

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID		PWS Name				Classification	Population	Owner Type	Primary Source	
CT0330214		4 SEASONS FOOD MART				NC	25	P	GW	
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
164 WEST STREET						1				
Towns Served: CROMWELL										
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					4/1/25 - 6/30/25				Complete	
					7/1/25 - 9/30/25					
					10/1/25 - 12/31/25					
					1/1/26 - 3/31/26					
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					4/1/25 - 6/30/25				Complete	
					7/1/25 - 9/30/25					
					10/1/25 - 12/31/25					
					1/1/26 - 3/31/26					
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)					1/1/24 - 12/31/24				Complete	
					1/1/25 - 12/31/25				Complete	
					1/1/26 - 12/31/26					
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		
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						
20621	WELL	2	WELL	A						
Contact Information										
Name				Organization			Job Title			
Mr. Mark Dombal				164 West Cromwell, LLC			General Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code	
164 West Street						Cromwell		CT	06416	
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
845-479-2848			845-632-6268		845-765-8507	marksnk@outlook.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner										

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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