	Connecticut Department	of Public Health Drinkir	ng Water Se	ection
	Water Quality Mor	nitoring and Compliance	Schedule	
PWS ID	PWS Name	Classification	n Population Owr	ner Type Primary Source
СТ0870062	CAMP WASHINGTON, INC.	NC	30	P GW
Local Address (	(where applicable)	Service Residential Comme	rcial Industrial	Combined Agricultural
190 KENYON R	OAD	Connections 1		
Towns Served:				
	Mor	itoring Requirements		
•	n Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)		
Total Colifor				utine (RT) per month
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
		8/1/25 - 8/31/25		Complete
		9/1/25 - 9/30/25		Complete
		10/1/25 - 10/31/25		Complete
		11/1/25 - 11/30/25		Complete
		12/1/25 - 12/31/25		
		1/1/26 - 1/31/26		
		2/1/26 - 2/28/26		
		3/1/26 - 3/31/26		
		4/1/26 - 4/30/26		
		5/1/26 - 5/31/26		
		6/1/26 - 6/30/26		
_	ameters (PPS)		1 ro	utine (RT) per month
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
		8/1/25 - 8/31/25		Complete
		9/1/25 - 9/30/25		Complete
		10/1/25 - 10/31/25		Complete
		11/1/25 - 11/30/25		Complete
		12/1/25 - 12/31/25		
		1/1/26 - 1/31/26		
		2/1/26 - 2/28/26		
		3/1/26 - 3/31/26		
		4/1/26 - 4/30/26		
		5/1/26 - 5/31/26		
		6/1/26 - 6/30/26		
Water System	n Facility: ENTRY POINT - WELLS 5 & 5	A (WSF ID: 00700)		
	Nitrite (NOX)		1	routine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL	S 5 & 5A (3)	1/1/24 - 12/31/24		Complete
		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
-	n Facility: ENTRY POINT - WELL 1 (WS	F ID: 00701)		
	Nitrite (NOX)		1	routine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
EP - WELL	. 1 (3)	1/1/24 - 12/31/24		Complete
		1/1/25 - 12/31/25		Complete
I				

	C	onnoctic	ut Dono	rtmont o	f Dublic	Hoolth	Drin	alzino	- 117	ator Co	ation	
	C		*	rtment o				_	•		ction	
			ter Qua	lity Moni	toring a	ina Con						
PWS ID		VS Name										rimary Source
СТ087006		MP WASHING	STON, INC.				N			30	Р	GW
		re applicable)			Service	Residen	tial Co	mmerci	al Ir	ndustrial	Combined	Agricultural
190 KENY					Connectio	ns 1						
Towns Sei	rved: MO	RRIS							_			
				Monit	oring Re	quireme	nts					
Water Sy	stem Fac	cility: ENTR	Y POINT - W	/ELL 1 (WSF I	D: 00701)							
Nitrate A	And Nitri	ite (NOX)								1	routine (	RT) per year
Samj	pling Poin	t (Sampling P	oint ID)			Monitori			ollect	ion Period	Compl	iance Status
						1/1/26 -	12/31/2	26				
				Other C	Complian	ce Sched	lules					
Complian	ce Schedu	ıle Activity				<u> </u>	Due Dat	te		Achieved	Date	
CROSS CO	NNECTIO	N SURVEY REP	ORT			:	3/1/202	26				
			Water Sy	ystem Facil	lity and S	ampling	Point	t Inve	nto	ry		
Water								To	otal	Lead and		
System	Water S	ystem Facility		Sampling Point				Coli	form	Copper		Stage
Facility IE	)			ID	Description	า	Sta	tus R	ule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM	1	3	GENERATE	D BY BATCH	Α	A	Υ			
				4	DISTRIBUT	ION SYSTEM	A	A	Υ			
				DOWNSTREAM	1 WITHIN 5	SERVICE CON	N A	A				
				UPSTREAM	WITHIN 5	SERVICE CON	N A	4				
00700	ENTRY P	OINT - WELLS	5 & 5A	3	EP - WELLS	5 & 5A	Α	4				
00701	ENTRY P	OINT - WELL 1		3	EP - WELL	1	Α	4				
20045	WELL 5			2	WELL		Α	4				
52903	WELL 5A	1		2	WELL 5A		Δ	4				
55160	WELL 1			2	WELL 1		Α	A				
61066	ATMOSF	HERIC STORA	GE TANK									
				Cor	ntact Info	rmation						
Name				С	Organization						Job Title	
Reverend	Douglas	T lan		С	amp Washin	gton Inc			Bisl	nop, Presid	ent	
Mailing A	ddress Lin	e One		Mailing Addres	ss Line Two				C	ity	State	Zip Code
1335 Asyl	um Avenu	ıe						Hartfor	d		СТ	06105
Busines	s Phone	Extension	Fax	Mob	oile Phone	Emergency	Phone	Email A	ddre	SS		
Contact R	ole(s)· <b>O</b>	wner										
Name				0	)rganization						Job Title	
Mr. Bart (	Geissinge				amp Washin	gton,Inc.			Exe	cutive Dire		
Mailing A				Mailing Addres	•	J				ity	State	Zip Code
190 Kenyo		<u>-</u>		J 13.3.1 G				Lakesic		,	CT	06758
	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone			SS		
	57-3037	310				5 17				episcopalo	ct.org	
			_			l		, ,				

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

		_				_ I			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0870062	CAMP WASHINGTON,	INC.				NC	30	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc	cial Industri	al Combine	ed Agricultural		
190 KENYON ROAD		Connections	1						

Towns Served: MORRIS

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

End of schedule

	Connecticut Dep	oartment of	f Public H	lealth l	Drin	king '	Wate	r Se	ction		
	Water Qu	ality Monit	coring an	d Com	plian	ice So	chedu	ıle			
PWS ID	PWS Name							_	ner Type I	Primary So	ource
CT0870024	EBNER CAMPS, INC. (AWO	STING)			NC		25		Р	GW	
Local Address (	where applicable)		Service	Residentia	al Com	mercial	Indust	rial	Combined	Agricu	ltural
ROUTE 109			Connections			1					
Towns Served:	MORRIS							'		'	
		Monit	oring Requ	ıiremen	ts						
Water System	Facility: DISTRIBUTION										
Total Colifor	m (3100)							1 ro	utine (RT	) per mo	onth
	Point (Sampling Point ID)			Monitoring	g Period	d Coll	lection P		=	liance Sta	
Select from	m Inventory of Active Sampli	ng Points		7/1/25 - 7	/31/25				С	omplete	
				8/1/25 - 8	/31/25				С	omplete	
				9/1/25 - 9	/30/25				Out	of Service	:e
				6/1/26 - 6	/30/26						
Physical Para	meters (PPS)							1 ro	utine (RT	) per mo	onth
-	Point (Sampling Point ID)			Monitoring	g Period	d Coll	lection P		=	liance Sta	
Select from	m Inventory of Active Sampli	ng Points	_	7/1/25 - 7	/31/25				C	omplete	
				8/1/25 - 8	/31/25				С	omplete	
				9/1/25 - 9	/30/25				Out	of Service	:e
				6/1/26 - 6	/30/26						
Water System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And I	Nitrite (NOX)							1	routine (	RT) per v	vear
	Point (Sampling Point ID)			Monitoring	g Period	d Coll	lection P		-	liance Sta	-
ENTRY PO	INT (3)			1/1/24 - 12	2/31/24	ļ	4/1-9/3	0	C	omplete	
				1/1/25 - 12	2/31/25	,	4/1-9/3	0	С	omplete	
				1/1/26 - 12	2/31/26	j	4/1-9/3	0			
		Other C	ompliance	Schedu	ıles						
Compliance Sci	hedule Activity			Di	ıe Date	,	Achi	ieved	Date		
CROSS CONNEC	CTION SURVEY REPORT			3/	1/2029						
	Water	System Facil	ity and Sai	mpling F	oint	Inven	tory				
Water						Tota	al Lead	d and			
	er System Facility	Sampling Point		nt		Colifo		pper			tage
Facility ID		ID	Description		Stati	<sub>IS</sub> Rul	e Rul	e Tier	Asbestos	WQP 2	DBPR
00600 DIST	RIBUTION SYSTEM	001	KITCH HAND	VASH SINK	Α	Υ					
		002	KITCHEN 3 BA	Y SINK	Α	Υ					
		4	DISTRIBUTION	N SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	Α						
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α						
00700 ENT	RY POINT	3	ENTRY POINT		Α						
21540 WEL	L	2	WELL		Α						
61989 ATM	OSPHERIC STORAGE										
61991 TRE	ATMENT PLANT										-
63346 WEL	L 1A	2	WELL 1A		Α						
		Con	tact Infori	mation							
Name			rganization						Job Title		
Ms. Kristin Ebn	er-Martin		oner Camps, In				Owner		JOD TILLE		
Mailing Addres		Mailing Addres	• •				City		State	Zip Cod	de
							1			,	

C	Connectic	ut Depa	rtment of	Public	Health	Drir	king	Water	Sect	ion	
	Wa	ter Qua	lity Monito	oring a	nd Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classifi	cation P	opulation	Owner	Туре	Primary Source
CT0870024 E	BNER CAMPS, I	NC. (AWOST	ING)			N	С	25	Р		GW
Local Address (who	ere applicable)			Service	Residen	Residential Cor		Industri	al Cor	nbine	d Agricultural
ROUTE 109 Connections 1											
Towns Served: MC	RRIS					,					
326 West Street							Morris			CT	06763
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	Phone	Email Ad	dress			
860-626-8300					860-307-	4043	kris@ebi	nercamps.	com		
Contact Role(s):	egal Contact, C	Owner									
Name			Org	ganization					Jo	b Title	!
Mr. Darren Ley			Ebı	ner Camps,	Inc.			Facilities [	Director		
Mailing Address Li	ne One		Mailing Address	Line Two				City	S	tate	Zip Code
326 West Street							Morris			CT	06763
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	Phone	Email Ad	dress	'		
860-379-6500							darren@	ebnercam	ps.com		
Contact Role(s):	Administrative	Contact									

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

End of schedule

Connecticut Department of	Public H	lealth	Dr	inkin	g Wat	er S	Section	
Water Quality Monito	ring an	d Con	nnli	iance	Sched	lule		
PWS ID PWS Name	71 1118 411	u don						Primary Source
CT0870054 EAST MORRIS XTRA MART-CITGO GAS STATIO	N		Cias	NC	25	.0	P	GW
	Service	Residen	tial	Commerc	1	strial	Combin	_
	Connections			1				7.8
Towns Served: MORRIS								
Monito	ring Requ	iireme	nts					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:			1113					
Total Coliform (3100)						1 r	outine (R	Γ) per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod (	Collection		-	pliance Status
Select from Inventory of Active Sampling Points		4/1/25 -	6/30	/25				Complete
		7/1/25 -	9/30	/25				Complete
		10/1/25 -	12/3	1/25				Complete
		1/1/26 -	3/31	/26				
		4/1/26 -	6/30	/26				
Physical Parameters (PPS)						1 r	outine (R	Γ) per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod (	Collection	Perio	d Com	pliance Status
Select from Inventory of Active Sampling Points		4/1/25 -	6/30	/25				Complete
		7/1/25 -	9/30	/25				Complete
		10/1/25 -	12/3	1/25		Complete		
		1/1/26 -	3/31	./26				
		4/1/26 -	6/30	/26				
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)						1	routine (F	T) per month
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod (	Collection	Perio	d Com	pliance Status
ENTRY POINT (3)		7/1/25 -	7/31	./25				Complete
		8/1/25 -	8/31	./25				Complete
		9/1/25 -	9/30	/25				Complete
		10/1/25 -	10/3	1/25				Complete
		11/1/25 -						Complete
		12/1/25 -	12/3	1/25				
		1/1/26 -	1/31	/26				
		2/1/26 -		-				
		3/1/26 -						
		4/1/26 -		•				
		5/1/26 -						
		6/1/26 -	6/30	/26				
Water System Facility: WELL (WSF ID: 21543)								
E. Coli (3014)							=	Γ) per quarter
Sampling Point (Sampling Point ID)		Monitori			Collection	Perio		pliance Status
WELL (2)		4/1/25 -						Complete
		7/1/25 -		-				Complete
		10/1/25 -						Complete
		1/1/26 -						
		4/1/26 -						
Other Co	mpliance	Sched	lule	S				
Compliance Schedule Activity		L	Due L	Date	A	chieve	d Date	

	Connectic	ut Depa	rtmer	nt of Public	Health I	Orinl	king V	Vater S	Section	
	Wa	ter Oual	itv M	onitoring a	nd Comi	olian	ce Sc	hedule		
PWS ID	PWS Name			<u> </u>					wner Type Pr	imary Source
CT0870054	EAST MORRIS X	TRA MART-CI	TGO GAS	STATION		NC		25	P	GW
Local Address (v	vhere applicable)			Service	Residentia	al Com	mercial	Industrial	Combined	Agricultural
1 THOMASTON	ROAD			Connection	ns		1			
Towns Served: N	MORRIS									
			Oth	er Complian	ce Schedu	les				
Compliance Sch	edule Activity				Dυ	ie Date		Achieve	ed Date	
RESPOND TO SA	NITARY SURVEY				2/1	2/2022				
			Public	Notification	Requiren	nents				
				Compliance	Notice	Pu	blic Notij	<u>fication</u>	PN Cert	<u>ification</u>
Violation/Situa	tion			Period	Tier	Requ	iired F	Performed	Due to DPH	Received
Total Coliform N	/I&R Violation			11/1/04 - 11/30/0	04 2	6/25/	2005		7/5/2005	
Nitrate And Nitr	ite M&R Violatio	า		10/1/04 - 12/31/0		6/25/	2005		7/5/2005	
Nitrate And Nitr	ite M&R Violatio	1		7/1/05 - 9/30/05	5 2	2/22/	2006		3/4/2006	
		<b>Water Sy</b>	stem l	Facility and S	ampling P	oint	Invent	ory		
Water							Total		nd	
	er System Facility	S		Point Sampling P			Colifor			Stage
Facility ID		_	ID	Description		Statu		Rule Ti	er Asbestos	WQP 2 DBPI
00600 DIST	RIBUTION SYSTEM		4		ON SYSTEM	A	Υ			
		l	UPSTRE	REAM WITHIN 5 S	ERVICE CON	A				
00700 ENTR	Y POINT		3	ENTRY POI		<u>А</u> А				
21543 WELL			2	WELL	N I	A				
	- TMENT PLANT			VVELL		A				
33044 TREA	TIVIENT PLANT									
				Contact Info	rmation					
Name				Organization					Job Title	
Mr. Syed Sami				1 Thomaston F	Rd Realty LLC					
Mailing Address			Mailing A	Address Line Two				City	State	Zip Code
44 Abrams Road		F		Malaila Dhana			heshire		СТ	06410
Business Phor		Fax		Mobile Phone	Emergency P					
203-464-464						S	yea.samı	@rocketma	ail.com	
Contact Role(s):	Legai Contact			Organization					Joh Titlo	
Name Mr. Salman Rab	ıhi			Organization  1 Thomaston F	Rd Realty II C		N	/lanager	Job Title	
Mailing Address			Mailing A	address Line Two	tu nearly LLC		IN	City	State	Zip Code
1 Thomas Road	Line One		ividining P	GGIC55 LITTE TWO		N.	1orris	City	CT	06763
Business Phor	ne Extension	Fax		Mobile Phone	Emergency P			ress	Ç.	55755
603-219-671								bi1986@gi	mail.com	
000 210 0/1	- 1					٦,		<u></u>		

Contact Role(s): Administrative Contact

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

End of schedule

	Connecticut Dep Water Qu	artment of ality Monit					_			ction	
PWS ID	PWS Name				Clas	sification	Popu	lation	Own	er Type Pr	imary Source
СТ0870114	GIOVANNIS MORRIS PIZZA	& RESTAURANT				NC	2	25		Р	GW
Local Address	(where applicable)		Service	Resident	tial	Commerc	cial In	dustri	al	Combined	Agricultural
227 EAST STRE	ET		Connections			1					
Towns Served:	MORRIS										
		Monito	oring Requ	iremei	nts						
Water Syster	n Facility: <b>DISTRIBUTION</b>										
Total Colifor	m (3100) Point (Sampling Point ID)			Monitorii	eriod	1 routine (RT) per quart  Collection Period Compliance Statu				-	
	m Inventory of Active Samplir	ng Points		4/1/25 -			Conce	1011 1 61	104		mplete
30.000.110	The inventory of Active Sample	.6 . 0		7/1/25 -							mplete
				10/1/25 -		-					пріссе
			<del>-</del>	1/1/26 -							
				4/1/26 -							
_	ameters (PPS)							1	rou	tine (RT) բ	er quarter
	Point (Sampling Point ID)			Monitorii	ng P	eriod	Collect	ion Pei	riod	Compli	ance Status
Select fro	m Inventory of Active Samplir	ng Points		4/1/25 -						Cor	mplete
				7/1/25 -	9/30	0/25				Cor	mplete
				10/1/25 -							
				1/1/26 -							
				4/1/26 -	6/30	0/26					
Water Syster	n Facility: ENTRY POINT (	WSF ID: 00700)									
Nitrate (104	•							1	rou		er quarter
	Point (Sampling Point ID)			Monitorii			Collect	ion Pei	riod		ance Status
ENTRY PO	DINT (3)			4/1/25 -							mplete
				7/1/25 -						Cor	mplete
				10/1/25 -							
				1/1/26 -							
				4/1/26 -	6/30	0/26					
Nitrite (104	•									<del>-</del>	T) per year
	Point (Sampling Point ID)			Monitorii			Collect	ion Pei	riod		ance Status
ENTRY PO	DINT (3)			1/1/24 - 1							mplete
				1/1/25 - 1						Cor	mplete
				1/1/26 - 1							
		Other Co	ompliance								
-	hedule Activity					Date		Achie	ved L	Date	
RESPOND TO S	SANITARY SURVEY			3	3/4/2	2018					
	Water	System Facili	ty and Sar	npling	Po	int Inv	ento	ry			
Water	Ann Contain F. 199	Course II - 5 1 -	C !!				Total	Lead			
*	ter System Facility	Sampling Point ID	Description	ıt			oliform	Copp		Achastas	Stage WQP 2 DBPR
Facility ID  00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTEN4		<u>Status</u> A	Rule Y	Rule	Her	ASNESIUS	WYF Z DDPK
OUGOOD DIS	INIDUTION STSTEIVI	DOWNSTREAM			ı		ī				
		UPSTREAM	WITHIN 5 SER			A A					
00700 EN	TRY POINT	3	ENTRY POINT	VICE CON	1	A					
21548 WE	LL	2	WELL			A					

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
CT0870114	GIOVANNIS MORRIS PIZZA & RESTAURANT		NC	25	Р	GW						
Local Address (where applicable)		Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural					

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: MORRIS

227 EAST STREET

Contact Information												
Name		Organization		Job Title								
Mr. Julie Ajazi		C/O Giovann	i'S Morris Pizz	Owner								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code			
227 East Street						Morris		СТ	06763			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress	·				
860-567-0869												

Connections

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

#### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut Dep	artment of	Public Health	Drink	ing Wa	ater Se	ction	
	Water Qua	ality Monit	oring and Con	npliand	e Sch	edule		
PWS ID	PWS Name			Classificat	on Popu	lation Own	ner Type Pri	imary Source
CT0870164	MORRIS COMMUNITY HAL	L AND LIBRARY		NC	2	!5	L	GW
Local Address (v	vhere applicable)		Service Residen	tial Comm	ercial In	dustrial	Combined	Agricultural
3 EAST STREET			Connections	2	!			
Towns Served: N	MORRIS							
			oring Requireme	nts				
Water System	Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)					
<b>Total Coliform</b>	= =					1 rou	tine (RT) p	er quarter
	Point (Sampling Point ID)			ng Period	Collect	ion Period		ince Status
Select from	Inventory of Active Samplin	g Points		6/30/25				nplete
				9/30/25				nplete
				12/31/25			Cor	nplete
				3/31/26				
			4/1/26 -	6/30/26				
Physical Para								er quarter
	Point (Sampling Point ID)	B		ng Period	Collect	ion Period		ince Status
Select from	Inventory of Active Samplin	ig Points		6/30/25				nplete
				9/30/25				nplete
				12/31/25			Cor	nplete
				3/31/26				
Matar System	Facility CNTDV DOINT /	WCE ID: 00700\	4/1/26 -	0/30/20				
-	Facility: ENTRY POINT (	WSF ID: 00700)				4	(DT)	
Nitrate (1040			Manitari	na Dovind	Callast	1 rou ion Period		per quarter ance Status
ENTRY POI	Point (Sampling Point ID)		<del></del>	6/30/25	Collecti	ion Perioa		nplete
ENTRY POII	N1 (5)			9/30/25				nplete
				12/31/25			COI	libiete
				3/31/26				
				6/30/26				
Nitrite (1041)			4/1/20-	0/30/20		1	routing (P	T) per year
-	i Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period	-	ince Status
ENTRY POI				12/31/24	Concer	ion i criou		nplete
2.41.41.1.01.	(3)			12/31/25				nplete
				12/31/26				piece
		Other Co	ompliance Sched					
Compliance Sch	edule Activity		•	Due Date		Achieved L	Date	
RESPOND TO SA			1:	1/30/2025				
		System Facili	ty and Sampling		iventoi	ry		
Water					Total	Lead and		
System Water	er System Facility	Sampling Point			Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
			WITHIN 5 SERVICE CON					
		UPSTREAM	WITHIN 5 SERVICE CON	I A				
	Y POINT	3	ENTRY POINT	Α				
21552 WELL	_1	2	WELL	Α				

	Connectic	ut Depa	rtment	of Public	Health	Dr	inking	Water	Section	
		*		itoring a			_			
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0870164	MORRIS COMM	UNITY HALL	AND LIBRARY	1			NC	25	L	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
3 EAST STREET				Connectio	ns		2			
Towns Served: N	1ORRIS				1			'		1
			Co	ontact Info	ormation	1				
Name				Organization					Job Title	9
Morris										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	/ Phoi	ne Email A	ddress		
Contact Role(s):	Owner									
Name				Organization					Job Title	9
Mr. Tom Weik				Town of Mor	ris			First Selec	tman	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
Morris Communi	ty Hall		3 East Street,	, P.O. Box 66			Morris		CT	06763-0066
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	/ Phoi	ne Email A	ddress	1	
860-567-7430	1	860-567-7	7432				1stsele	ctman@mo	rrisct.gov	
Contact Role(s):	Administrative	Contact, Leg	al Contact							

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

End of schedule

	Co			artment of								ction		
		Wa	ter Qua	lity Monit	oring an	d Con	npl	ianc	e Sch	iedul	e			
PWS ID	PW	/S Name	-				Clas	ssificatio	on Pop	ulation	Owr	ner Type P	rimary So	urce
CT087021	4 LA	<b>GUERA MEXI</b>	CAN GRILL 8	& CANTINA				NC		28		Р	GW	
Local Addr	ress (whe	re applicable)			Service	Residen	tial	Comme	ercial	Industria	al	Combined	Agricult	tural
5 WATERT	OWN RD				Connections			1						
Towns Ser	ved: MOF	RRIS												
				Monite	oring Requ	uireme	nts							
•		•	RIBUTION S	YSTEM (WSF I										
Total Col	-	-										itine (RT)	-	
		t (Sampling P				Monitori			Collec	tion Per	riod		ance Stat	tus
Selec	t from Inv	entory of Act	ive Sampling	Points		4/1/25 -							mplete	
						7/1/25 -						Со	mplete	
						10/1/25 -								
						1/1/26 -								
						4/1/26 -	6/30	0/26						
-		ers (PPS)										itine (RT)		
		t (Sampling P				Monitori			Collec	tion Per	riod		ance Stat	tus
Selec	t from Inv	entory of Act	ive Sampling	Points		4/1/25 -		-					mplete	
						7/1/25 -						Со	mplete	
						10/1/25 -								
						1/1/26 -								
						4/1/26 -	6/30	0/26						
Water Sy:	stem Fac	cility: ENTR	Y POINT (V	VSF ID: 00700)										
		te (NOX)										routine (F		
		t (Sampling P	oint ID)			Monitori			Collec	tion Per	riod		ance Stat	tus
ENTR	RY POINT (	3)				1/1/24 -							mplete	
						1/1/25 -	12/3	1/25				Со	mplete	
						1/1/26 -	12/3	1/26						
				Other C	ompliance	Sched	lule	es						
Compliand	ce Schedu	le Activity					Due i	Date		Achie	ved	Date		
		ARY SURVEY				1	L2/4/	/2025						
			Water S	ystem Facil	ity and Sai				vento	)rv				
14/			water 5	ystem racm	ity and Sai	IIPIIIIB		1116 111						
Water System	Water Si	stem Facility		Sampling Point	Samplina Poi	nt			Total Coliforn	Lead ( n Copp			S+/	age
Facility ID	_	stem ruemty		ID	Description Description	,,,,		Status	Rule			Asbestos		_
		JTION SYSTEM	1	4	DISTRIBUTION	N SYSTEM		A A	Υ					
				DOWNSTREAM				Α						
				UPSTREAM	WITHIN 5 SER			Α						
00700	ENTRY P	OINT		3	ENTRY POINT			Α						
29613	WELL 1			2	WELL 1			Α						
62889		ENT PLANT												
32003				Carr	toot lefa	matia								
					tact Infori	mation								
Name					rganization							Job Title		
Mr. David					eremia Realty (	Group LLC				anager				
Mailing Ac		e One		Mailing Address	s Line Two					City		State	Zip Code	
84 South S								Moi				CT	06763	
Business	s Phone	Extension	Fax	Mobi	le Phone E	mergency	/ Pho	ne Ema	ail Addr	ess				

(	Lonnectic	ut Depa	artme	ent of I	Public I	Health	Dri	nking	, water	56	ection	
	Wa	ter Qua	lity N	Monito	ring an	nd Com	plia	ince S	Schedul	e		
PWS ID P	WS Name						Classi	fication	Population	Ow	ner Type	Primary Source
CT0870214 L	A GUERA MEXI	CAN GRILL 8	CANTII	NA			1	1C	28		Р	GW
Local Address (wh	ere applicable)			9	Service	Residen	tial Co	ommerci	al Industri	al	Combine	ed Agricultural
5 WATERTOWN R	D			(	Connections	5		1				
Towns Served: Mo	ORRIS								<u> </u>			1
203-509-2303								dpgere	mia@aol.co	m		
Contact Role(s):	Legal Contact							·				
Name				Orga	anization						Job Title	9
Mrs. Erin Vazque	Z			Ajua	Catering LI	LC						
Mailing Address L	ine One		Mailing	g Address L	ine Two				City		State	Zip Code
478 S Main St								Thoma	ston		СТ	06787
Business Phone	Extension	Fax		Mobile	Phone E	Emergency	Phone	Email A	ddress			
475-233-3325								veryeri	n111@gmai	l.co	m	
Contact Role(s):	Administrative	Contact		1				'				

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

End of schedule

	Connecticut Dep							_			ction	
	Water Qu	ality M	onit	coring an	d Com	ıpl	iance	Sch	nedule	9		
PWS ID	PWS Name					Clas	ssification	Pop	oulation	Own	er Type Pri	mary Source
CT0870244	BUDDHA ARIYAMETT ARA	M TEMPLE					NC		25		Р	GW
Local Address	(where applicable)			Service	Residen	tial	Commer	cial	Industria	L	Combined	Agricultural
140 EAST STRE	ET (ROUTE 109)			Connections			1					
Towns Served:	MORRIS											
		М	onit	oring Requ	ıireme	nts						
Water Syster	n Facility: <b>DISTRIBUTION</b>	SYSTEM (	WSF I	D: 00600)								
<b>Total Colifor</b>	m (3100)								1	rou	tine (RT) p	er quarter
	Point (Sampling Point ID)				Monitori	ng P	eriod	Colle	ction Peri			nce Status
Select fro	m Inventory of Active Sampli	ng Points			4/1/25 -	6/30	0/25					
	· · · · · · · · · · · · · · · · · · ·				7/1/25 -							
					10/1/25 -							
					1/1/26 -							
					4/1/26 -		•					
Physical Par	ameters (PPS)				, , -		-, -		1	rou	tine (RT) n	er quarter
-	Point (Sampling Point ID)				Monitori	na P	eriod	Colle	- ction Peri			nce Status
	m Inventory of Active Sampli	ng Points			4/1/25 -							
	, , , , , , , , , , , , , , , , , , ,				7/1/25 -							
					10/1/25 -							
					1/1/26 -							
					4/1/26 -							
Water Syster	n Facility: ENTRY POINT	(WSF ID: 0	በፖበበነ		7, 1, 20	0, 3	0,20					
		(4431 10.0	0700,							1.	vouting (D	T\
	Nitrite (NOX) Point (Sampling Point ID)				Monitori	na D	ariad	Colla	ction Peri		<del>-</del>	Γ) per year Ince Status
ENTRY PC				_				Colle	ction Pen	ou		_
ENTRY PC	) INT (3)				1/1/24 - :						Con	nplete
					1/1/25 - :							
		2.1			1/1/26 - :							
		Oth	er C	ompliance	Sched	lule	es					
	hedule Activity						Date		Achiev	ed E	Date	
SAMPLING SIT	E PLAN				2	/27/	/2025					
RESPOND TO S	SANITARY SURVEY				3	/29/	/2025					
		Public	Not	tification R	Require	me	ents					
			C	Compliance	Notice		<u>Public</u>	Notifi	<u>ication</u>		PN Certi	<u>fication</u>
Violation/Situ	ation			Period	Tier		Required	d P	erformed	D	ue to DPH	Received
Total Coliform	M&R Violation		4/1	/25 - 6/30/25	3	1	1/10/202	26		11	1/20/2026	
Physical Param	neters M&R Violation		4/1	/25 - 6/30/25	3	1	1/10/202	26		11	1/20/2026	
	Water	System I	Facil	ity and Sar	mpling	Po	int Inv	ent	ory			
Water								Total	Lead a	ınd		
-	ter System Facility		Point	Sampling Poi	nt		C	olifori				Stage
Facility ID		ID		Description			Status	Rule	Rule 1	Tier	Asbestos I	NQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNST	REAM	WITHIN 5 SER	VICE CON	1	Α					
		UPSTRE	AM	WITHIN 5 SER	VICE CON	J	Α					
00700 ENT	TRY POINT	3		ENTRY POINT			Α					
24552 1115		_		\A/ELI								

Α

WELL

2

21558 WELL

Connecticut Department of Public Health	Drinking	g water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary So

PWS ID	PWS Name			Classifica	tion   P	opulation	Owner Type	Primary Source
CT0870244	BUDDHA ARIYAMETT ARAM TEMPLE			NC		25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Comr	mercial	Industri	al Combin	ed Agricultural
140 EAST STREE	ET (ROUTE 109)	Connections			1			

Towns Served: MORRIS

			Co	ntact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Vee Phonvichit	h			Lao Buddha	Ariyametaram Templ	е	Board Men	nber	
Mailing Address Lin	e One		Mailing Addre	ess Line Two			City	State	Zip Code
140 East Street						Morris		СТ	06763
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	ldress		
860-480-5085						vphonvi	chith@opto	nline.net	
					·	•			

Contact Role(s): Administrative Contact, Legal Contact

## Please note the following:

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

End of schedule

Со		ut Departm								ction	
	Wat	ter Quality I	Monit	toring a	nd Comp	liar	ice Sc	chec	lule		
PWS ID PWS	Name				Cl	assific	ation Po	opulat	ion Owi	ner Type P	rimary Source
CT0870254 POP	EYS ICE CREA	M SHOPPE/RIPE T	ОМАТО			NC	;	25		Р	GW
Local Address (where		<u> </u>		Service	Residentia	Con	nmercial	Indu	strial	Combined	Agricultural
7 - 7B WEST STREET (				Connection			3				
Towns Served: MORF											
			Monit	oring Rec	quirement	c					
Water System Facil	ity: DISTRI				quii eiiieiit	.5					
Total Coliform (31	•		•	· · · · · · · · · · · · · · · · · · ·					1 rou	itine (RT)	per quarter
Sampling Point	-	oint ID)			Monitoring	Perio	d Coll	lection	Period		iance Status
		ve Sampling Points			4/1/25 - 6/						mplete
					7/1/25 - 9/						mplete
					10/1/25 - 12						приссе
					1/1/26 - 3/						
					4/1/26 - 6/						
<b>Physical Paramete</b>	rs (PPS)								1 rou	itine (RT)	per quarter
Sampling Point	(Sampling Po	oint ID)			Monitoring	Perio	d Coll	lection	Period	Compl	iance Status
Select from Inve	ntory of Activ	ve Sampling Points			4/1/25 - 6/	30/25				Co	mplete
					7/1/25 - 9/	30/25	ı			Co	mplete
					10/1/25 - 12	/31/2	5				
					1/1/26 - 3/	31/26					
					4/1/26 - 6/						
Water System Facil	ity: ENTRY	POINT (WSF ID:	00700)								
Nitrate And Nitrite	•	•	•						1	routine (	RT) per year
Sampling Point	• •	oint ID)			Monitoring	Perio	d Coll	lection	Period	_	iance Status
ENTRY POINT (3		<b>,</b>			1/1/24 - 12/						mplete
(	<i>'</i>				1/1/25 - 12/						mplete
					1/1/26 - 12/						····piete
	,	Water Systen	n Facil	ity and Sa				tory			
Water		•		•			Toto		ead and		
	tem Facility	Sampli	ng Point	Sampling P	oint		Colifo		Copper		Stage
Facility ID		1	ID	Description		Stat	us Rul			Asbestos	WQP 2 DBPR
00600 DISTRIBUT	ION SYSTEM		4	DISTRIBUTION	ON SYSTEM	Α	Υ				
		DOWN	STREAM	WITHIN 5 SI	ERVICE CON	Α					
		UPST	REAM	WITHIN 5 SI	ERVICE CON	Α					
00700 ENTRY PO	INT		3	ENTRY POIN	JT	Α					
61054 SOFTENER											
61230 WELL 2			2	WELL 2		Α					
UIZJU VVLLLZ											
01230 WELL 2			Cor	ntact Info	rmation						
					rmation					Job Title	
Name Ms. Suzanne Skilton				ntact Info	rmation					Job Title	
Name Ms. Suzanne Skilton	One		0	rganization	rmation			City			Zip Code
Name  Ms. Suzanne Skilton  Mailing Address Line	One	Mailin	O g Addres		rmation		Morris	City		Job Title State CT	Zip Code 06763
Name Ms. Suzanne Skilton Mailing Address Line P.O. Box 199		Mailin <sub>į</sub> 7 West	O g Addres : Street	rganization s Line Two						State	Zip Code 06763
Name Ms. Suzanne Skilton Mailing Address Line P.O. Box 199 Business Phone	One Extension	Mailing 7 West Fax	O g Addres : Street	rganization	Emergency Ph	one l	Email Ado	dress	oline net	State CT	
Name Ms. Suzanne Skilton Mailing Address Line P.O. Box 199	Extension	Mailinį 7 West Fax 860-567-3583	O g Addres : Street	rganization s Line Two		one l		dress	iline.net	State CT	

(	Joinnechic	ut Depa	ii tiiit		I ublic	Health	ושו	ع11111111	3 Water	Section	ıı	
	Wa	ter Qua	lity N	Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Owner Typ	e Pr	rimary Source
CT0870254 P	OPEYS ICE CREA	AM SHOPPE,	RIPE TO	ОТАМС				NC	25	Р		GW
Local Address (where applicable) Serv						Residen	itial	Commerci	al Industri	al Combi	ned	Agricultural
7 - 7B WEST STREE	ET (ROUTE 109)				Connection	ıs		3				
Towns Served: Mo	ORRIS					,				1		
Name				Or	ganization					Job Ti	tle	
Mr. Richard Skilto	on											
Mailing Address L	ine One		Mailing	Address	s Line Two				City	State	5	Zip Code
P.O. Box 199			7 West	Street				Morris		СТ		06763
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Pho	one Email A	Address	,		
860-567-9889		860-567-	3583			860-567-	-3583	3 tskiltor	n@optonline	e.net		
Contact Pole(s)	Administrativo	Contact Lea	al Cont	act Own	or							

Connecticut Department of Public Health Drinking Water Section

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

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

End of schedule

		ut Departm					_			ection	
	Wat	ter Quality	Monit	toring a	nd Con	nplia	nce So	chedu	le		
PWS ID	PWS Name					Classif	ication P	opulation	Owr	ner Type P	rimary Source
CT0878034	MORRIS FIELD A	ND COMMUNITY	PAVILION				IC	25		L	GW
Local Address (v	where applicable)			Service	Residen	tial Co	mmercial	Industri	ial	Combined	Agricultural
83 EAST SHORE	RD			Connection	ns		1				
Towns Served: N	MORRIS										
Matau Cuataua	Facility DICTO	IDLITION SYSTEM		oring Re	quireme	nts					
•	•	IBUTION SYSTEN	/I (WSFI	יטוט: טטפטטן					1 40.	utino (DT)	
Total Coliform	n (3100) Point (Sampling Po	oint ID)			Monitor	ina Bori	ad Cal	lection Pe			per quarter
		ve Sampling Point			<i>Monitor</i> 4/1/25 -			iection Pe	riou		mplete
Select Iron	i inventory or Acti	ve sampling Point	5								
					7/1/25 -						mplete
					10/1/25 -					CC	mplete
					1/1/26 -						
	(DDC)				4/1/26 -	6/30/2	.6			(57)	
Physical Para		oint ID)			Monitor	ina Davi	ad Cal				per quarter
	Point (Sampling Po	ve Sampling Point	•		Monitor			lection Pe	rioa		iance Status
Select Iron	i inventory or Acti	ve sampling Point	5		4/1/25 -						mplete
					7/1/25 -						mplete
					10/1/25 -					CC	mplete
					1/1/26 -						
	5 11: 51 <b>:</b> 51:	/ DOINE /14/05 15			4/1/26 -	6/30/2	.b				
-	•	POINT (WSF ID	): 00700)								
Nitrate And N		4 1								<del>-</del>	RT) per year
	Point (Sampling Po	oint ID)			Monitori			lection Pe	riod		iance Status
ENTRY POI	NT (3)				1/1/24 -						mplete
					1/1/25 -					Со	mplete
					1/1/26 -						
		Water Syste	m Facil	ity and S	ampling	Poin	t Inven	tory			
Water							Tota	al Lead	and		
,	er System Facility	Samp	_	Sampling F			Colifo		•		Stage
Facility ID			ID	Description			itus Rul	le Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM		4	DISTRIBUTI	ION SYSTEM	l /	4				
		DOW	NSTREAM	WITHIN 5 S			4				
		UPS	TREAM	WITHIN 5 S	SERVICE COI	N A	4				
00700 ENTR	Y POINT		3	ENTRY POI	NT	A	4				
58496 WELL	_ #1		2	WELL #1		A	4				
			Cor	ntact Info	rmation	)					
Name			0	rganization						Job Title	
Mr. Tom Weik			To	own of Morr	is			First Selec	ctma	n	
Mailing Address	Line One	Maili	ng Addres	s Line Two				City		State	Zip Code
Morris Commun	nity Hall	3 Eas	t Street, P	O. Box 66			Morris			СТ	06763-0066
Business Phor	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress			
860-567-7430	0	860-567-7432					1stselect	man@mo	rrisct	t.gov	

Contact Role(s): Administrative Contact, Legal Contact

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

							·
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
СТ0878034	MORRIS FIELD AND COMMUNITY PAVILION			NC	25	L	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
83 EAST SHORE RD		Connections		1			

Towns Served: MORRIS

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End of schedule

Co	onnectic	ut Depa	rtment o	of Public	Health	Drii	nking '	Water	Se	ction			
	Wa	ter Qua	lity Moni	toring a	nd Com	iplia	nce So	chedul	e				
PWS ID PW	<b>5</b>						ication P	tion   Population   Owner Type   Primary Source					
CT0878043 9 V	VATERTOWN	ROAD				Ν	IC	30		Р	GW		
Local Address (whe	re applicable)			Service	Resident	tial Co	mmercial	Industria	al	Combined	Agricultu		
9 WATERTOWN RO		Connectio	ns					2					
Towns Served: MOI	RRIS												
			Moni	toring Re	quireme	nts							
Water System Fac	cility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)									
Total Coliform (3	3100)							1	rou	tine (RT)	per quart		
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	Collection Period Compliance Statu					
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 -	6/30/2	25	Complete					
					7/1/25 -	9/30/2	25			Co	mplete		
					10/1/25 -					Co	mplete		
					1/1/26 -	3/31/2	26						
					4/1/26 -	6/30/2	26						
Physical Paramet								1	rou		per quart		
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	riod	Compl	ance Statu		
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 - 6/30/25					Co	mplete		
					7/1/25 -	9/30/2	25			Co	mplete		
					10/1/25 -	12/31/	/25			Co	mplete		
					1/1/26 -	3/31/2	26						
					4/1/26 -	6/30/2	26						
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 00700	)									
<b>Nitrate And Nitri</b>	te (NOX)								1 1	routine (F	RT) per ye		
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compl	ance Stati		
ENTRY POINT (	ENTRY POINT (3)				1/1/24 - 12/31/24					Cc	mplete		
			1/1/25 - 12/31/25				25			Сс	mplete		
					1/1/26 - :	12/31/	26						
		Water Sy	ystem Faci	lity and S	ampling	Poin	t Inven	tory					
Water System Water Sy Facility ID	ystem Facility		Sampling Poin ID	t Sampling I Description		Sto	Toto Colifo Itus Rul	rm Copp	er	Asbestos	Sta WQP 2 Di		
00600 DISTRIBU	JTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM		A Y						
			DOWNSTREAM	/ WITHIN 5 S	SERVICE CON	۱ ،	A Y						
			UPSTREAM	WITHIN 5 S	SERVICE CON	<u> </u>	A Y						
00700 ENTRY P	OINT		3	ENTRY POI	NT		A						
62697 WELL 1			2	WELL 1			Ą						
62701 TREATM	ENT PLANT												
			Co	ntact Info	rmation								
Name				Organization						Job Title			
Mr. David Robert				) Watertown	Road								
Mailing Address Line One			Mailing Address Line Two					City		State	Zip Code		
8 Thomaston Road							Morris	<del>-</del>		СТ	06763		
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	Phone	Email Ad	dress					
860-459-4281								8@optimu	ım.ne	et			

Contact Role(s): Administrative Contact, Owner

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

		_								
PWS ID	PWS Name					Classification		Population	Owner Type	Primary Source
CT0878043	9 WATERTOWN ROAD	rown road					NC	30	Р	GW
Local Address (where applicable)		Service	Service Residen		Commerci	al Industri	al Combine	d Agricultural		
9 WATERTOWN	ROAD			Connections					2	
Towns Served: N	//ORRIS									

- 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

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