

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0459114 | NOBLE ENERGY | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 51 BOSTON POST ROAD | | | 1 | | |

Towns Served: EAST LYME

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 | | Lead and Copper Rule Tier | Asbestos | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|----------------|------|---------------------------|----------|------------------|
| | | | | Status | Rule | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | Y | | | |
| | | NOBLE1 | BACK OF HOUSE SINK | A | Y | | | |
| | | NOBLE2 | MENS RESTROOM SINK | A | Y | | | |
| | | NOBLE3 | COFFEE SHOP SINK | A | Y | | | |
| | | NOBLE4 | DISH SINK (COF SHOP) | A | Y | | | |
| | | NOBLE5 | ICE CREAM HAND SINK | A | Y | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| | | | | | | | | |
| 63248 | WELL 1 | 2 | WELL 1 | A | | | | |
| 63252 | TREATMENT PLANT | | | | | | | |
| 63254 | ATMOSPHERIC TANK | | | | | | | |
| 63256 | PUMP STATION | | | | | | | |

Contact Information

| | | |
|--------------------------|--------------------------------|----------------|
| Name | Organization | Job Title |
| Mr. Paul Dimock | Noble Energy Real Estate, LLC. | |
| Mailing Address Line One | Mailing Address Line Two | City |
| | | State Zip Code |

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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0459114 | NOBLE ENERGY | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 51 BOSTON POST ROAD | | | 1 | | |

Towns Served: EAST LYME

| | | | | | | | |
|-----------------------|-----------|-----------|--------------|-----------------|---------------|----|-------|
| 131 BUCKINGHAM STREET | | Suite 301 | | | Hartford | C1 | 06106 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |

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

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