Connecticut Department of P		0	ection
Water Quality Monitor PWS ID PWS Name	<u> </u>		
PWS ID PWS Name CT0878011 BREEZY KNOLL ASSOCIATION		ication Population Ow C 100	P GW
		ommercial Industrial	Combined Agricultura
	onnections 25		Combined Agricultura
Towns Served: LITCHFIELD, MORRIS	25		
	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	<u> </u>		
Asbestos (1094)		1 routir	ne (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Peri		
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/3		
Total Coliform (3100)			utine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Peri		Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/		Complete
	1/1/24 - 3/31/2		Complete
	4/1/24 - 6/30/2		
	7/1/24 - 9/30/2		
Lead And Copper (PBCU)		5 routine	e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	Compliance Status
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	
Physical Parameters (PPS)		1 roi	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/	/23	Complete
	1/1/24 - 3/31/2	24	Complete
	4/1/24 - 6/30/2	24	
	7/1/24 - 9/30/2	24	
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 rout	tine (RT) per six years
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	Compliance Status
ENTRY POINT (3)	1/1/20 - 12/31/2	25	
Uranium (4006)		1 rout	tine (RT) per six years
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	Compliance Status
ENTRY POINT (3)	1/1/20 - 12/31/2	25	
Combined Radium-226/228 (4010)		1 rout	tine (RT) per six years
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/20 - 12/31/2	25	
Inorganic Chemicals (IOCS)		1 routine	e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/21 - 12/31/2	23	Complete
	1/1/24 - 12/31/2	26	
	1/1/27 - 12/31/2	29	
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collection Period	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/2	23	Complete
	1/1/24 - 12/31/2	24	Complete
	1/1/25 - 12/31/2	25	

	Connecticut Dep	artment of	<sup>F</sup> Public H	ealth	Drink	ing W	ater 9	Section		
		ality Monit				0				
PWS ID	PWS Name		or mg and		<b>A</b>			) wner Type Pr	imary Source	
CT0878011	BREEZY KNOLL ASSOCIATI	ON			С	-	100	P	GW	
Local Address (	where applicable)		Service	Resident	tial Comm	nercial	Industrial	Combined	Agricultural	
			Connections	25						
Towns Served:	LITCHFIELD, MORRIS									
		Monit	oring Requ	ireme	nts					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
	erbicides and PCBs - Phas	e II & V (SOCS)					1 rout	ine (RT) per t	-	
	Point (Sampling Point ID)				ng Period	Collec	tion Perio	od Complia	ance Status	
ENTRY POI	INT (3)				12/31/25					
				1/1/26 - 1	12/31/28					
•	nicals (VOCS)							ine (RT) per t	-	
	Point (Sampling Point ID)			ng Period	Collec	tion Perio	-	ance Status		
ENTRY POI	INT (3)				12/31/23			Со	mplete	
				1/1/24 - :						
				1/1/2/-	12/31/29					
	Facility: WELL 1 (WSF I	D: 1544)								
E. Coli (3014)	•			Mana ita wi	on Douiod	Callar		outine (RT) p	•	
	Point (Sampling Point ID)				ng Period 12/31/23	Collec	tion Perio		Compliance Status Complete	
WELL (2)				.0/1/23 - 1/1/24 -					nplete	
				4/1/24 -				CUI	npiete	
				7/1/24 -						
		Other C	ompliance							
Comulian or Col		Other C	ompliance	Scheu	ules					
							A	- d Data		
Compliance Sch	-				Due Date		Achiev	ed Date		
CROSS CONNEC	TION EXEMPTION			3	Due Date 3/1/2024		Achieve	ed Date		
CROSS CONNEC	TION EXEMPTION			6	Due Date 3/1/2024 /30/2024		Achieve	ed Date		
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE	TION EXEMPTION THE DEPARTMENT RTIFICATION FORM			6 8	Due Date 3/1/2024 /30/2024 3/9/2024		Achievo	ed Date		
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S	TION EXEMPTION THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY			6 6 10	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024		Achiev	ed Date		
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S	CTION EXEMPTION THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY	System Eacili	ity and San	6 6 10 10	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024			ed Date		
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT	CTION EXEMPTION THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY	System Facili	ity and San	6 6 10 10	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024		ory			
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT	CTION EXEMPTION THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY Water	•	•	6 8 10 10 <b>10</b>	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024	Total	D <b>ry</b> Lead a	nd	Stane	
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT	CTION EXEMPTION THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY	System Facili Sampling Point ID	•	6 8 10 10 <b>10</b>	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024 Point Ir	Total Coliforn	Dry Lead a	nd	Stage WQP 2 DBPR	
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT Water System Water Facility ID	CTION EXEMPTION THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY Water	Sampling Point	Sampling Poin	6 6 10 10 10 10 10 10 10 10 10 10 10 10 10	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024	Total Coliforn	Dry Lead a	nd er	-	
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT Water System Water Facility ID	CTION EXEMPTION D THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY Water er System Facility	Sampling Point ID	Sampling Poin Description	6 6 10 10 10 10 10 10 10 10 10 10 10 10 10	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024 Point In Status	Total Coliforn Rule	Dry Lead a	nd er	-	
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT Water System Water Facility ID	CTION EXEMPTION D THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY Water er System Facility	Sampling Point ID 4	Sampling Poin Description DISTRIBUTION	6 6 10 10 10 10 10 10 10 10 10 10 10 10 10	Due Date 3/1/2024 /30/2024 3/9/2024 0/16/2024 0/16/2024 Point In Status A	Total Coliforn Rule Y	D <b>ry</b> Lead a n Coppe Rule T	nd er	-	
CROSS CONNEC SUBMIT CCR TO SUBMIT CCR CE SUBMIT LEAD S COMPLETE INIT Water System Wate Facility ID	CTION EXEMPTION D THE DEPARTMENT RTIFICATION FORM ERVICE LINE INVENTORY TAL LSL INVENTORY Water er System Facility	Sampling Point ID 4 BREEZY001	Sampling Poin Description DISTRIBUTION BREEZY400	6 6 10 10 10 10 10 10 10 10 10 10 10 10 10	Due Date 3/1/2024 3/30/2024 3/9/2024 0/16/2024 Point In Status A A	Total Coliforn Rule Y Y	Dry Lead a Coppe Rule T	nd er	-	

BREEZY408

BREEZY410

BREEZY412

BREEZY414

BREEZY416

BREEZY418

BREEZY420

BREEZY422

BREEZY005

BREEZY006

BREEZY007

BREEZY008

BREEZY009

BREEZY010

BREEZY011

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

		-	<u> </u>						
PWS Name					Clas	sification	Population	Owner Type	Primary Source
BREEZY KNOLL ASSO						С	100	Р	GW
Local Address (where applicable)		Service R		Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
			Connections	25					
	BREEZY KNOLL ASSO	BREEZY KNOLL ASSOCIATION	BREEZY KNOLL ASSOCIATION	BREEZY KNOLL ASSOCIATION where applicable) Service	BREEZY KNOLL ASSOCIATION where applicable) Service Resider	BREEZY KNOLL ASSOCIATION     Service     Residential	BREEZY KNOLL ASSOCIATION     C       where applicable)     Service     Residential     Commercial	BREEZY KNOLL ASSOCIATION     C     100       where applicable)     Service     Residential     Commercial     Industri	BREEZY KNOLL ASSOCIATION     C     100     P       where applicable)     Service     Residential     Commercial     Industrial     Combine

## Towns Served: LITCHFIELD, MORRIS

		Water System Facili	ity and Sampling P	oint Ir	nvento	ſY		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPF
		BREEZY013	BREEZY424	А	Y	3		
		BREEZY014	BREEZY426	А	Y	3		
		BREEZY015	BREEZY428	А	Y	3		
		BREEZY016	BREEZY430	А	Y	3		
		BREEZY017	BREEZY432	А	Y	3		
		BREEZY018	BREEZY434	А	Y	3		
		BREEZY019	BREEZY436	А	Y	3		
		BREEZY020	BREEZY443	А	Y	3		
		BREEZY021	BREEZY KNOLL RD 7	А	Y	3		
		BREEZY022	BREEZY KNOLL RD 3	А	Y	3		
		BREEZY023	BREEZY KNOLL RD 5	А	Y	3		
		BREEZY024	BREEZY KNOLL RD 9	А	Y	3		
		BREEZY025	SPERLING CAMP DAVID	А	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	А				
		UPSTREAM	WITHIN 5 SERVICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT	А				
1544	WELL 1	2	WELL	А				
47131	PRESSURE TANK							

## **Certified Operator Information**

					•••••••••••••••••••••••••••••••••••••••	•					
Water System Fac	cility: DISTR	IBUTION S	YSTEM (W	SF ID: 00600)							
Facility Classificatio	on: SMALL WA	ATER SYSTEN	Л						Certification		
<b>Operator Name</b>			Operator	Operator Type Certification(s)					Expiration		
BLACK, RON W.		CHIEF OPER	RATOR	WATER TREATMEN	IT PLANT	OPERATOR - (	CLASS II	6/30/2026			
					ΓΕΜ ΟΡΕΙ	RATOR - CLAS	S II	6/30/2026			
CROWNSHAW, MIC	HAEL L		ASSIGNED (	OPERATOR	SMALL WATER SYS		3/31/2025				
			C	Contact Inf	ormation						
Name				Organization	ganization Job Titl						
Robert Maddox					Water Contact						
Mailing Address Lin	e One		Mailing Add	dress Line Two	ress Line Two C				Zip Code		
300 Flax Hill Road #	11					Norwalk		СТ	06854		
Business Phone	siness Phone Extension Fax Mo				Emergency Phone Email Address						
917-856-3589						water@	breezyknoll.o	rg			
Contact Role(s): A	dministrative	Contact, Leg	gal Contact								

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

			<i>v</i>	0									
PWS ID P	WS Name						ssification	Population	Owner Type	Primary Source			
СТ0878011 В	REEZY KNOLL AS	SOCIATION	N				С	100	Р	GW			
Local Address (wh	ere applicable)			Service	Reside	ntial	Commerc	ial Industr	ial Combin	ed Agricultural			
				Connectio	ns 25	s 25							
Towns Served: LIT	CHFIELD, MORRI	S											
Name			Organization Job Title										
Steve Friedman				Treasurer									
Mailing Address L	ne One		Mailing Addr	ess Line Two	ss Line Two City Sta				State	Zip Code			
890 West End Ave	nue #11B						New Y	New York NY 100					
Business Phone	Extension	Fax	Mo	obile Phone	Emergen	cy Pho	ne Email	Address					
917-689-7462							treasu	rer@breezy	knoll.org				
Contact Role(s):	Owner		l.										
Please note the fo	ollowing:												
1. The residual dis	infectant concentr	ation must b	e measured at	the same location	on and time	as ead	ch total coli	form 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 H	lealth	D	rinkir	ng V	<i>Water</i>	Sect	tion	
	Water Quality Mor	nitoring an	d Con	ıpl	liance	Sc	hedule	è		
PWS ID	PWS Name			Cla	ssificatio	n Po	opulation (	Owner	r Type Pi	imary Sourc
СТ0878021	ELDRIDGE ELDERLY HOUSING				С		40	L	-	GW
Local Address	(where applicable)	Service	Residen	tial	Comme	rcial	Industria	l Co	ombined	Agricultura
109 EAST ST (F		Connections	21							
Towns Served	: MORRIS									
	Мог	nitoring Requ	uireme	nts	5					
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Asbestos (1	094)						1 rou	itine	(RT) per	nine years
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Peri	od	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		1/1/22 -	12/3	31/30					
<b>Total Colifor</b>	rm (3100)						1	routii	ne (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Peri	od	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	· 12/	/31/23				Co	mplete
			1/1/24 -	3/3	1/24					
			4/1/24 -	6/3	0/24					
			7/1/24 -	9/3	0/24					
Lead And Co	opper (PBCU)						5 rou	tine (	RT) per	six months
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Peri	od	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		7/1/23 -	12/3	31/23				Со	mplete
			1/1/24 -	6/3	0/24					
			7/1/24 -	12/3	31/24					
<b>Physical Par</b>	ameters (PPS)						1	routii	ne (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Peri	od	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	· 12/	/31/23				Со	mplete
			1/1/24 -	· 3/3	31/24					
			4/1/24 -	6/3	80/24					
			7/1/24 -	9/3	0/24					
Water Syster	m Facility: ENTRY POINT - WELLS 2, 3,	& 4 (WSF ID: 00	700)							
Inorganic Ch	nemicals (IOCS)						1 rout	ine (I		three years
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period	Coll	ection Peri	od	Compli	ance Status
EP - WELI	LS 2, 3, & 4 (3)		1/1/23 -	12/3	31/25				Со	mplete
			1/1/26 -	12/3	31/28					
	Nitrite (NOX)							1 ro	-	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Peri	od	Compli	ance Status
EP - WELI	LS 2, 3, & 4 (3)		1/1/23 -						Со	mplete
			1/1/24 -	12/3	31/24					
			1/1/25 -	12/3	31/25					
	es - Gross Alpha, Combined Radium & I	Uranium (RADA	-							er six years
	Point (Sampling Point ID)		Monitori			Coll	ection Peri	od	Compli	ance Status
	LS 2, 3, & 4 (3)		1/1/23 -	12/3	31/28					
-	Herbicides and PCBs - Phase II & V (SOC	CS)						-		three years
	Point (Sampling Point ID)		Monitori	_		Coll	ection Peri	od		ance Status
EP - WELI	LS 2, 3, & 4 (3)		1/1/23 -						Со	mplete
			1/1/26 -	12/3	31/28				-	
-	micals (VOCS)									per quarter
	Point (Sampling Point ID)		Monitori			Coll	ection Peri	od		ance Status
EP - WELI	LS 2, 3, & 4 (3)		10/1/23 -	· 12/	31/23				Со	mplete

	Connecticut Dep Water Qu							-					
PWS ID	PWS Name										Primary Sourc		
СТ0878021	ELDRIDGE ELDERLY HOUS	ING					С	4	40	L	GW		
Local Address (	where applicable)			Service	Reside	ntia	I Commerc	ial II	ndustrial	Combined	Agricultura		
109 EAST ST (R <sup>-</sup>	T 109)			Connections	21								
Towns Served:	MORRIS												
		Мо	onito	oring Requ	ireme	ent	S						
Water System	Facility: ENTRY POINT	- WELLS 2, 3	,&4	(WSF ID: 00)	700)								
-	nicals (VOCS) Point (Sampling Point ID)				Monitor	ring	Period (	Collect	1 r ion Perio		per quarter <i>iance Status</i>		
					1/1/24	- 3/	31/24						
					4/1/24	- 6/	30/24						
					7/1/24	- 9/	30/24						
		Othe	er Co	ompliance	Sche	dul	les						
Compliance Scl	hedule Activity			-			e Date		Achieve	ed Date			
DISTRIBUTION	SYSTEM MATERIALS EVALUA	ATION				8/3	1/2019						
RESPOND TO S	ANITARY SURVEY					3/7	7/2020						
SUBMIT FISCAL	AND ASSET MANAGEMENT	CERT				1/1	L/2021						
RESPOND TO SA	ANITARY SURVEY					2/2	4/2024						
CROSS CONNEC	CTION SURVEY REPORT					3/1	/2024		2/26/	/2024			
SUBMIT CCR TO	O THE DEPARTMENT					6/3	0/2024						
SUBMIT CCR CE	RTIFICATION FORM						9/2024						
SUBMIT LEAD S	ERVICE LINE INVENTORY						16/2024						
COMPLETE INIT	TIAL LSL INVENTORY				-	10/1	16/2024						
		Public	Not	ification R	equir	em	nents						
Violation/Situa	ntion		C	ompliance Period	Notic Tier			<u>Public Notification</u> Required Performed			<u>PN Certification</u> Due to DPH Received		
Di(2-Ethylhexyl	) - Phthalate M&R Violation			/10 - 9/30/10	3		12/30/201			1/9/2012			
	Water	System F	acili	ity and Sar	npling	g Po	oint Inve	ento	ry				
Water								otal	Lead a				
System Wat Facility ID	er System Facility	Sampling I ID	Point	Sampling Poir Description	nt			liform			Stage WQP 2 DBP		
		4		DISTRIBUTION		Λ	Status	Rule Y	Kule II	er Aspestos	WQP 2 DDP		
00000 0131	RIBUTION SYSTEM		EVV	WITHIN 5 SER			A A	I					
		ELD00		SENIOR CTR K			A	Y	N				
		ELD00		UNIT #1	ITCHEN		A	Ŷ	N				
		ELD00		UNIT #5			A	Ŷ	N				
		ELD00		UNIT #15			A	Ŷ	N				
		ELD00		UNIT #17			A	Ŷ	N				
		ELD00		UNIT #21			А	Y	Ν				
		ELD00	7	MENS BATH L	EFT SINI	<	А		Ν				
		ELD00	8	MENS BATH S	INK RIG	ΗT	А		Ν				
		ELD00	9	DRINKING FO	UNTAIN		А	Y	Ν				
		ELD01	0	WOMEN BATH	H SINK L	EFT	А		Ν				
		ELD01	1	WOMEN BATH	H SINK R	IGH	A		Ν				
		ELD01		UTILITY SINK			А	Y	Ν				
		UPSTRE/	١M	WITHIN 5 SER	VICE CO	N	А						

	Connectic	ut Depa	irtment o	of Public	Health	Drin	king	Wa	ter S	ection	
		<b>^</b>	lity Moni				0				
PWS ID	PWS Name			0						wner Type	Primary Sourc
СТ0878021	ELDRIDGE ELDEF		G			C	2	40	)	L	GW
Local Address (w	nere applicable)			Service	Residen	tial Co	mmercia	al Inc	lustrial	Combine	ed Agricultura
109 EAST ST (RT 1	.09)			Connectio	ns 21						
Towns Served: M	ORRIS										
		Water S	ystem Faci	ility and S	ampling	Point	: Invei	ntory	/		
Water System Water Facility ID	System Facility		Sampling Poin ID	nt Sampling Description		Sta	To Colif tus Ri	Stage os WQP 2 DBP			
00700 ENTRY	POINT - WELLS	2, 3, & 4	3	EP - WELLS	52,3,&4	A					
1543 WELL	2		2	WELL 2		A	١				
50951 ATMO	SPHERIC STORA	GE									
50956 TREAT	MENT PLANT										
55144 WELL	3		2	WELL 3		A	۱				
59706 WELL	4		2	WELL 4		A	١				
			Certifie	d Operato	or Inform	ation					
Water System F	acility: TREA	IMENT PLA		-							
Facility Classifica			-	,							Certification
Operator Name			<b>Operator</b> Ty	<i>ipe</i>	Certificatio	on(s)					Expiration
GRELA, GEORGE			CHIEF OPERA	TOR	WATER TRE	ER TREATMENT PLANT OPERATOR - CLASS I 9/30/20					
			Со	ntact Info	ormation						
Name				Organization						Job Title	د د
Mr. Tom Weik				Town of Morr	is			First	Selectr		-
Mailing Address I	ine One		Mailing Addre					City		State	Zip Code
Morris Communi			3 East Street,				Morris		/	СТ	06763-0066
Business Phone	-	Fax		bile Phone	Emergency	Phone	Email A	ddress	;		
860-567-7430		860-567-	7432							ofmorrisct.	com
Contact Role(s):	Administrative	Contact, Leg	al Contact		1						
Name	I			Organization						Job Title	2
Town of Morris	Elderly Housing										
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	Y	State	Zip Code
109 East Street							Morris			СТ	06763
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress			
Contact Role(s):	Owner										
Please note the f											
1. The residual di	sinfectant concen	tration must b	e measured at t	he same locati	on and time a	is each to	otal colifo	orm san	nple.		

- 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