

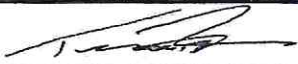
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

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

Public Water System Name Dover Ridge Estates	Reporting Month/Year 01 / 2024 M M Y Y Y Y	Date Report Submitted 02 / 05 / 2024 M M D D Y Y Y Y	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
	Public Water System ID NY 1 3 0 2 8 0 4	County Dutchess	Town, Village or City Beekman

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination			Ultraviolet Radiation / Other Treatment				
			Gaseous		Liquid	Free Chlorine Residual (mg/l)	Checked By Initials			
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	8.9				0.8			MM	
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	18.5				0.9			MM	
8	2,3	8.4				0.9			MM	
9	2,3	8.1				0.8			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			MM	
13	2,3	8.7				0.7			MM	
14	2,3	7.5				0.7			MM	
15	2,3	14.1				0.7			MM	
16	2,3	8.0				0.8			MM	
17	2,3	9.5				0.7			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	
21	2,3	24.9				1.0			SM	
22	2,3	29.6				0.9			MM	
23	2,3	18.6			3	0.9			MM	
24	2,3	26.0				0.8			MM	
25	2,3	22.0				0.7			MM	
26	2,3	12.7				0.7			MM	
27	2,3	12.4				0.6			MM	
28	2,3	13.1			4	0.7			MM	
29	2,3	11.0			2	0.8			MM	
30	2,3	10.3				0.9			MM	
31	2,3	11.2				0.8			MM	
Total		396.9			13					
Aver.		12.9				0.8				

Chlorine Mix Ratio = 13 Quarts of 12.5 % chlorine added to 42 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182
 Signature:  Date 2/5/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
160 Stowe Rd	11-Jan	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for 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 MCL violation). 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). The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		As required by §-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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments:

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align:center;">Dover Ridge Estates</p>		Reporting Month/Year <p style="text-align:center;">02 / 2024</p> <small>M M Y Y Y Y</small>	Date Report Submitted <p style="text-align:center;">03 / 08 / 2024</p> <small>M M D D Y Y Y Y</small>	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <p style="text-align:center;">NY 1 3 0 2 8 0 4</p>		County <p style="text-align:center;">Dutchess</p>		Town, Village or City <p style="text-align:center;">Beekman</p>

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination			Ultraviolet Radiation / Other Treatment				
			Gaseous		Liquid	Free Chlorine Residual (mg/l)	Checked By Initials			
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
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				0.8			MM	
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				0.8			MM	
11	2,3	10.8				0.8			MM	
12	2,3	12.6				0.8			MM	
13	2,3	6.2				0.8			MM	
14	2,3	8.9				0.7			MM	
15	2,3	10.0				0.7			MM	
16	2,3	110.6				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	
24	2,3	8.3				0.7			MM	
25	2,3	110.2				0.8			MM	
26	2,3	11.6				0.7			MM	
27	2,3	8.8				0.8			MM	
28	2,3	9.6				0.8			MM	
29	2,3	11.1				0.7			MM	
Total		490.1			3					
Aver.		16.9				0.8				

Chlorine Mix Ratio = 3 Quarts of 12.5 % chlorine added to 33 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182

Signature:  Date 3/8/2024 Operator Grade Level: I/A-SW/GUI, I/B, C, D

Microbiological Samples and Free Chlorine 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	7-Feb	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples required: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for 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 MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.
No

Comments:

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection


Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align: center; font-size: 1.2em;">Dover Ridge Estates</p>	Reporting Month/Year <p style="text-align: center; font-size: 1.2em;">03 / 2024</p>	Date Report Submitted <p style="text-align: center; font-size: 1.2em;">04 / 03 / 2024</p>	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <p style="font-size: 1.2em;">NY 1 3 0 2 8 0 4</p>	County <p style="text-align: center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align: center; font-size: 1.2em;">Beekman</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/Day)	Chlorination			Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid	Free Chlorine Residual (mg/l)	Checked By Initials		
			Cylinder Weight	Chlorine Use (Lbs. /Day)	HypoChlorite added to crock (Quarts)				
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		
6	2,3	8.8				0.8	MM		
7	2,3	6.5				0.8	MM		
8	2,3	13.8				0.7	MS		
9	2,3	7.9				0.8	SM		
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	MM		
14	2,3	8.1				0.7	MM		
15	2,3	11.9				0.8	MM		
16	2,3	6.5				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	10.9				0.7	DW		
21	2,3	9.2				0.7	DW		
22	2,3	5.0				0.8	SM		
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	MM		
31	2,3	9.7				0.7	MM		
Total		301.4			12				
Aver.		9.7				0.7			

Chlorine Mix Ratio = 12 Quarts of 12.5 % chlorine added to 33 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182
 Signature:  Date 4/3/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Microbiological Samples and Free Chlorine 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
47 Stowe Rd	6-Mar	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples required: 1 Number of microbiological monitoring samples taken: 1 Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample. Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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 MCL violation). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation). Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection. 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaurin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.
No

Comments:

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

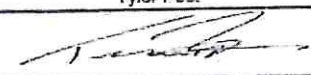
Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align: center; font-size: 1.2em;">Dover Ridge Estates</p>	Reporting Month/Year <p style="text-align: center; font-size: 1.2em;">04 / 2024</p> <p style="font-size: 0.8em;">M M Y Y Y Y</p>	Date Report Submitted <p style="text-align: center; font-size: 1.2em;">05 / 10 / 2024</p> <p style="font-size: 0.8em;">M M D D Y Y Y Y</p>	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <p style="font-size: 1.2em;">NY 1 3 0 2 8 0 4</p>	County <p style="text-align: center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align: center; font-size: 1.2em;">Beekman</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination			Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid	Free Chlorine Residual (mg/l)	Checked By Initials		
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)				
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				0.8			MM
5	2,3	11.7				0.8			MM
6	2,3	8.2				0.8			MM
7	2,3	13.8				0.8			MM
8	2,3	14.0				0.7			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
12	2,3	9.7				0.8			MM
13	2,3	11.3				0.7			MM
14	2,3	12.2				0.8			MM
15	2,3	9.8				0.7			MM
16	2,3	10.0				0.8			MM
17	2,3	11.0				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				0.8			SM
23	2,3	9.4				0.8			SM
24	2,3	11.9				0.8			MS
25	2,3	9.7				0.8			MS
26	2,3	13.6				0.7			MM
27	2,3	8.0				0.7			MM
28	2,3	14.5				0.8			MM
29	2,3	12.3			5	0.8			MM
30	2,3	8.7				0.8			MM
Total		318.3			5	0.8			
Aver.		10.6				0.8			

Chlorine Mix Ratio = 5 Quarts of 12.5 % chlorine added to 30 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182
 Signature:  Date 5/10/2024 Operator Grade Level: I/A-SW/GUI, I/B, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
58 Stowe Rd	10-Apr	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.4	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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 MCL violation). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments:

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

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

Public Water System Name <p style="text-align: center; font-size: 1.2em;">Dover Ridge Estates</p>	Reporting Month/Year <p style="text-align: center; font-size: 1.2em;">05 / 2024</p> <p style="font-size: 0.8em;">M M Y Y Y Y</p>	Date Report Submitted <p style="text-align: center; font-size: 1.2em;">06 / 10 / 2024</p> <p style="font-size: 0.8em;">M M D D Y Y Y Y</p>	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <p style="font-size: 1.2em;">NY 1 3 0 2 8 0 4</p>	County <p style="text-align: center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align: center; font-size: 1.2em;">Beekman</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment				
			Gaseous		Liquid	Free Chlorine Residual (mg/l)			Checked By Initials		
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)						
1	2,3	11.1				0.7				MM	
2	2,3	11.1				0.8				MM	
3	2,3	7.8				0.7				MM	
4	2,3	14.3				0.8				MM	
5	2,3	11.4				0.7				MM	
6	2,3	10.3				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				SM	
13	2,3	12.5				0.7				MM	
14	2,3	11.6				0.7				MM	
15	2,3	9.8				0.7				MM	
16	2,3	9.1				0.7				MM	
17	2,3	13.3			4	0.7				MM	
18	2,3	14.3				0.8				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				MM	
29	2,3	11.2				0.9				MM	
30	2,3	12.1				0.8				MM	
31	2,3	7.8				0.8				MM	
Total		381.7			8						
Aver.		12.3				0.8					

Chlorine Mix Ratio = 8 Quarts of 12.5 % chlorine added to 72 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182

Signature:  Date 6/10/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
58 Stowe Rd	8-May	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.4	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for 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 MCL violation). 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). The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments:

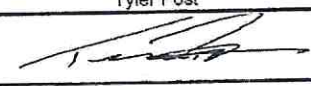
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

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

Public Water System Name Dover Ridge Estates	Reporting Month/Year 06 / 2024 M M Y Y Y Y	Date Report Submitted 07 / 10 / 2024 M M D D Y Y Y Y	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
	Public Water System ID NY 1 3 0 2 8 0 4	County Dutchess	Town, Village or City Beekman

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid	Free Chlorine Residual (mg/l)	Checked By Initials					
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)							
1	2,3	18.0				0.8				MM		
2	2,3	13.3				0.8				MM		
3	2,3	17.4				0.8				MM		
4	2,3	24.5				0.9				MM		
5	2,3	9.4				0.8				MM		
6	2,3	14.2			5	0.8				MM		
7	2,3	17.3				0.8				SM		
8	2,3	8.2				0.8				SM		
9	2,3	12.3				1.3				MM		
10	2,3	11.8				0.9				MM		
11	2,3	15.2				0.9				MM		
12	2,3	15.3				0.9				MM		
13	2,3	16.1				0.8				MM		
14	2,3	14.9			4	0.8				MM		
15	2,3	16.3				0.8				MM		
16	2,3	8.1				0.9				MM		
17	2,3	20.5				0.9				MM		
18	2,3	11.4				0.9				MM		
19	2,3	17.1				0.9				MM		
20	2,3	12.5				0.8				MM		
21	2,3	13.3				0.8				SM		
22	2,3	8.1				0.9				SM		
23	2,3	13.2				0.8				MM		
24	2,3	12.1				0.8				MM		
25	2,3	16.9			4	0.9				MM		
26	2,3	11.9				0.9				MM		
27	2,3	16.5				0.8				MM		
28	2,3	6.2				0.8				MM		
29	2,3	16.6				0.8				MM		
30	2,3	10.5				0.8				MM		i
Total		414.1			13							
Aver.		13.8				0.9						

Chlorine Mix Ratio = 13 Quarts of 12.5 % chlorine added to 101 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182
 Signature:  Date 7/10/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
62 Stow Rd	5-Jun	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.5	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for 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 MCL violation). 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). The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments:

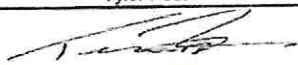
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

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

Public Water System Name Dover Ridge Estates	Reporting Month/Year 07 / 2024 M M Y Y Y Y	Date Report Submitted 08 / 10 / 2024 M M D D Y Y Y Y	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
	Public Water System ID NY 1 3 0 2 8 0 4	County Dutchess	Town, Village or City Beekman

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid	Free Chlorine Residual (mg/l)				Checked By Initials
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	11.9				0.8				MM
2	2,3	14.5				0.8				MM
3	2,3	17.6				0.8				MM
4	2,3	16.0				0.8				MM
5	2,3	12.4			6	0.8				SM
6	2,3	10.2				0.8				SM
7	2,3	11.0				0.8				MS
8	2,3	22.8				0.8				MM
9	2,3	16.1				0.8				MM
10	2,3	18.3				0.7				MM
11	2,3	10.4				0.8				MM
12	2,3	14.6				0.8				MM
13	2,3	14.0			5	0.7				MM
14	2,3	13.3				0.8				MS
15	2,3	20.4				0.8				MM
16	2,3	11.3				0.8				MM
17	2,3	9.7				0.8				MM
18	2,3	9.6				0.8				MM
19	2,3	16.7				0.8				SM
20	2,3	10.3				1.0				SM
21	2,3	19.2				1.0				TMP
22	2,3	9.2				0.7				MM
23	2,3	8.9				0.8				MM
24	2,3	9.9				0.8				MM
25	2,3	10.4				0.7				MM
26	2,3	14.4			8	0.8				MM
27	2,3	14.0				0.8				MM
28	2,3	16.2				0.8				MS
29	2,3	11.5				0.8				MM
30	2,3	15.8				0.8				MS
31	2,3	12.5				1.0				
Total		423.1			19					
Aver.		13.6				0.8				

Chlorine Mix Ratio = 19 Quarts of 12.5 % chlorine added to 95 gallons of water in crock

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182
Signature:  Date 8/10/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
93 Stowe Rd	10-Jul	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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 MCL violation). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.
No

Comments:

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align: center; font-size: 1.2em;">Dover Ridge Estates</p>	Reporting Month/Year <p style="text-align: center; font-size: 1.2em;">08 / 2024</p> <p style="font-size: 0.8em;">M M Y Y Y Y</p>	Date Report Submitted <p style="text-align: center; font-size: 1.2em;">09 / 10 / 2024</p> <p style="font-size: 0.8em;">M M D D Y Y Y Y</p>	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <p style="font-size: 1.2em;">NY 1 3 0 2 8 0 4</p>	County <p style="text-align: center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align: center; font-size: 1.2em;">Beekman</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid	Free Chlorine Residual (mg/l)	Checked By Initials					
			Cylinder Weight	Chlorine Use (Lbs. /Day)							Hypochlorite added to crock (Quarts)	
1	2,3	17.4				1.1				MS		
2	2,3	9.8				1.3				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		
8	2,3	11.4				1.0				MM		
9	2,3	6.1				1.1				MM		
10	2,3	10.2				1.0				MM		
11	2,3	10.1				0.9				MM		
12	2,3	9.9				1.0				MM		
13	2,3	10.2				1.1				MM		
14	2,3	13.7				0.9				MM		
15	2,3	9.2				0.9				MM		
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				0.8				MM		
22	2,3	8.8				0.9				MS		
23	2,3	12.2				0.8				MS		
24	2,3	12.4				0.9				SM		
25	2,3	13.3				0.8				SM		
26	2,3	13.1				0.8				MS		
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			7	0.7				MS		
31	2,3	11.2				0.8				SM		
Total		334.5			12							
Aver.		10.8				0.9						

Chlorine Mix Ratio = 12 Quarts of 12.5 % chlorine added to 72 gallons of water in crock

Reported by: Tyler Post Title Operations Director Certification Number: NY0041182

Signature:  Date 9/10/2024 Operator Grade Level: I/A-SW/GUI, I/B, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
108 Stowe Rd	8-Aug	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: <u>1</u>
78 Stowe Rd	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples taken: <u>6</u>
157 Stowe Rd	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.8	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Well 2	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
Well 3	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
108 Stowe Rd	13-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.9	If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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 MCL violation). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments:

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align: center; font-size: 1.2em;">Dover Ridge Estates</p>	Reporting Month/Year <p style="text-align: center; font-size: 1.2em;">09 / 2024</p>	Date Report Submitted <p style="text-align: center; font-size: 1.2em;">10 / 08 / 2024</p>	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <p style="font-size: 1.2em;">NY 1 3 0 2 8 0 4</p>	County <p style="text-align: center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align: center; font-size: 1.2em;">Beekman</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid		Free Chlorine Residual (mg/l)	Checked By Initials		
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	8.8				0.8			SM	
2	2,3	14.9				0.8			MM	
3	2,3	9.5				0.8			MM	
4	2,3	10.0				0.8			MM	
5	2,3	9.7				0.8			MM	
6	2,3	14.4				0.7			MM	
7	2,3	14.2				0.8			MM	
8	2,3	13.2				0.8			MM	
9	2,3	9.4			6	0.8			MM	
10	2,3	11.8				0.8			MM	
11	2,3	8.7				0.9			MM	
12	2,3	13.0				0.8			MM	
13	2,3	9.1				0.8			MM	
14	2,3	10.5				0.9			SM	
15	2,3	6.7				1.1			SM	
16	2,3	18.6				0.8			MM	
17	2,3	10.1				0.8			MM	
18	2,3	8.8			5	0.8			MM	
19	2,3	15.4				0.8			MM	
20	2,3	10.7				0.8			MM	
21	2,3	14.7				0.8			MM	
22	2,3	8.3				0.8			MM	
23	2,3	11.1				0.8			MM	
24	2,3	11.6				0.8			MM	
25	2,3	8.8			2	0.9			MM	
26	2,3	7.7				0.8			MM	
27	2,3	9.7				0.9			MM	
28	2,3	9.4				0.8			SM	
29	2,3	11.9				0.9			SM	
30	2,3	11.5				0.8			MM	
Total		332.2			13					
Aver.		11.1				0.8				

Chlorine Mix Ratio = 13 Quarts of 12.5 % chlorine added to 77 gallons of water in crock

Reported by: Tyler Post Title Operations Director Certification Number: NY0041182

Signature:  Date 10/8/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Microbiological Samples and Free Chlorine 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: <u>235</u>
27 Stowe Dr	11-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for 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 MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.
No

Comments: