Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publi	c Water Sys	tem Name	****			Reporting	Month/Year	Date Rep	ort Submit	ted		Source T	ype (s)
						- 50					☐ Surface ☑	Ground	☐ GWUDI
	[Dover Ridg	ge Es	tates		01	/ 2024	02	1 05 / 2	024	Purchase with	subsequent o	hlorination
						ММ	YYYY	MM	D D Y	YYY	Purchase w/ou	it subsequent	chiorination
Public	Water System	ID						County			Town, Village or 0	City	
N13/	4 0		0.4						5			DI-	
NY	1 3	0 2 8	0 4						Dutchess	5		Beek	man
			T	CI	hlorination			1	Ultravio	let Radiati	ion / Other Trea	tment	
	C (-)	Treated Water	Ga	\$00US	Liquid			I	T	~ ~ ~			T
	Source (s) In Use	Volume (1,000		928900 40		Free Chierine			- 1		Checked		
DATE	iii Ose	galions/day)	Cylinder Weight	Chiorine Use (Lbs. /Day)	Hypochlorite added to creck (Quarts)	Residual (mg/l)					By In itials		
1	2,3	8.9				0,8					ММ		
2	2,3	8,0				0.7					MM		
3	2,3	12.0				0.7					MM		
4	2,3	11.0			_	0.7					MM		_
5	2,3	12.3				0.7					MM		
6	2,3	9,4				0.8					SM		
7	2,3	16.5				0.9					MM		
8	2,3	8.4				0.9		_			MM		
9	2,3	8,1				8.0					MM		
10	2,3	12.4			4	0.8					MM		
11	2,3	7.5				0.7					MM		
12	2,3	12.8				0.8		l			MM	-	
13	2,3	8.7		-		0.7					MM		
14	2,3	7.5		-	-	0.7					MM	-	
15	2,3	14.1	4	-	-	0.7		-			MM		
18	2,3	8.0	-	-	-	0.8	-	ļ			MM		
17	2,3	9.5		+	-	0.7	ļ				MM	-	
18	2,3	11.0	-	+	·	0.7		-			MM	-	
19	2,3	1.3	+	+	 	0.7		-			MM		
20	2,3	19.7	+	+		1.2	-	-			SM		
22	2,3	24.9	+	-	 	1.0		+			SM MM	+	
23	2,3	18.6		+	3	0.9	-				MM	-	
24	2,3	26,0		-		0.9		+			MM	1	
25	2,3	22.0		+		0.7					MM	 	
26	2,3	12.7		-		0.7					MM	 	
27	2,3	12.4				0.6	5				MM	1	
28	2,3	13.1			4	0.7					MM	1	
29	2,3	11.0		1	2	0.8		-			MM		
30	2,3	10.3				0.9		1		**	MM	1	
31	2,3	11.2		1		0.8					MM	1	
Total	2033	396.9	1		13	2 PONE							
Aver.	1	12.9		4		0.8							
Chi	orine Mix Rat	io =	13	Qu	arts of	-	12.5	_ % chlor	rine added to		42	gallon	s of water in crock
Rep	ported by:		T	yler Post			Title	Operations	Manager		Certification	Number:	NY0041182
		_	The	-		_		500 800 000 000 000 000 000 000 000 000			S		
Si	gnature:		•				Date	2/5/2	2024		Operator Gra	de Level:	IIA-SW/GUI, IIB, C

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
160 Stowe Rd	11-Jan	1	☐ Yes ☑ No	☐ Yes ☑ No	0.7	Number of microbiological monitoring samples taken:
			☐ Yes ☐ No	Yes No		Did an M&R violation occur? ☐ Yes ☑ No
	:*		Yes No	☐ Yes ☐ No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
			☐ Yes ☐ No	Yes No		Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total collform from routine/repeat sample.
			☐ Yes ☐ No	☐ Yes ☐ No	_	Did an MCL violation occur?
			☐ Yes ☐ No	Yes No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
			☐ Yes ☐ No	□Yes □ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform
	9)	_	☐ Yes ☐ No	☐ Yes ☐ No		MCL violation).
		4	☐ Yes ☐ No	□Yes □ No		For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			Yes No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was
			☐ Yes ☐ No	☐ Yes ☐ No		positive for total coliform (= E coli MCL violation).
			☐ Yes ☐ No	Yes No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			☐ Yes☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No	□ Yes□ No		As required by 5-1.72, "Operation of a Public Water System," a copy of this
		_	☐ Yes ☐ N	Yes No		form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			☐ Yes☐ No	□Y≅ □ No		1
			☐Yes☐N	Yes No		1
			☐ Yes ☐ No	☐ Yes ☐ No		
Sample Collector(s): Name of NYSDOH Cert	ified Laboratory:	Phoenix Labore	Mories			
Did any MCL violation	occur? If so, please	describe:	No			
-						
Did an emergency or lo	w pressure problem	occur? Did so	urce water b	ypass an exis	iting treatment process	in the system? If so, please explain.
Comments:						

Bureau of Public Water Supply Protection

Water Systems Operation Report For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publ	ic Water Sys	tem Name						Source Type (s)				
	1	Dover Rid	ae Es	tates		02	/ 2024	03 / 08	/ 2024	Surface Purchase with	Ground subsequent d	GWUDI
			J			мм	YYYY		YYYY	Purchase w/ou		
Public	Weter System	ID				1.11		County		Town, Village or C		
NIV	4 2	0 0 0	0.4						•		D I	-1
NY	1 3	0 2 8	<u>U</u> 4					Dutc	ness		Beekr	nan
			T	C	hlorination		T	111	traviolet Radial	ion / Other Trea	tment	
	_	Treated Water	Ga	9:8CX2S	Liquid				TO A VIOLET VALUE OF	OTT OTHER TIES	The state of the s	
	Source (s) In Use	Volume (1,000		1000		Free				Checked		
DATE	iii Oae	gallons/day)	Cylinder Weight	Chlorine Use (Lbs. /Dey)	Hypochlorite added to creck (Quarts)	Chicrins Flexidual (mg/l)				By Initials		
1	2,3	12.4				0.8				MM		
2	2,3	11.8				0.8				MM		
3	2,3	11.7				0.8				SM		
4	2,3	9.0				0.8				SM		
5	2,3	12.2				0.8				MM		
6	2,3	10.3				8.0				MM		J.
7	2,3	10.5				0.7				MM		
8	2,3	9.7				0.7				MM		
9	2,3	7.3				0.8				MM		
10	2,3	11.0				8.0				MM		
11	2,3	10.8				8.0				MM		
12	2,3	12.6				8.0				MM		-
13	2,3	6.2				8.0				MM		
14	2,3	8.9				0.7				MM		
15	2,3	10.0	ļ			0.7				MM		
16	2,3	110.8				0.7				MM		
17	2,3	8.0	-		3	0.8			· · · · · · · · · · · · · · · · · · ·	SM		
18	2,3	9.5				0.8				SM		
19	2,3	10.3	-			0.7				MM		
20	2,3	11.6	-	-		0.7				MM		
21	2,3	6.7				0.8				MM		
22	2,3	9.2				0.7				MM		
23	2,3	10.2	-			0.7				MM		
25	2,3	8.3	-			0.7				MM		
26	2,3	110.2		,		8.0			-	MM		_
27	2,3	11.6	1			0.7			-	MM		
28	2,3	9.5				0.8	-			MM		
						8.0				MM		
29	111111111111111111111111111111111111111	11.1	mm			0.7				MM		
Total		490.1			3							
Chlor	ine Mix Ratio	16.9	3	Quar	ls of	0.8	12.5	% chlorine adde	d to	33	gallons of	f water in crock
Repo	rted by:		Tyle	r Post			TitleOp	erations Manage	r	Certification Nu	mber:	NY0041182
Sign	ature:	_	Tie-	A. STP		[Date	3/8/2024		Operator Grade	Level: _I	IIA-SW/GUI, IIB, C, D

DOH 3600UV pg. 1 of 2 (\$804)

Microbiologica	l Samples an	d Free Cl	ılorine I	Residual		-
Sample Location	Date of Sample	Sample Type 1.Routine	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235
		2.Repeat		_		Number of microbiological monitoring samples required:
58 Stowe	7-Feb	1	☐ Yes ☑ No	☐ Yes ☑ No	0,6	Number of nucrobiological monitoring samples taken: 1
			☐ Yes ☐ No	□ Yes □ No		Did an M&R violation occur? Yes ☑ No
			Yes No	Yes No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
			Yes No	☐ Yes ☐ No		Did not collect/analyze repeat sample. Did not collect/analyze for E, coil for positive total coliform from routine/repeat sample.
			Yes No	☐ Yes ☐ No		Did an MCL violation occur?
			☐ Yes ☐ No	☐Yes ☐ No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
			□ Yes □ No	□ Yes □ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (multine and /or repeat) are positive for total collform. (= total collform)
			☐ Yes ☐ No	Yes No		MCL violation).
			□ Yes □ No	☐ Yes ☐ No		For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MQL violation).
			☐ Yes ☐ No	Yes No		
			☐ Yes ☐ No	☐ Yes ☐ No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			☐ Yes☐ No	☐ Yes ☐ No		
			□ Yes □ No	☐ Yel☐ No		As required by 5-1.72, "Operation of a Public Water System," a copy of this
			□Yes □ No	Yes No		form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			☐ Yes☐ No	☐ Yes ☐ No		
			□Y≅□ №	☐ Yes ☐ No		
	4		☐ Yes ☐ No	☐ Yes ☐ No		
Sample Collector(s):	Michael McLaughlin	ka aka magamana	V			
Name of NYSDOH Certi	fied Laboratory:	Phoenix Laborat	iries	1		
Did any MCL violation o	ccur? If so, please de	scribe:	No			
			w			
Did an emergency or los	v pressure problem c	ecur? Did sou	rce water by	pass an existic	ng treatment process in	n the system? If so, please explain.
Comments:				-		

Bureau of Public Water Supply Protection

Water Systems Operation Report For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Pub	lic Water Sys	stem Name				Reportin	g Month/Year	Date R	eport S	ubmitted		Source 1	Type (s)
	=	Dovor Die	lac Ec	totoo		00	/ 0004			/ 000/		Ground	☐ GWUDI
İ	1	Dover Ric	ige cs	states			/ 2024			/ 2024	Purchase with		
Publi	c Water System	ID				MM	YYYY		D D	YYYY	Purchase w/o		t cruckination
								County			Town, Village or	City	
NY	1 3	0 2 8	0 4						Dutc	hess		Beek	man
		Γ	T	r	hlorination		T		111	Itraviolet Radial	ion / Other Tree	desent	
		T	. G	150005		-				ILIAVIOISI KADIAI	TOUT OTHER TYPE	I	
	Source (s)	Treated Water Volume (1,000		T	Liquid	Free					Checked		
DATE	In Use	gallons/day)	Cylinder Weight	Chlorine Usa (Lbs. /Day)	Hypochlorite added to creck (Quarts)	Chlorine Realthral (mg/l)					By Initials		
1	2,3	10.0				0.8					MM		
2	2,3	10.2				0.8					SM		
3	2,3	10.6				0.7					SM		
4	2,3	11.1				0.7					MM		
5	2,3	9.7	-	-	6	0.7					MM	-	
7	2,3	8.8	-			6.0					MM		
8	2,3	6.5 13.8		-		0.8					MM		
9	2,3	7.9	1			0.7				-	MS		
10	2,3	12.1				0.8		-			SM		
11	2,3	9.2				0.8					MM		
12	2,3	9.2				0.7					MM		
13	2,3	9.5				0.7				5 % 3	MM		
14	2,3	8.1				0.7					MM		
15	2,3	11.9				0.8					MM		
16	2,3	8.5				0.8					SM		
17	2,3	10.3				0.7					SM		
18	2,3	11.1				0.8		·			DW		
19	2,3	9.2	-			0.7					DW		
20	2,3	9.2	-			0.7					DW		
22	2,3	5.0	-			0.7					DW		
23	2,3	14.5				0.8					SM		
24	2,3	8.3				0.7					SM		
25	2,3	9.7				0.7					MM		
26	2,3	7.8			6	0.7					MM	-	-
27	2,3	10.3				0.7					MM		
28	2,3	11,4				0.7					MM		
29	2,3	9.5				0.8					MM		
30	2,3	9.3				0.7	1700;1.440				MM		
31	2,3	9.7		-		0.7					MM		
Tolel	4.36 Same S	301.4	68596		12				$\neg \neg$		IVIIOI		
Aver.		9.7	(62333			0.7							
Chlori	ine Mix Ratio	=	12	Quar	ls of		12.5	% chlorir	ne adde	d to	33	_gallons o	of water in crock
Repo	rted by:		Tyle	r Post	,	1	Fitle Op-	erations I	Manage	<u> </u>	Certification Nu	ımber:	NY0041182
Sign	ature:		T-z	1			Date	4/3/20	24		Operator Grade	Level:	IIA-SW/GUI, IIB, C, D

COH 30000,7V pg. 1 of 2 (\$4.4)

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
47 Stowe Rd	6-Mar	1	Yes ☑ No	□Yes ☑ No	0.6	Number of microbiological monitoring samples taken:
			☐ Yes ☐ No	Yes No		Did an M&R violation occur?
			Yes No	Yes No		If "Yes," check reason (s) below:
* * * *			☐ Yes ☐ №	☐Yes ☐ No		Actual number of sumplex is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total collors from
			Yes No	Yes No		Did an MCL violation occur?
			☐Yes ☐ No	☐Y⇔ ☐ No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
			☐ Yes ☐ No	☐ Yes ☐ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (counting and for repeat) are positive for total colliform. (= total coll
			□ Yes □ No	☐ Yes ☐ No		MCL violation).
			Yes No	☐ Yes ☐ No		For systems collecting 40 or more samples per month: more than 5% of to samples (notine and/or repeat) are positive for rotal colliform (= total collid MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was
			□ Yes □ No	Yes No		positive for total coliform (= <u>E.coll MCL violation</u>).
			☐ Yes ☐ No	Yes No		Reminder: System must collect a minimum of five (5) routine microbiolog monitoring samples during the month following a repeat sample collection
			☐ Yes☐ No	Yes No		
			Yes No	□Y⇔□ No		As required by S-1.72, "Operation of a Public Water System," a copy of t
			☐ Yes ☐ No	☐ Yes ☐ No		form shall be sent to your local health department by the 10th caleadar d of the next reporting period.
			☐ Yes☐ No	☐ Yes ☐ №		
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐Yes ☐ No	☐ Yes ☐ №		
ple Collector(s):	Michael McLaughlin					
e of NYSDOH Cert	ified Laboratory:	Phoenix Laboral	ories			
any MCL violation	occur? If so, please d	escribe:	No			
an emergency or lo	w pressure problem (occur? Did sou	rce water by	pass an existi	ng treatment process i	n the system? If so, please explain.
ments:						

Bureau of Public Water Supply Protection

Water Systems Operation Report For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publi	c Water Syst	em Name				Reporting	Month/Year	Date R	sport Su	ubmitted		Source T	
						200 100	NA CONTRACTOR NA					Ground	GWUDI
	-	over Ridg	ge Es	tates		04	/ 2024			/ 2024	Purchase with		
						MM	YYYY		D D	YYYY	Purchase w/ox		Chionnation
Public	Water System I	D						County			Town, Village or (City	
l									Dutcl	hoos		Beek	man
NY	<u>1</u> 3	<u>0 2 8</u>	0 4						Dutci	ness		Deck	man
•			5943								<u> </u>		- 5
				CI	nlorination				Ul	traviolet Radial	ion / Other Trea	tment	
			Ge	5.00US	Liquid	T							
	Source (s)	Treated Water Volume (1,000		1	Odora	Free	ii .				Checked		
DATE	In Use	gallons/day)	Cylinder	Chiorine	Hyprochlorite added	Ciniorina Residual					Ву		1
UAIE			Weight	Use (Lbs. /Day)	to canck (Quarts)	(ng/l)					Initials		
				(23.103)				L					
1	2,3	8.4			_	0.7					MM		_
2	2,3	8.4				0.6					MM		
3	2,3	12.1				0.8					MM		
4	2,3	6.9				8.0					MM		-4
5	2,3	. 11.7				0.8					MM	-	
6	2,3	8.2				0.8					MM		
7	2,3	13.8				8.0	<u> </u>				MM		
8	2,3	14.0				0.7	ļ		- 12-00		MM		
9	2,3	11.5	-	-		0.7		-			SM		
10	2,3	7.6		-		0.8	-	 			SM		
11	2,3	11.0		-		0.8	 	-			MM		-9
12	2,3	9.7		-		0.7					ММ		
13	2,3	11.3	-			0.8	 	r			MM		
14	2,3	9.8	-			0.7					MM		
15	2,3	10.0	-	-		0.8					MM		
17	2,3	11.0	1			0.8					MM		
18	2,3	9,4	-			0.8					MM		
19	2,3	11.7				0.6					MM		
20	2,3	11.0				0.6					MM -		
21	2,3	12.9				0.8					MM		
22	2,3	7.6				C.8					MM		
23	2,3	9.4				0.8					SM		
24	2,3	11.9				0.8					SM	1	
25	2,3	9.7				0.8					MS	-	
26	2,3	13.6	1			0.7				ļ	MS	-	
27	2,3	8.0				0.7		-		-	MM	-	
28	2,3	14.5				0.8					MM		
29	2,3	12.3			5	0.8		ļ			MM		
30	2.3	8.7				0.8					MM		
Total	V////////	318.3	11111		5								
Aver.		10.6				0.8				1		1	
	sino Mis Dell		5	0	arts of		12.5	% chic	rine add	led to	30	gallons	s of water in crock
Unio	orine Mix Rati	, - 	5		31 to UI			•					
Rep	orted by:		Ту	ler Post			TitleC	peration	s Manag	jer	Certification I	Number:	NY0041182
Sig	gnature:		T	- 4 F	<u> </u>		Date	5/10	/2024		Operator Gra	de Level:	IIA-SW/GUI, IIB, C, D

DOH 35001 N pg. 1 of 2 (9/04)

Microbiologica	samples all	u riee Cil	TOT THE I	Colulai		D 1-4- S-4 225
Sample Location	Date of Sample	Sample Typo 1.Routine 2.Repeat	Total Coiform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
58 Stowe Rd	10- Л рг	1	☐ Yes ☑ No	∏Yes☑No	0.4	Number of microbiological monitoring samples taken:
			☐ Yes ☐ No	☐ Yes ☐ No		Did au M&R violatiou occur? ☐ Yes ☑ No
			☐ Yes ☐ No	Yes No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
			Yes No	☐ Yes ☐ No	_	Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total collform from routine/repeat sample.
	_		☐ Yes☐ №	Yes No		Did an MCL violation occur?
		1	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
			☐ Yes ☐ No	☐ Yes ☐ No		additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and for repeat) are positive for total collform. (= total collform
			☐ Yes ☐ No	Yes No		MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total collerm (= total collerm MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			□Yes □ No	☐ Yes ☐ No		
			☐ Yes ☐ No	☐ Yes ☐ No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			Yes No	☐ Yes ☐ No	1	
			☐ Yes ☐ No	□ Y≃□ No		As required by 5-1.72, "Operation of a Public Water System," a copy of this
			☐ Yes ☐ No	Yes No		form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			☐ Yes☐ No	☐ Yes ☐ No		
			Yes No	☐ Yes ☐ No		
*			☐ Yes ☐ No	☐ Yes ☐ No		
Sample Collector(s): Name of NYSDOH Cert	THE COLUMN TWO	Phoenix Labora	itories			
Did any MCL violation	occur? If so, please o	describe:	No			
	w pressure problem	occur? Did so	urce water b	ypass an exis	ting treatment process	in the system? If so, please explain.
No						
Comments:						

Bureau of Public Water Supply Protection

Water Systems Operation Report For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publ	c Water Syst	em Name				Reporting	Month/Year	Date Report Su	bmitted		Source Ty	pe (s)
		\ D!-!-								☐ Surface ☑		☐ GWUDI
	L	Oover Ridg	ge Es	tates		200	/ 2024	06 / 10		Purchase with		
Dublic	Water System I					M M	YYYY		YYYY	Purchase w/ou		chlorination
Public	Water System I	U						County		Town, Village or C	ilty	
NY	<u>1</u> <u>3</u>	0 2 8	0 4					Dutch	ness		Beekr	nan
				CI	nlorination			UK	raviolet Radial	ion / Other Trea	tment	
		Treated Water	Ga	seous	Liquid			r				<u> </u>
	Source (s)	Volume (1,000			Liquis	Free				Checked		
DATE	In Use	gallons/day)	Cylinder Weight	Chiorine Use (Lbs. /Day)	Hypeublorite added to trock (Quarts)	Chlorine Residual (mg/l)				By Initials		
1	2,3	11,1				0.7				MM		
2	2,3	11.1		5		0.8				MM		
3	2,3	7.8				0.7				MM		
4	2,3	14.3				0.8				MM		
. 5 6	2,3	11.4	-			0.7				MM		
7	2,3	10.7	 	 		0.7				MM		
8	2,3	9.8				0.7	-			MM	-	
9	2,3	11.7				0.7				MM		
10	2,3	10.4				0.6				MM		
11	2,3	17.2				0.7				MM		
12	2,3	4.7				0.7	888			SM		
13	2,3	12.5				0.7				MM		
14	2,3	11.6				0.7				MM		
15	2,3	9.8		-	ļ	0.7				MM		
16	2,3	9.1	+	-	ļ,	0.7				MM		
18	2,3	13.3	1	 	4	0.7				MM		
19	2,3	13.7	 	-	 	0.9				MM	 	
20	2,3	19.1				0.8			—	MM	 	
21	2,3	15.1			†	0.9				MM	 	
22	2,3	14.1				0.8				MM		
23	2,3	13.7				0.8				MM		
24	2,3	20.7				0.8				MM		
25	2,3	12.3				0.9				MM		
26	2,3	15.2	-			0.8				SM		
27	2,3	9.5		-	4	0.8				MM		
28	2,3	16.1	+		 	0.8	ļ		<u></u>	MM		
29		11.2	-	-	-	0.9		-	ļ	MM	 	
30	2,3	12.1	-			0.8	ļ		-	MM		
31	Water Street Street Street Street	7.8				0.8				MM		
Total	AND THE WORLDS	381.7	DUES	1	8	1	4					
AVM.	MACHEN AND	12.3	1000	H	<u> </u>	0.8			1			
Chi	orine Mix Rati	0 =	8	Qu	arts of		12.5	_ % chlorine add	led to	72	gallons	of water in crock
Re	oorled by:		Ty	ler Post			Title (Operations Manag	ger	Certification I	Number:	NY0041182
Si	gnature:		Tie	worth,			Date	6/10/2024		Operator Gra	de Level:	IIA-SW/GUI, IIB, C, I

Microbiologica	l Samples an	d Free Cl	lorine F	Residual		
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235
58 Stowe Rd	8-May	1	Yes 🗹 No	☐ Yes ☑ No	0.4	Number of microbiological monitoring samples required:
_			☐ Yes ☐ No	☐ Yes ☐ No		Number of microbiological monitoring samples taken: 1 Did an M&R violation occur? Yes V No
				☐ Yes ☐ No		If "Yes," check reason (s) below:
						Actual number of samples is fewer than required. Did not collect/analyze repeat sample.
			Yes No	☐ Yes ☐ No		Did not collect/analyze for E. coil for positive total colliform from routine/repeat sample.
			Yes No	☐ Yes ☐ No		Did an MCL violation occur?
			☐ Yes ☐ No	□ Yes □ No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
	_		☐ Yes ☐ No	☐ Yes ☐ No		additional information). For systems collecting less than 40 samples per month; two or more of the
			☐ Yes ☐ No	☐ Yes ☐ No		samples (routine and for repeat) are positive for total coliform (= total coliform MCL violation);
			☐ Yes ☐ No	☐ Yes ☐ No		For systems collecting 40 or more samples per month; more then 6% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			Yes No	Yes No		The original sample was E.coli positive and at least 1 repest sample was
		_	□Yes □ No	☐ Yes ☐ No		positive for total coliform (= E.coli MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		Reminder. System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			☐ Yes☐ No	☐ Yes ☐ No		
			Yes No	☐ Yes☐ No		As required by 5-1.72, "Operation of a Public Water System," a copy of this
			□ Yes □ No	☐ Yes ☐ No		form shall be sent to your local health department by the 10th colendar day of the next reporting period.
			☐ Yes☐ No	☐ Yes ☐ No		
			Yes No	Yes No		
			☐ Yes ☐ No	☐ Yes ☐ No		
Sample Collector(s):	Michael McI aughlin	-		yeath - to		
Name of NYSDOH Cert	ified Laboratory:	Phoenix Labora	lories			
Did any MCL violation	occur? If so, please d	lescribe:	No	· · · · · · · · · · · · · · · · · · ·		
Did an amana a la						The state of the s
No No	w pressure problem	occur? Did sou	rce water by	pass an existi	ng treatment process i	in the system? If so, please explain.
				- department		
Comments:						

Water Systems Operation Report
For Systems that Treat with Chlorine and/ or Ultravlolet Radiation Bureau of Public Water Supply Protection

Public	Water Syst	em Name				Reporting	Month/Year	Date	Rep	ort Sul	omitted	Surface		e Type	(s)
	_	n: 1-	_ ===			06	/ 2024	1.	07 /	10	/ 2024	Purchase v		ent chlor	ination
	L	over Ridg	e Esi	lates			<u> </u>	11 -		D D	YYYY	Purchase v			
						M M	YYY	Cour		ט ט		Town, Village			
Public	Water System I	5						Cour	ity						
NY	<u>1</u> <u>3</u>	<u>0 2 8</u>	0 4						[Dutch	ness	6 0	Bee	ekm	an
					nlorination			4		Ull	raviolet Radia	lion / Other T	reatment		
		7 30000	Ga	980/12		Γ		_							
	Source (s)	Treated Water Volume (1,000		1	Liquid	Free						Check			
DATE	In Use	gallons/day)	Cylinder Weight	Chiorine Use (Lbs. /Day)	Hypochlarite added to sreek (Querts)	Chiorine Residual (mg/l)						By Initia			
1	2,3	16.0				0.8						MM			
2	2,3	13.3	į			0.8			1.00			MM		-	
3	2,3	17.4				0.8						M			
4	2,3	24.5				0.9						M			
5	2,3	9.4	-	<u> </u>	ļ	0.8		-	-			M			
6	2,3	14.2			5	0.8		-				M			
7	2,3	17.3	1			0.8	-	+				SI			
8	2,3	6.2		1		0.8			•			S		115	
9	2,3	12.3	-	-		1.3	-	+				M			
10	2,3	11,8		1		0.9	+	+				М			
11	2,3	15.2		-	 	0.9		+				M			
12	2,3	15.3	-	-	_	0.9		+		-		M			
13	2,3	16.1	-	-		0.8		-				N			
14	2,3	14.9	-	+	4	0.8		_					M		
15	2,3	16.3	-	+	1	0.9		_				N	M		
16	2.3	8.1	+	-	 	0.9		\neg				N	M		
17	2,3	20.5	+		-	0.9		_				N	IM .		
19		17.1		1	W	0.9					_		M		
20		12.5				8.0						, N	IM		
21		13.3				0.8							MM		
22		8.1				0.9							M		
23		13.2				0.8							SM		
24	2,3	12.1		-4	-	0.8							AM		
28	2,3	16,9			4	0,9							MM		
26	2,3	11.9				0.9							MM		
2	2,3	16,5				0.8							MM		
2	2,3	5.2				0.8		_					MM		
2	2,3	16.6				0.8			(MM		
3	2,3	10.5				0.8							MM		1
Tot	Annual Section Section 1	414.1			13	1000	(A)								
Ave	r.	13.8				9.0									
Ci	nlorine Mix Ra	otio =	13		uarts of		12.5	9	% chic	orine ac	ided to	101_	9	gallons	of water in crock
R	eported by:			Tyler Post			Title	Оре	ration	s Man	ager	Certifica	ation Numb	oer:	NY0041182
	Signature: _		1	-	<i></i>		Date		7/10	/2024		Operato	r Grade Le	evel:	IIA-SW/GUI, IIB, C, D

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Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chiorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
62 Stow Rd	5-Jun	1	☐ Yes ☑ No	☐Yes☑No	0.5	Number of microbiological monitoring samples taken:
The state of the s			☐ Yes ☐ No	□Yes □ №	11	Did an M&R violation occur?
			☐ Yes ☐ No	Yes No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
			Yes No	Yes No		Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total collform from routine/repeat sample.
			☐ Yes☐ No	☐ Yes ☐ No		Did an MCL violation occur?
			☐ Yes ☐ No	Yes No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
			☐ Yes ☐ No	Yes No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and for repeat) are positive for total colliform (= total colliform).
			☐ Yes ☐ No	Yes No		MCL Violation).
			☐ Yes ☐ No	Yes No	=	For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			□Yes □ N	O Yes 🗆 No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL_violation).
			Yes No	Yes No		
			☐ Yes ☐ N	O YES NO		Reminder: System must collect a minimum of five (5) routine microbiologic monitoring samples during the month following a repeat sample collection.
			☐ Yes ☐ No	Yes No		
			☐ Yes ☐ N	lo □ Yes□ No		As required by 5-1.72, "Operation of a Public Water System," a copy of the
			☐Yes ☐∤	to Yes N	0	form shall be sent to your local health department by the 10th calendar do of the next reporting period.
			☐ Yes☐ N	O Yes No		
				No Yes N		
		<u> </u>	☐ Yes ☐ N	O Yes No		
5 200	: Michael McLaugh	lin Phoenix Labo	oralories			
id any MCL violatio	on occur? If so, pleas	e describe:	No			
						100
id an emergency or	r low pressure proble	m occur? Did	source water	bypass an ex	isting treatment proce	ss in the system? If so, please explain.

Bureau of Public Water Supply Protection

Water Systems Operation Report For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name							g Month/Year	Date Report Submitted		Source Type (s)		
						8				☐ Surface ☑ Ground ☐ GWUDI		
Dover Ridge Estates						07	07 / 2024 08 / 10 / 2024		Purchase with subsequent chlorination			
							YYYY	MM DD	M M D D Y Y Y Y Purchase v			chlorination
Public Water System ID								County		Town, Village or City		
NY	1 3	0 2 8 0 4					Dutchess		Beekman			
ſ	Chlorin			nlorination			Ultraviolet Radiation / Other Treatment					
		Treated Water	Ga	secus	Liquid							T
DATE	Source (s) In Use	Volume (1,000 gallons/day)	Cylinder Weight	Chiorina Use (Lbs. /Day)	Hypochlorite added to crock (Querts)	Free Chlorine Residual (mg/l)				Checked By Initials		
1	2,3	11.9				0.8				MM		
2	2,3	14.5				0.8				MM	- 501	
3	2,3	17.6				0.8				MM		
4	2,3	16.0				8.0				MM		
5	2,3	12.4			6	0.8				MM		
6	2,3	10.2				0.8				SM		
7	2,3	11.0				0.8				SM		
8	2,3	22.8				0.8				MS		
9	2,3	16.1	-			0.8				MM		
10	2,3	18.3				0.7	-		1.3.	MM		
11	2,3 2,3	10.4 14.6				0.8	-			MM		
13	2,3	14.0	-		5	0.6				MM		
14	2,3	13,3				0.8		r -		MM		
15	2,3	20.4				0.8				MS		
16	2,3	11.3				0.8				MM		
17	2,3	9.7				8.0	11			MM		
18	2,3	9.6				0.8				MM		
19	2,3	16.7				0.8				MM		
20	2,3	10.3				1.0				SM		
21	2.3	19.2				1.0				SM		
22	2,3	9.2				0.7				TMP		
23	2,3	8.9				0.8				MM		
24	2,3	9.9				0.8				MM		
26	2,3 2,3	10.4 14.4			8	0.7				MM		
27	2,3	14.0	 		<u> </u>	0.8				MM		
28	2,3	16.2				0.8				MM		
29	2,3	11.5				0.8				MS		
30	2,3	15.8				0.8				ММ	in	
31	2,3	12.5				1.0			-	MS		
Total		423.1	111111		19		1	1		1110		
Aver.		13.6				0.8					v.	
	Chlorine Mix Ratio = 19 Quarts of				12.5	% chlorine adde	ed to	95	gallons o	of water in crock		
Repo	orted by:		Tyle	er Post	_,		Title Or	erations Manage	er	Certification Number: NY0041182		
Signature:					. [Date	8/10/2024			Operator Grade Level: IIA-SW/GUI, IIB, C, D		

DOH 300CI N pg. 1 of 2 (A04)

10-Jul	1	Yes No Yes No Yes No	Yes No	0.6	Number of microbiological monitoring samples required: Number of microbiological monitoring samples taken: Did an M&R violation occur? Yes I No If "Yes," check reason (s) below: Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total colling monitoring from routing/repeat sample.					
		Yes No Yes No Yes No Yes No	Yes No Yes No Yes No Yes No		Did an M&R violation occur? If "Yes," check reason (s) below: Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total colling from routine/repeat sample.					
		Yes No Yes No Yes No	Yes No		Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total colling from routine/repeat sample.					
		☐ Yes ☐ No	Yes No		Did not collect/enalyze repeat sample. Did not collect/enalyze for E. coll for peaklive total collinem from routine/repeat sample.					
		Yes No	☐ Yes ☐ No							
					Did an MCL violation occur?					
		☐ Yes ☐ No		II	☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for					
			∐ Yes □ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and for repeat) are positive for total colliform. (= total colliform.)					
		□ Yes □ No	Yes No		MCL violation).					
		Yes No	Yes No		For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total collform (= total collform MCI_violation).					
		Yes No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violetion).					
		□Yes□No	☐ Yes ☐ No		posserve for possible committee and a committe					
		☐ Yes ☐ ¾	☐Yes ☐ No		Reminder: System must collect a minimum of five (5) routine microbiologic maniforing samples during the month following a repeat sample collection.					
		☐ Yes ☐ No	Yes No							
		Yes No	☐ Yee ☐ No		As required by 5-1.72, "Operation of a Public Water System," a copy of the					
		□Yes □ No	☐ Yes ☐ No		form shall be sent to your local health department by the 10th calendar da of the next reporting period.					
		☐ Yes☐ No	☐ Yes ☐ No							
		☐ Yes ☐ No	☐ Yes ☐ No							
		☐ Yes ☐ No	□ Yes □ No							
Michael McLaughlin										
led Laboratory:	Phoenix Labora	tories								
ccur? If so, please d	escribe:	No	·	OLIVIA LONGINISTICAL						
					8					
pressure problem	occur? Did sou	irce water by	pass an exist	ing treatment process	in the system? If so, please explain.					
	- whallower									
	led Laboratory: ccur? If so, please d	ccur? If so, please describe:	Yes No Yes Yes	Yes No Yes No	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes					

Bureau of Public Water Supply Protection

Water Systems Operation Report For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name							g Month/Year	Date Report Si	ubmitted	Source Type (s)		
										Source Type (s) Surface Ground GWUDI		
Dover Ridge Estates							/ 2024	09 / 10	/ 2024	Purchase with subsequent chlorination		
Public Water System ID							YYYY	M M D D Y Y Y Y Purchase w/out subsequent chlorination			chiorination	
Public Water System ID								County		Town, Village or		
NY	NY <u>1 3 0 2 8 0 4</u>							Dutchess		Beekman		
Chlor					hlorination			UI	traviolet Radial	on / Other Treatment		
	Source (s) Treated Water		Gaseous Liquid							1	T	
DATE	In Use	Volume (1,000 gallons/day)	Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added	Free Chlorine Residual (mg/l)		1		Checked By Initials		
1	2,3	17.4				1.1				MS		
2	2,3	9.8				1.3	100			SM		
3	2,3	11.0				1.0				SM		
4	2,3	11.9			12	1.0				SM		
5	2,3	10.1				1.1				MS		
6	2,3	10.0				1,1				MM	/	
7	2,3	7.6				1.0				MM		
9	2,3	11.4				1.0				MM		-9/
10	2,3	6.1 10.2				1.1				MM		
11	2,3	10.1				1.0	-			MM		
12	2,3	9.9				0.9				MM		
13	2,3	10.2				1.0				MM		
14	2,3	13.7				0.9				MM		
15	2,3	9.2				0.9				MM	8 100	
16	2,3	11.1				0.9				MM		
17	2,3	12.0				0.9				MM		
18	2,3	14.4				0.9				MM		
19	2,3	8.2				0.8				MM		
20	2,3	8.7				0.8				MM		
21	2,3	7.4	-		ستنسب براعد	0.8				MM		
22	2,3	8.8	<u></u>			0.9				MS		
24	2,3	12.2 12.4				0.8				MS		
25	2,3	13.3	-			0.9				SM		
26	2,3	13.1				0.8				SM	-	
27	2,3	8.2				0.8				MS		
28	2,3	10.0				0.7				MS		
29	2,3	11.7				0.7				MS		
30	2,3	13.2			_					MS		
31	ATTACA CALL			-		0.7				MS		
Total	2,3	11.2 334.5				0.8				SM		
Aver.		10.8			12	2.0	-					
	Chlorine Mix Ratio = 12 Quarts of				ts of	0.9	12.5	% chlorine adde	d to	72	gallons o	of water in crock
Reported by: Tyler Post					-	Title O	le Operations Director			Certification Number: NY0041182		
Sign	ature:	1		17	2	-	Date	9/10/2024		Operator Grade	e Level:	IIA-SW/GUI, IIB, C, D
DOM: SEO	CUV no. 1 of 2 (Sma)											

Microbiologica	Samples an	d Free Ch	lorine b	Residual							
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)						
108 Stowe Rd	8-Aug	1	☑ Yes ☐ No	Yes No	0.7	Number of microbiological monitoring samples required: 1					
78 Stowe Rd	12-Aug	2	Yes V No	☐ Yes ☑ No	0.7	Number of microbiological monitoring samples taken: 6 Did an M&R violation occur?					
157 Stowe Rd	12-Aug	2	☐ Yes ☑ No	Yes V No	0.8	If "Yes," check reason (s) below:					
Well 2	12-Aug	2	Yes 🗸 No	☐ Yes ☑ No	N/A	Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total collform from routine/repeat sample.					
Well 3	12-Aug	2	☐ Yes ☑ No	☐ Yes ☑ No	N/A	Did an MCL violation occur?					
108 Stowe Rd	13-Aug	2	☐ Yes ☑ No	☐ Yes ☑ No	0.9	☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for					
		_	☐ Yes ☐ No	☐ Yes ☐ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and for repeat) are positive for total coliform (≈ total coliform					
			☐ Yes ☐ No	☐ Yes ☐ No		MCL violation).					
	d		Yes No	☐ Yes ☐ No		For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).					
			Yes No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was					
			☐ Yes ☐ No	☐ Yes ☐ No		positive for total coliform (= E.coli MCL violation).					
			Yes No	☐ Yes ☐ No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.					
			☐ Yes ☐ No	☐ Yes ☐ No		a repeat sample contents.					
			Yes No	☐ Yes☐ No		Ac required by \$ 1.72 40 manation of - Dublis W. du S. du N					
			☐ Yes ☐ No	Yes No		As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.					
			☐ Yes☐ No	☐ Yes ☐ No							
			Yes No	Yes No							
			Yes No	Yes No							
Sample Collector(s):	Michael McI aughlin										
Name of NYSDOH Certi	fied Laboratory:	Phoenix Labora	lories								
Did any MCL violation o	ccur? If so, please d	escribe:	No	-							
	*										
Did an emergency or lov	v pressure problem	occur? Did sou	rce water by	pass an exist	ing treatment process	in the system? If so, please explain.					
		1500		· · · · · · · · · · · · · · · · · · ·							
Comment											
Comments:											
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