

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

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

Towns Served: OLD SAYBROOK

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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		
Mr. Robert Bailey	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
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-388-1155			203-687-8569	860-227-5382	bobbnova@comcast.net	

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
CT1060064	OLD SAYBROOK VFW	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
315 ESSEX ROAD			1		

Towns Served: OLD SAYBROOK

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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

Towns Served: OLD SAYBROOK

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<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	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		Complete
	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		
	7/1/26 - 7/31/26		
Total Coliform (3100)	3 repeat (RP) per period		
<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	7/30/25 - 8/4/25		Complete
	7/30/25 - 8/4/25		Complete
Total Coliform (3100)	3 temporary routine (TR) per month		
<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	8/1/25 - 8/31/25		Complete
Physical Parameters (PPS)	1 routine (RT) per month		
<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	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		Complete
	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		
	7/1/26 - 7/31/26		

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>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

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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
CT1060084	732 MIDDLESEX TURNPIKE	NC	200	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: OLD SAYBROOK

Monitoring Requirements

Water System Facility: WELL (WSF ID: 56727)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	WELL (2)	7/29/25 - 8/4/25		Complete
		7/29/25 - 8/4/25		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)		8/29/2025

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Rule Tier	WQD	DBPR
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				
62449	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Ms. Juliana R Pisanzio	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): Administrative Contact, Legal Contact, Owner

Name	Organization	Job Title
Mr. Alfonso Pisanzio	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): Legal Contact

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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
CT1069014	PASTA VITA	NC	49	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
225 ELM STREET			1		

Towns Served: OLD SAYBROOK

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead Rule	Copper Rule Tier	Asbestos	WQP 2	DBPR	Stage
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					
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						

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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	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
60362	WELL 1	2	WELL 1	A				

Certified Operator Information

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

Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
FILANDA, MICHAEL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2028
SUSCO, VINCENT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2024

Contact Information

Name	Organization	Job Title		
Mr. Richard Cersosimo	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	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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