

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1060064</b>	<b>OLD SAYBROOK VFW</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
315 ESSEX ROAD				1			
Towns Served: OLD SAYBROOK							

## Monitoring Requirements

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

**Water System Facility: ENTRY POINT (WSF ID: 00700)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	3/25/2020	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/23/2020	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21859	WELL	2	WELL	A				
61795	TREATMENT PLANT							

## Contact Information

Name		Organization			Job Title			
<b>Mr. Robert Bailey</b>		Old Saybrook VFW Post 10153			Commander			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
315 Essex Road					Old Saybrook		CT	06475

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1060064</b>	<b>OLD SAYBROOK VFW</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
315 ESSEX ROAD				1			
Towns Served: OLD SAYBROOK							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-388-1155			203-687-8569	860-227-5382			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>							
<b>Please note the following:</b>							
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>							

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1060084</b>	<b>732 MIDDLESEX TURNPIKE</b>	NC	200	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: OLD SAYBROOK

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	5 SERVICE CONNECTION	A	Y			
		UPSTREAM	5 SERVICE CONNECTION	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
56727	WELL	2	WELL	A				

### Contact Information

Name		Organization			Job Title		
<b>Ms. Juliana R Pisanzio</b>		La Marea					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
732 Middlesex Turnpike					Old Saybrook	CT	06475
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-581-3205					ni71pi@yahoo.com		
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>							

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT1060084</b>	<b>732 MIDDLESEX TURNPIKE</b>	NC	200	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
				1				
Towns Served: OLD SAYBROOK								
Name			Organization			Job Title		
<b>Mr. Alfonso Pisanzio</b>			732 Middlesex Turnpike					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
157 Union St						Deep River	CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): <b>Legal Contact</b>								

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1069014</b>	<b>PASTA VITA</b>	NC	49	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
225 ELM STREET				1			
Towns Served: OLD SAYBROOK							

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

### 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	3	GENERATED BY BATCH	A	Y			
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		PVLHS4	LOWER HAND SINK #4	A	Y			
		PVLHS5	LOWER HAND SINK #5	A	Y			
		PVLKS1	LOW KITCHEN SINK #1	A	Y			
		PVLKS2	LOW KITCHEN SINK #2	A	Y			
		PVLKS3	LOW KITCHEN SINK #3	A	Y			
		PVLMR	LOWER MEN'S RESTROOM	A	Y			
		PVLWR	LOWER WOMEN'S RESTRO	A	Y			
		PVUHS8	UPPER HAND SINK #8	A	Y			
		PVUKS6	UP KITCHEN SINK #6	A	Y			
		PVUKS7	UP KITCHEN SINK #7	A	Y			
		PVUR	UPPER RESTROOM	A	Y			

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1069014</b>	<b>PASTA VITA</b>	NC	49	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
225 ELM STREET				1			
Towns Served: OLD SAYBROOK							

## 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
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60362	WELL 1	2	WELL 1	A				

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification:</b>			<b>Certification Expiration</b>
Operator Name	Operator Type	Certification(s)	Certification Expiration
FILANDA, MICHAEL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
SUSCO, VINCENT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021 6/30/2021

## Contact Information

Name		Organization			Job Title	
<b>Mr. Richard Cersosimo</b>		Rlc Properties, LLC				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O. Box 523				Old Saybrook	CT	06475
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-395-1452		860-395-0541		860-391-3744	pastavita@aol.com	

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

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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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**End of schedule**