	Other C	ompliance Sched	Due Date		Achieved	Data	
CROSS CONNECTION EXEMPTION			3/1/2030		Acmeveu	Dute	
	··· Constant Facil						
	er System Facil	ity and Sampling	Point ir				
Water System Water System Facility	Sampling Point	Sampling Point		Total	Lead and		Ctana
System Water System Facility Facility ID	ID	Description	Chartera	Coliform Rule		Ashestos	Stage WQP 2 DBPI
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> I A	Y	a.c rici	, .5.50505	
COOC DISTRIBUTION STATEM	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	Υ	3		
	BREEZY009	BREEZY414		Υ			
			Α		3		
	BREEZY010	BREEZY418	Α	Υ	3		

Schedule Generation Date: 12/12/2025

	Connectic	ut Depa	rtme	nt of	Public	Health	Dri	nki	ing W	ater Se	ction	
		ter Qual							_			
PWS ID	PWS Name	<b>Q</b> 01013			011119		Class				ner Type P	rimary Source
CT0878011	BREEZY KNOLL A	ASSOCIATION	l					С	-	00	P	GW
Local Address (wh	nere applicable)				Service	Residen	tial C	omm	nercial Ir	ndustrial	Combined	Agricultural
					Connectio	ns 25						
Towns Served: LI	TCHFIELD, MOR	RIS										
		Water Sy	ystem	Facili	ity and S	ampling	Poir	nt Ir	rvento	ry		
Water			. <i></i>						Total	Lead and		_
System Water Facility ID	System Facility	3	sampııng ID		Sampling I Description				Coliform Rule		Achastas	Stage WQP 2 DBPR
racility ID			BREEZ'		BREEZY420		<u>St</u>	atus A	Y	3	ASDESIUS	WQF 2 DBFK
			BREEZ'		BREEZY422			A	Ϋ́	3		
			BREEZ'	_	BREEZY424			A	Y	3		
			BREEZ'		BREEZY426	=		Α	Y	3		
			BREEZ'	-	BREEZY428			Α	Y	3		
			BREEZ		BREEZY430			Α	Y	3		
			BREEZ		BREEZY432	<u>)</u>		Α	Υ	3		
			BREEZ	7018	BREEZY434	l		Α	Υ	3		
			BREEZ	<b>/</b> 019	BREEZY436	5		Α	Υ	3		
			BREEZ	<b>/</b> 020	BREEZY443	3		Α	Υ	3		
			BREEZ	<b>/</b> 021	BREEZY KN	OLL RD 7		Α	Υ	3		
			BREEZ	<b>/</b> 022	BREEZY KN	OLL RD 3		Α	Υ	3		
			BREEZ	<b>/</b> 023	BREEZY KN	OLL RD 5		Α	Υ	3		
			BREEZ	<b>/</b> 024	BREEZY KN	OLL RD 9		Α	Υ	3		
			BREEZ			CAMP DAVIE		Α	Υ	3		
						SERVICE CON		Α				
			UPSTR	EAM		SERVICE CON	J	Α				
	POINT		3		ENTRY POI	NT		Α				
1544 WELL			2		WELL			Α				
47131 PRESS	JRE TANK		0.1	· C· 1	0 .							
						or Inform	atio	n				
Water System F			-	WSF II	D: 00600)							_
Facility Classifica	tion: SMALL W	ATER SYSTEM		· <del></del>	_	C	-/-1					Certification
Operator Name			Operat			Certificatio		NT D	LANTOR	DATOD CL	ACC II	Expiration
BLACK, RON W.			CHIEF OF	EKATO	JK	WATER TRE						6/30/2026
CROWNSHAW, N	ICHAEL I		ASSIGNE		ATOP	SMALL WAT					! <b>!</b>	6/30/2026 3/31/2028
CROWNSHAW, IV	ICHALL L		ASSIGNE					31 LIV	TOPERAT	OK		3/31/2028
Namo						ormation					Job Title	
Name Mr. Robert Made	lov			Or	ganization				١٨/٠	ter Contact	Job Title	
Mailing Address L			Mailing	Address	s Line Two					ity	State	Zip Code
300 Flax Hill Road			iviailing /	auui ESS	JEHIC TWO			Nο	rwalk	icy	CT	06854
Business Phone		Fax		Mohi	le Phone	Emergency	Phon		-	SS	<u> </u>	
		I UX										

water@breezyknoll.org

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

917-856-3589

	Connectic	ut Depa	rtment	of Public	Health	Drii	nking	, Water	Sec	tion		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type	Primary S	Source
CT0878011	BREEZY KNOLL A	SSOCIATION	I			(	С	100		Р	GW	1
ocal Address (w	here applicable)			Service	Residen	itial Co	mmercia	al Industri	al C	ombine	ed Agrico	ultural
				Connection	ns 25							
Γowns Served: LI	TCHFIELD, MORF	RIS									·	
Name				Organization					J	lob Title	9	
Mr. Steve Friedn	nan							Treasurer				
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Co	ode
390 West End Av	enue #11B						New Yo	ork		NY	1002	<u>2</u> 5
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress				
917-689-7462							treasur	er@breezyk	noll.o	rg		
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.

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: 12/12/2025 Page 4

	Connecticut Departmen	nt of Public H	lealth	Drinkin	ig Water	: Se	ection	
	Water Quality M	onitoring an	d Con	npliance	Schedu	le		
PWS ID	PWS Name			Classification	Population	Owi	ner Type Pri	imary Source
CT0878021	ELDRIDGE ELDERLY HOUSING			С	40		L	GW
Local Address	s (where applicable)	Service	Residen	tial Commer	cial Industr	ial	Combined	Agricultural
109 EAST ST (	RT 109)	Connections	21					
Towns Served	l: MORRIS							
	M	onitoring Requ	uireme	nts				
•	m Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)						
Asbestos (1	-				1 rc	outir		nine years
	g Point (Sampling Point ID)			ng Period	Collection Pe	riod	Complia	ince Status
	om Inventory of Active Sampling Points		1/1/22 - :	12/31/30				
Total Colifo	•							er quarter
	g Point (Sampling Point ID)			ng Period	Collection Pe	eriod		ince Status
Select fro	om Inventory of Active Sampling Points		4/1/25 -					nplete
			7/1/25 -					nplete
				12/31/25			Cor	nplete
			1/1/26 - 4/1/26 -					
Load And C	onner (DDCII)		4/1/20-	0/30/20	Fro	+i.n	o (PT) nor	riv manths
	opper (PBCU) g Point (Sampling Point ID)		Monitori	ng Period	Collection Pe		· · ·	six months Ince Status
	om Inventory of Active Sampling Points			6/30/25	Conceilon re	iiou		nplete
JCICCI III	on inventory of Active Sumpling Forms		7/1/25 - :					nplete
			1/1/26 -					piete
Physical Par	rameters (PPS)					1 roı	utine (RT) p	er quarter
-	g Point (Sampling Point ID)		Monitori	ng Period	Collection Pe			ınce Status
Select fro	om Inventory of Active Sampling Points	_	4/1/25 -	6/30/25			Cor	nplete
			7/1/25 -	9/30/25			Cor	nplete
			10/1/25 -	12/31/25			Cor	nplete
			1/1/26 -	3/31/26				
			4/1/26 -	6/30/26				
Water Syste	m Facility: ENTRY POINT - WELLS 2, 3	3, & 4 (WSF ID: 00	700)					
Inorganic C	hemicals (IOCS)				1 ro	utine	e (RT) per t	hree years
	g Point (Sampling Point ID)			ng Period	Collection Pe	eriod		ınce Status
EP - WEL	LS 2, 3, & 4 (3)		1/1/23 - :				Cor	nplete
			1/1/26 -	12/31/28				
	Nitrite (NOX)						<del>-</del>	T) per year
	g Point (Sampling Point ID)			ng Period	Collection Pe	eriod		ince Status
EP - WEL	LS 2, 3, & 4 (3)		1/1/24 - :					nplete
			1/1/25 - :				Cor	nplete
				12/31/26				
	les - Gross Alpha, Combined Radium 8	•	-	no Dout 1				er six years
	g Point (Sampling Point ID)			ng Period	Collection Pe	riod	Complia	ince Status
	LIS 2, 3, & 4 (3)	mula (DOD-) (COCC	1/1/23 - :	12/31/28	4 .		- /DT\ - · ·	huser
resticides,	Herbicides and Polychlorinated Biphe	enyls (PCBs) (SOCS	)		1 ro	utine	e (KT) per t	hree years

**Monitoring Period** 

1/1/23 - 12/31/25

1/1/26 - 12/31/28

**Collection Period** 

Schedule Generation Date: 12/12/2025

EP - WELLS 2, 3, & 4 (3)

Sampling Point (Sampling Point ID)

**Compliance Status** 

Complete

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0878021	ELDRIDGE ELDERLY HOUSING				С	40	L	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed 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 routin							
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>				
EP - WELLS 2, 3, & 4 (3)	4/1/25 - 6/30/25		Complete				
	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**

other com	ipilarice serieuales	
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
-----------------------	------------------------------

	- ,	or, and camping i			7			
				Total	Lead and			
ater System Facility		Sampling Point		Coliform	Copper			stage
	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPI
STRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
	ELD001	SENIOR CTR KITCHEN	Α	Υ	N			
	ELD002	UNIT #1	Α	Υ	N			
	ELD003	UNIT #5	Α	Υ	N			
	ELD004	UNIT #15	Α	Υ	N			
	ELD005	UNIT #17	Α	Υ	N			
	ELD006	UNIT #21	Α	Υ	N			
	ELD007	MENS BATH LEFT SINK	Α		N			
	ELD008	MENS BATH SINK RIGHT	Α		N			
	ELD009	DRINKING FOUNTAIN	Α	Υ	N			
	ELD010	WOMEN BATH SINK LEFT	Α		N			
	ELD011	WOMEN BATH SINK RIGH	Α		N			
	ELD012	UTILITY SINK	Α	Υ	N			
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
TRY POINT - WELLS 2, 3, & 4	3	EP - WELLS 2, 3, & 4	Α					
ELL 2	2	WELL 2	Α					
		POINT - WELLS 2, 3, & 4 3	POINT - WELLS 2, 3, & 4 3 EP - WELLS 2, 3, & 4	POINT - WELLS 2, 3, & 4 3 EP - WELLS 2, 3, & 4 A	POINT - WELLS 2, 3, & 4 3 EP - WELLS 2, 3, & 4 A	POINT - WELLS 2, 3, & 4 3 EP - WELLS 2, 3, & 4 A	POINT - WELLS 2, 3, & 4 3 EP - WELLS 2, 3, & 4 A	POINT - WELLS 2, 3, & 4 3 EP - WELLS 2, 3, & 4 A

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: 12/12/2025

C		•	rtment o							
	wa	ter Qua	lity Moni	toring a						
PWS ID P	NS Name				Cl	lassific	ation P	opulation	Owner Type	Primary Source
CT0878021 EI	DRIDGE ELDER	RLY HOUSING	9			С		40	L	GW
Local Address (whe	ere applicable)			Service	Residentia	l Com	nmercial	Industria	l Combine	ed Agricultural
109 EAST ST (RT 10	9)			Connection	1S 21					
Towns Served: MC	RRIS									
		Water Sy	ystem Facil	ity and Sa	ampling P	oint	Inven	tory		
Water							Tota	al Lead o	and	
System Water S	System Facility		Sampling Point	Sampling P	oint		Colifo	rm Copp	er	Stage
Facility ID			ID	Description	1	Stati	us Rul	e Rule i	Tier Asbesto	s WQP 2 DBPR
50951 ATMOS	PHERIC STORA	GE								
50956 TREATM	IENT PLANT									
55144 WELL 3			2	WELL 3		Α				
59706 WELL 4			2	WELL 4		Α				
			Certified	Operato	r Informat	tion				
Water System Fa	cility: TREAT	MENT PLA								
Facility Classificati			-							Certification
Operator Name			Operator Typ	е	Certification(s	s)				Expiration
GRELA, GEORGE			CHIEF OPERATO		WATER TREAT	•	PLANT (	OPERATOR	- CLASS I	9/30/2026
,			Cor	ntact Info	rmation					, ,
Name				rganization					Job Title	9
Mr. Tom Weik				own of Morri	S			First Select	man	
Mailing Address Lir	ne One		Mailing Addres	s Line Two				City	State	Zip Code
Morris Community			3 East Street, F			N	Morris	,	СТ	06763-0066
Business Phone	Extension	Fax		ile Phone	Emergency Ph	hone E	mail Ad	dress		
860-567-7430		860-567-	7432					man@mor	risct.gov	
Contact Role(s):	dministrative	Contact, Leg	al Contact							
Name		, ,		rganization					Job Title	9
Town of Morris El	derly Housing									
Mailing Address Lir			Mailing Addres	s Line Two				City	State	Zip Code
109 East Street			J G III			N	Morris		СТ	06763
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Ph		mail Ad	dress		
				-	<u> </u>					
Contact Role(s): C	)wner	<u> </u>								
Please note the fo	llowing:									
1. The residual disi	nfectant concent	ration must b	e measured at th	e same locatio	n and time as e	ach tot	al colifori	m sample.		
2. If a Collection Pe	riod is specified,	all water qua	lity samples must	t be collected o	during the specif	fied per	riod.			
b 5 !!	1. 1.100									

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

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.

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

End of schedule