	C		'D II' II	L III D	1		A 7 .	C				
		Department of							ction			
		Quality Monit	coring and					_				
PWS ID	PWS Name			Cla		ition Po		Ow		Primary Source		
CT106006					NC		25		Р	GW		
Local Addr	ress (where applicable)		Service	Residential	Com	mercial	Industri	al	Combined	d Agricultura		
315 ESSEX	ROAD		Connections			1						
Towns Ser	ved: OLD SAYBROOK											
			oring Requ	iirement	:S							
	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)						(5=)			
	liform (3100)	21								per quarter		
	oling Point (Sampling Point I			Monitoring			ection Pe	rıoa		liance Status		
Selec	t from Inventory of Active Sa	mpling Points		10/1/23 - 12		3			C	omplete		
				1/1/24 - 3/ 4/1/24 - 6/	•							
				7/1/24 - 9/	30/24							
•	Parameters (PPS)	- •								per quarter		
-	oling Point (Sampling Point I	•		Monitoring			ection Pe	riod		liance Status		
Selec	t from Inventory of Active Sa	mpling Points		10/1/23 - 12	-	3			С	omplete		
				1/1/24 - 3/								
				4/1/24 - 6/								
				7/1/24 - 9/	30/24							
Water Sy:	stem Facility: ENTRY PO	NT (WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)							1	routine (RT) per year		
Samp	oling Point (Sampling Point I	D)		Monitoring	Period	Colle	Collection Period			Compliance Status		
ENTR	Y POINT (3)			1/1/23 - 12/	/31/23				С	Complete		
				1/1/24 - 12/	/31/24							
				1/1/25 - 12/	/31/25							
	Wa	ter System Facili	ity and Sar	npling Po	oint I	Invent	ory					
Water						Tota	l Lead	and				
	Water System Facility	Sampling Point		nt		Colifo				Stage		
Facility ID		ID	Description		Statu	s Rule	e Rule	Tier	Asbestos	WQP 2 DBP		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Y						
		DOWNSTREAM			Α							
		UPSTREAM	WITHIN 5 SER	VICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT		Α							
21859	WELL	2	WELL		Α							
61795	TREATMENT PLANT											
		Con	tact Inform	mation								
Name		0	rganization						Job Title			
Mr. Rober	t Bailey	O	ld Saybrook VF	W Post 1015	53	(Command	der				
	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code		
315 Essex					О	ld Saybr			СТ	06475		
		<u> </u>										

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.

Mobile Phone

203-687-8569

Emergency Phone Email Address

860-227-5382

Business Phone

860-388-1155

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

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

	2000110						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1060064	OLD SAYBROOK VFW	NC	25	Р	GW		
Local Address (w	here applicable)	Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
315 ESSEX ROAD		Connections		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 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 De	partment of	f Public F	[ealth	Dr	inkin	g W	ater	Se	ction	
		uality Monit				•	_			••••	
PWS ID	PWS Name	duricy 1-10111	or mg am	a dom			_			ner Type I	Primary Source
CT1060084	732 MIDDLESEX TURNPIR	KE				NC	-	00		P	GW
Local Addre	ess (where applicable)		Service	Residen	tial (Commerc	ial Ir	ndustria	al	Combined	Agricultura
			Connections			1					
Towns Serv	ed: OLD SAYBROOK										
		Monit	oring Requ	iireme	nts						
Water Sys	tem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)								
Total Coli	form (3100)							1	rou	tine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)			Monitori	ng Pe	eriod (Collect	ion Per	riod	Comp	liance Status
Select	from Inventory of Active Samp	ling Points		10/1/23 -	12/3	1/23				С	omplete
				1/1/24 -	3/31	/24				С	omplete
				4/1/24 -	6/30	/24					
				7/1/24 -	9/30	/24					
Physical P	arameters (PPS)							1	rou	tine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)			Monitori	_		Collect	ion Per	riod	Comp	liance Status
Select	from Inventory of Active Samp	ling Points		10/1/23 - 12/31/23							omplete
				1/1/24 -						С	omplete
				4/1/24 -	-	-					
				7/1/24 -	9/30	/24					
•	tem Facility: ENTRY POINT	(WSF ID: 00700)									
	nd Nitrite (NOX)									-	RT) per year
_	ing Point (Sampling Point ID)			Monitori	_		Collect	ion Per	riod		liance Status
ENTRY	POINT (3)			1/1/23 -							omplete
				1/1/24 -	-					C	omplete
				1/1/25 -		•					
	Water	r System Facil	ity and Sar	npling	Poi	nt Inve	ento	ry			
Water	-						otal	Lead			
•	Water System Facility	Sampling Point ID		nt			liform			4-64	Stage
Facility ID	DISTRIBUTION SYSTEM		Description	L CVCTER A		tutus	Rule	Kule	Her	Aspestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Y				
		DOWNSTREAM				A	Y				
00700	ENTRY ROINT	UPSTREAM	5 SERVICE CO		N	Α	Υ				
	ENTRY POINT	3	ENTRY POINT			Α					
	WELL STAFFILE DI ANT	2	WELL			Α					
62449	FREATMENT PLANT										
		Cor	tact Infori	mation							
Name		0	rganization							Job Title	
Ms. Juliana			Marea			1					
	dress Line One	Mailing Addres	s Line Two					ity		State	Zip Code
732 Middle	sex Turnpike					Old Sa	aybroo	k		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.

Emergency Phone Email Address

ni71pi@yahoo.com

Mobile Phone

Business Phone

860-581-3205

Extension

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

Fax

PWS ID	PWS Name	Qua	iity Moii	itoring a	iid Goil	_				Primary Source	
CT1060084	732 MIDDLESEX TU	RNPIKE				N	С	200	Р	GW	
ocal Address	(where applicable)			Service	Residen	itial Co	mmerci	al Industri	Industrial Combined Agri		
				Connection	ns		1				
Γowns Served	: OLD SAYBROOK										
Name				Organization		Job Title					
Mr. Alfonso P	isanzio			732 Middlesex	k Turnpike						
Mailing Address Line One Mailing Address Line Two				ess Line Two				City	State	Zip Code	
Mailing Addre	33 Ellie Olie	157 Union St					Deep River CT			06417	
	33 2.1110 0110						Deep R	liver	CI	06417	

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	/S ID PWS Name					Population	Owner Type	Primary Source		
CT1069014	PASTA VITA				NC	49	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural		
225 ELM STREE	Γ	Connections			1					
Towns Served: OLD SAYBROOK										
Monitoring Requirements										

TOWIS Served. OLD SATEROOK					
Monito	oring Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	D: 00600)				
Total Coliform (3100)		1 routine (RT) per quarte			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Physical Parameters (PPS)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

			1/1/23 12	, -, -,								
	Wat	er 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 DBP				
00600	DISTRIBUTION SYSTEM	3	GENERATED BY BATCH	А	Υ							
		4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		PVLHS4	LOWER HAND SINK #4	Α	Υ							
		PVLHS5	LOWER HAND SINK #5	Α	Υ							
		PVLKS1	LOW KITCHEN SINK #1	Α	Υ							
		PVLKS2	LOW KITCHEN SINK #2	Α	Υ							
		PVLKS3	LOW KITCHEN SINK #3	Α	Υ							
		PVLMR	LOWER MEN'S RESTROOM	Α	Υ							
		PVLWR	LOWER WOMEN'S RESTRO	Α	Υ							
		PVUHS8	UPPER HAND SINK #8	Α	Υ							
		PVUKS6	UP KITCHEN SINK #6	Α	Υ							
		PVUKS7	UP KITCHEN SINK #7	Α	Υ							
		PVUR	UPPER RESTROOM	Α	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								

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	Connecticut Department of	I ublic II	Cartin	וש		vvatti	occuon	
	Water Quality Monitor	oring and	d Con	npl	iance S	Schedul	e	
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT1069014	PASTA VITA				NC	49	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
225 ELM STRE	ET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD SAYBROOK

wat	ter System Facili	ity and Sa	ampling Po	int in	iventor	У		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling P Description		Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPI
60362 WELL 1	2	WELL 1		Α				
	Certified	Operato	r Informati	on				
Water System Facility: DISTRIBUT	ON SYSTEM (WSF II	D: 00600)						
Facility Classification:								Certification
Operator Name	Operator Typ	e	Certification(s)					Expiration
FILANDA, MICHAEL	CHIEF OPERATO)R	WATER TREATM	IENT P	LANT OPE	RATOR - CL	ASS IV	6/30/2025
SUSCO, VINCENT	ASSIGNED OPER	RATOR	WATER TREATM	1ENT P	LANT OPE	RATOR - CL	ASS II	6/30/2024
			DISTRIBUTION S	SYSTEM	OPERATO	OR - CLASS	II	6/30/2024
	Con	tact Info	rmation					
Name	Oı	rganization					Job Title	

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

860-395-0541

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Mr. Richard Cersosimo

860-395-1452

P.O. Box 523

Mailing Address Line One

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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Rlc Properties, LLC

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

860-391-3744

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

End of schedule

Zip Code

06475

State

CT

City

Old Saybrook

pastavita@aol.com