### Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publi	c Water Syst	em Name				Reporting	Month/Year	Date Report Sub	mitted	Source Type (\$)  Surface   Ground   GWUDI		
	r	Oover Ridg	o Est	ates		01	/ 2024	02: / 05	/ 2024	Surface Grou		
	94	Jover Ixiag	C LS	aics		M M	YYYY	1	YYYY	Purchase w/out sub		
Public	Water System I	D	Later Street Control					County		Town, Village or City		
								Dutah		, p	ookman	
NY	<u>1</u> <u>3</u>	0 2 8	0 4					Dutch	ess	D	eekman	0 -
				Cl	nlorination			Ulti	raviolet Radia	ion / Other Treatme	nt	
		Treated Water	Ga	reons .	Liquid							
DATE	Source (s) In Use	Volume (1,000 gallons/day)	Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlurite added to crock (Quarts)	Free Chierine Resklusi (mg/l)				Checked By Initials		Market Services
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 SM		
- 6	2,3	9.4	-			0.8			1	MM		
7	2,3	18.5	-			0.9				MM		
8	2,3	8.4	-	├	-	0.9	<del> </del>			MM		
10	2,3	12.4	-	-	4	0.8				MM		144
11	2,3	7.5	1			0.7				MM		
12	2,3	12.8	-			0.8				MM		
13	2,3	8.7				0.7				MM		
14	2,3	7.5			Al .	0.7				MM		
15	2,3	14.1				0.7				MM		
18	2,3	8.0				0.8				MM		
17	2,3	9.5				0.7	A			MM		
18		11.0	-	-	-	0.7	-			MM		
19		1.3	-	4	-	0.7	-		-	SM		
20		19.7	+			1.0	+	-		SM		
21		24.9	+	-	<del> </del>	0.9	-			MM		
23		18.6	-		3	0.9				MM		
24		26.0	5			0.8				MM		
25		22.0				0.7				MM		
26		12.7				0.7				MM		
27	2,3	12.4				0.6				MM		
28	2,3	13.1			4	0.7				MM		
29		11.0			2	8.0				MM		
30	2,3	10.3				0.9			<b></b>	MM		
31	The supplier of the Publishers	11.2				0.8				MM		
Tota	CONTRACTOR OF THE PARTY OF	396.9	STATE OF		13	2000	DE		+			
Ch	r. Iorine Mix Ra	12.9	13	Q	uarts of	0.8	12.5	% chlorine add	ded to	42	gallons of w	ater in crock
Re	eported by:		T	yler Post			Title	Operations Mana	ger	Certification Nur	mber:	NY0041182
g	Signature:	_	1-	-			Date	2/5/2024		Operator Grade	Level: 114	-SW/GUI, IIB, C

DOH 38/ICUV pg. 1 of 2 (9/04)

Microbiologica	l Samples an	d Free Ch	lorine K	esidual		
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coll Positive	Free Chilorine Realdual (mg/l)	Population Served: 235  Number of microbiological monitoring samples required: 1
160 Slowe Rd	11-Jan	1	Yes INO	☐ 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 routice/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
A			☐ 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 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 ☐ No	Yes No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform ( = E.coli MCI, violation).
		_	☐ Yes ☐ No	Yes   No		
			☐ Yes ☐ N	o Yes 🗆 No		Reminder: System must collect a minimum of five (5) routine microbiological manitoring samples during the month following a repeat sample collection.
			Yes No	Yes No	,	
			☐ Yes ☐ N	io 🗆 Yes 🗆 No	de la companya de la	As required by 5-1.72, "Operation of a Public Water System," a copy of thi
			☐ Yes ☐ !	io □ Yes □ N	lo	form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			□ Yes□ N	Yes	0	
			☐ Yes [] 1	Vo □ Yes □ N	No	
			☐ Yes ☐ N	Yes 🗌 N	0	
Sample Collector(s):	ertified Laboratory;	Phoenix Lab				
Did any MCL violatio	n occur? If so, pleas	e describe:	No			
Did an emergency or	low pressure proble	em occur? Did	source water	bypass an ex	isting treatment proce	ess 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

Date Report Submitted Source Type (s) Public Water System Name Reporting Month/Year ☐ GWUDI ☐ Surface ☑ Ground Dover Ridge Estates 02 / 2024 03 / 08 / 2024 Purchase with subsequent chlorination Purchase w/out subsequent chlorination YYYY M M D D YYYY Public Weter System ID Town, Village or City County Beekman **Dutchess** 1 3 0 2 8 0 4 Ultraviolet Radiation / Other Treatment Chlorination Liquid Treated Water Source (s) Checked Volume (1,000 gallons/day) In Use Cylinder Use (Lbs. /Dey) Chilorine By Initials Hypochiorite added to prock (Querts)

1         2,3         12.4           2         2,3         11.8           3         2,3         11.7           4         2,3         9,0           5         2,3         12.2           6         2,3         10.3           7         2,3         10.5           8         2,3         9.7           9         2,3         7.3           10         2,3         11.0           11         2,3         10.8           12         2,3         12.6           13         2,3         6.2           14         2,3         8.9           15         2,3         10.0           16         2,3         110.6           17         2,3         8.0           18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2	11.8 11.7 9.0 12.2		0.8 0.8 0.8		MM MM	
3         2,3         11.7           4         2,3         9.0           5         2,3         12.2           6         2,3         10.3           7         2,3         10.5           8         2,3         9.7           9         2,3         7.3           10         2,3         11.0           11         2,3         10.8           12         2,3         12.6           13         2,3         6.2           14         2,3         8.9           15         2,3         10.0           16         2,3         110.6           17         2,3         8.0           18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2           24         2,3         8.3           25         2,3         110.2	9.0 12.2				MM	
4         2,3         9,0           5         2,3         12,2           6         2,3         10,3           7         2,3         10,5           8         2,3         9,7           9         2,3         7,3           10         2,3         11,0           11         2,3         10,8           12         2,3         12,6           13         2,3         6,2           14         2,3         8,9           15         2,3         10,0           16         2,3         110,6           17         2,3         8,0           18         2,3         9,5           19         2,3         10,3           20         2,3         11,6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8	9.0		0.8			
5         2,3         12,2           6         2,3         10,3           7         2,3         10,5           8         2,3         9,7           9         2,3         7,3           10         2,3         11,0           11         2,3         10,8           12         2,3         12,6           13         2,3         6,2           14         2,3         8,9           15         2,3         10,0           16         2,3         110,6           17         2,3         8,0           18         2,3         9,5           19         2,3         10,3           20         2,3         11,6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8	12.2		V.0		SM	
5         2,3         12,2           6         2,3         10,3           7         2,3         10,5           8         2,3         9,7           9         2,3         7,3           10         2,3         11,0           11         2,3         10,8           12         2,3         12,6           13         2,3         6,2           14         2,3         8,9           15         2,3         10,0           16         2,3         110,6           17         2,3         8,0           18         2,3         9,5           19         2,3         10,3           20         2,3         11,6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8	12.2	1	0.8		SM	
6         2,3         10.3           7         2,3         10.5           8         2,3         9.7           9         2,3         7.3           10         2,3         11.0           11         2,3         12.6           13         2,3         6,2           14         2,3         8,9           15         2,3         10.0           16         2,3         110.6           17         2,3         8,0           18         2,3         9,5           19         2,3         10.3           20         2,3         11.6           21         2,3         6,7           22         2,3         9,2           23         2,3         10.2           24         2,3         8,3           25         2,3         110.2           28         2,3         11.6           27         2,3         8,8			0.8		MM	
7         2,3         10.5           8         2,3         9.7           9         2,3         7.3           10         2,3         11.0           11         2,3         12.6           13         2,3         6,2           14         2,3         8,9           15         2,3         10.0           16         2,3         110.6           17         2,3         8,0           18         2,3         9,5           19         2,3         10.3           20         2,3         11.6           21         2,3         6,7           22         2,3         9,2           23         2,3         10.2           24         2,3         8,3           25         2,3         110.2           26         2,3         11.6           27         2,3         8,8	10.3		0.8		MM	j.
8         2,3         9.7           9         2,3         7.3           10         2,3         11.0           11         2,3         10.8           12         2,3         12.6           13         2,3         6,2           14         2,3         8,9           15         2,3         10.0           16         2,3         110.6           17         2,3         8,0           18         2,3         9,5           19         2,3         10.3           20         2,3         11.6           21         2,3         6,7           22         2,3         9,2           23         2,3         10.2           24         2,3         8,3           25         2,3         110.2           26         2,3         11.6           27         2,3         8,8			0.7		MM	
9 2,3 7.3 10 2,3 11.0 11 2,3 10.8 12 2,3 12.6 13 2,3 6,2 14 2,3 8,9 15 2,3 10.0 16 2,3 110.6 17 2,3 8.0 18 2,3 9,5 19 2,3 10.3 20 2,3 11.6 21 2,3 6,7 22 2,3 9,2 23 2,3 10,2 24 2,3 8,3 25 2,3 110,2 26 2,3 11.6 27 2,3 8,8			0.7		MM	
10         2,3         11.0           11         2,3         10.8           12         2,3         12.6           13         2,3         6,2           14         2,3         8,9           15         2,3         10.0           16         2,3         110.6           17         2,3         8,0           18         2,3         9,5           19         2,3         10.3           20         2,3         11.6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8			0.8		MM	
11         2,3         10.8           12         2,3         12.6           13         2,3         6,2           14         2,3         8,9           15         2,3         10.0           16         2,3         110.6           17         2,3         8,0           18         2,3         9,5           19         2,3         10,3           20         2,3         11.6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8			0.8		MM	
12         2,3         12.6           13         2,3         6.2           14         2,3         8.9           15         2,3         10.0           16         2,3         110.6           17         2,3         8.0           18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.8		MM	
13         2,3         6,2           14         2,3         8,9           15         2,3         10,0           16         2,3         110,6           17         2,3         8,0           18         2,3         9,5           19         2,3         10,3           20         2,3         11,6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8			0.8		MM	
14         2,3         8,9           15         2,3         10,0           16         2,3         110,6           17         2,3         8,0           18         2,3         9,5           19         2,3         10,3           20         2,3         11,6           21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8			0.8		MM	
15         2,3         10.0           16         2,3         110.6           17         2,3         8.0           18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.7		MM	
16         2,3         110.6           17         2,3         8.0           18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.7		MM	
17         2,3         8.0           18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.7		MM .	
18         2,3         9.5           19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8,3           25         2,3         110.2           26         2,3         11.6           27         2,3         8,8		3	0.8		SM	
19         2,3         10.3           20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8,3           25         2,3         110.2           26         2,3         11.6           27         2,3         8,8			0.8		SM	
20         2,3         11.6           21         2,3         6.7           22         2,3         9.2           23         2,3         10.2           24         2,3         8.3           25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.7		MM	
21         2,3         6,7           22         2,3         9,2           23         2,3         10,2           24         2,3         8,3           25         2,3         110,2           26         2,3         11,6           27         2,3         8,8			0.7		MM	
22     2,3     9.2       23     2,3     10.2       24     2,3     8.3       25     2,3     110.2       28     2,3     11.6       27     2,3     8.8			0.8		MM	
23     2,3     10.2       24     2,3     8.3       25     2,3     110.2       26     2,3     11.6       27     2,3     8.8			0.7		MM	
24         2,3         8.3           25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.7		MM	
25         2,3         110.2           26         2,3         11.6           27         2,3         8.8			0.7		MM	
26 2,3 11.6 27 2,3 8.8			0.8		MM	
27 2,3 8.8	11.6		0.7		MM	
			0.8		MM_	
			0.8	2	MM	
29 2.3 11.1	11.1		0.7		MM	
VITITITITI	490.1	3	wiinin .			
	16.9		0.8			
10.9	10.9		1 0.0 1			

Chiorine Mix Ratio =	3	Quans of	12.5	% Chionne added to	33 gailoi	is of water in crock
Reported by:	Tyle	er Post	Title	Operations Manager	Certification Number:	NY0041182
Signature:	1-	wife	Date	3/8/2024	Operator Grade Level:	IIA-SW/GUI, IIB, C, D

Microbiologica	al Samples an	d Free Ch	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  Number of microbiological monitoring samples required: 1
58 Slowe	7-Feb	1	Yes 🛭 No	☐ Yes ☑ No	0.6	Number of nicrobiological 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 colliform (= total colliform).
			☐ Yes ☐ No	☐ Yes ☐ No		MCI violation):
			☐ Yes ☐ No	☐ Yes ☐ No	ell .	For systems collecting 40 or more samples per month; more than 5% of the samples (routine and/or repeat) are positive for total colliform (= total colliform MCL violation).
			Yes No	Yes No		The original sample was E.coli positive and at least 1 repeat sample was positive for total conform ( = 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		
			☐ 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 calendar day of the next reporting period.
			☐ Yes☐ No	☐ Yes ☐ No		
_			☐ Yes ☐ No	Yes No		
		1	☐Yes ☐ No	☐ Yes ☐ No		
Sample Collector(s); Name of NYSDOH Cer	Land to the said	n Phoenix Labora	utories			
Did any MCL violation	occur? If so, please	describe:	No			
Did an emergency or l	ow pressure problem	occur? Did so	urce water by	ypass an exist	ing treatment process	in the system? If so, please explain.
						9
Comments:			-			

## Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publ	lc Water Sys	tem Name		Annual Maria	in the test of the	Reporting	g Month/Year	Date Report S	ubmitted		Source.T	Type (s)
		n. n				00		04 ( 00	/ 2024	Surface Ground GWUDI Purchase with subsequent chlorination		
		Dover Rid	ge ⊵s	tates			/ 2024	04 / 03				
						MM	YYYY		YYYY	Purchase w/ou		C Crack (Negock)
Public	: Water System	ID						County		Town, Village or	lity	
NY	<u>1</u> <u>3</u>	0 2 8	0 4					Dutc	hess		Beek	man
		Γ	T	С	hlorination			UI	traviolet Radial	ion / Other Trea	tment	
		Treated Water	Ga	15-60US	Liquid	ľ				1		
DATE	Source (s) In Use	Volume (1,000 gallons/day)	Cylinder Weight	Chiorine Usa (Lbs. /Day)	Hypochlorite added	Free Chlorine Residual (mg/l)			=	Checked By Initials		
1	2,3	19.0				0.8				MM		
2	2,3	10.2			7	0.8				SM		2
3	2,3	10.6		U		0.7				SM		
4	2,3	11.1				0.7				MM		
5	2.3	9.7			6	0.7				MM		
8	2,3	8.8				6.0				MM		
7	2,3	6.5				0.8				MM		
8_	2,3	13,8				0.7		L		MS		
9	2,3	7.9	-			0.8				SM		
10	2,3	12.1				0.8	<u> </u>			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 11.9	-			0.7				MM		
16	2,3	8.5				0.8		<u> </u>		SM		
17	2,3	10.3	-	<b>†</b>		0.7				SM		
18	2,3	11.1	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	1	ļ	6	0.7				MM	-	
27	2,3	10.3	-			0.7			-	MM		
28	2,3	11.4			ļ	0.7				MM		_
29	2,3	9.5			ļ	0.8				MM		
30	2,3	9.3				0.7				MM		
31	2.3	9.7				0.7				MM	4	
Tolet	a state a least of	301.4	0.9797/	1	12	TATE OF						
Aver.		9.7	625	1		0.7						
Chio	rine Mix Ratio	)=	12	Qua	rts of		12.5	% chlorine add	ed to	33	gallons	of water in crock
Repo	orted by:		Tyl	er Post			Title O	perations Manag	er	Certification N	umber:	NY0041182
2:-	natura:		T-=				Date	4/3/2024		Operator Grade	e l evel·	IIA-SW/GUI, IIB, C,
0.0	nature:						Date	TIGIEUET		CPUILIOI CIAO		

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Microbiologica	l Samples an	d Free Ch	ilorine 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  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	☐ Yes ☐ No		If "Yes," check reason (s) below:  Actual number of samples is fewer than required.
			Yes No	☐ Yes ☐ No		Did not collect/lensityze repeat sample.  Did not collect/lensityze for E. coll for positive lotal 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 additional information).
			☐ Yes ☐ No	☐ Yes ☐ No		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 MCL violation).
			□Y≅ □ No	☐ Yes ☐ No		
			☐ 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 roust colliform (= total colliform 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		
			Yes No	□ Yec□ 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 ☐ 1/0		
Sample Collector(s):		Phoenix Labora	lories			
Did any MCL violation	occur? If so, please o	lescribe:	No			
Did an emergency or lo	w pressure problem	occur? Did sou	irce water by	pass an exist	ing treatment process	in the system? If so, please explain.
Comments:						

# Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

								Penarting	Month/Year	Date Re	port Su	bmitted			Source Typ	e (s)	
Public	Water	Syst	em Na	me				Reporting	Indiana i dai	1			□ Surface ☑ Ground □ GWUDI				IDUV
		-		- רים	- F-4	otoo		04	/ 2024	05	/ 10	/ 2024	Pure	chase with si	ubsequent chi	orination	
		- 2	)ove	r Ridg	e Est	ates			<u> </u>			YYYY	Pun	chase w/out	subsequent d	hiorination	
								ММ	TTTT	County	טט			fillage or Cit			
Public '	Water Sy	stem l	D							County							
											Dutch	2000			Beekn	nan	
NY	1	3	0	<u>2</u> <u>8</u>	<u>0 4</u>						Duto	1000				2007557 11	
	1000	_								4							
T						Ch	lorination				Ul	traviolet Radial	tion / Ot	her Treatr	nent		
					Car					1							
	Source	e (s)		d Water	GSI	aous	Liquid	Free		1				Checked			
	In Us			e (1,000 ns/day)	Cylinder	Chlorine	Hypochlorite added	Chlorine Residual		Š				By		1	
DATE			3000		Weight	Use (Lbs. /Day)	to stock (Quarts)	(mg/l)						Initials			
						(سع. الاهام)								1417		+	
1	2,3			8.4				0.7	/					MM		-	
2	2,3			8.4				0.6						MM		-	
3	2,3		_	12.1				8.0						MM			7
4	2,3		-	6.9			V New York	0.8						MM		-	
5	2,3			11.7				0.8									
6	2,3			8.2				0.8						MM			
7	2,3		1	13.8				8.0						MM		-	
8	2,3	-	-	14.0				0.7								_	
9	2,3		_	11.5				0.7						MM		_	
10	2,			7.6				0.8						SM		_	
11	2,			11.0				0.8						SM			
12	2,		1	9.7				0.8						MM			
13	2,		1	11.3				0.7						ММ			
14	2,			12.2	-			0.8						MM			
15	2,		+-	9.8				0.7						MM			
16	2,		+	10.0				0.8						MM		-	
17	2,			11.0				0.8						MM			
18	2,		1-	9.4				0.8	= 1	j				MM			
19	2		1	11.7				0.6	t .				-	MM			
20	-	,3	1-	11.0				0.6						MM			
21	-	,3	-	12.9	1			0.8						MM			
22		.3	1	7.6				0.8			****			MM			
23	-	.3	-	9.4				0.8						SM	,		
24	-	.3	+	11.9				0.8						SM			
25		2,3	_	9.7	1			0.8						MS	-	_	
		2,3	-	13.6	+			0.7						MS			
26	-	2,3	+-	8.0	1			0.7						MM			
28	-	2,3	+	14.5		+		0.8						MM			
			+		74		5	0.8						MM			
29		2,3		12.3	-	1	+							MM			
30	7	23	,,	8.7	m		+	0.8		+							
Total	1////	444	4	318.3	-\///	<b>/</b>	5		//			1					
Aver.	1////		1/2	10.6	1////	<u> </u>	_L	0.8	1								
1011	9 VIS 1210				-	_	ando of		12.5	% ch	lorine ad	ded to	30	0	gallons	of water i	n crock
Chi	orine M	ix Ra	lio =		5		arts of	-	12.0								
	200 - 02-W				-	les De et			Title	Operatio	ns Mana	oer	Cer	tification I	Number:	NY	0041182
Re	ported b	оу:			T	yler Post			1100	-parent			400000				
													70 <u>00</u> 0000		and the Co	IIA CIA	CIII IIB C
Q	gnature	••			7-	- in Fr	***************************************		Date	5/1	0/2024		Ope	rator Gra	de Level:	IIA-SVV	GUI, IIB, C,
3	Summer	· –															

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Microbiologica	Samples an	d Free Ch	iorine k	esiquai		Population Served: 235					
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coll Positive	Free Chiorine Residual (mg/l)	Number of microbiological monitoring samples required:					
58 Stowe Rd	10-Арг	1	☐ Yes ☑ No	∏Yes☑No	0.4	Number of microbiological monitoring samples taken:  1  Did au M&R violation occur?					
			Yes No	Yes No							
			☐ Yes ☐ 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, 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		For systems collecting less than 40 samples per month; two or more of the samples (notine and for repeat) are positive for total coliform (= total coliform MCL violation).					
			☐ Yes ☐ No	Yes No		than 5% of the					
			Yes N	Yes No	k .	For systems conscious 40 or more samples po.  samples (routine and/or repeat) are positive for total coliform (= total coliform  MCI_violation).					
			☐ Yes ☐ N	Yes No	)	The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform ( = E.coli MOL violation).					
			□Yes □ No	Yes 🗆 No	5						
			□Yes □ N	O Yes N		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.					
			☐ Yes☐ N	Yes No							
			□Yes □ N	lo □ Yee□ 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					
			□ Yes □ t	Yes N	0	of the next reporting period.					
			□Yes□ N	O Yes N	0						
			☐ Yes☐	No Yes No	lo						
			☐ Yes ☐ N	lo 🗆 Yes 🗆 Na							
Sample Collector(s):											
Name of NYSDOH Co		Phoenix Labo	368								
Did any MCL violatio	n occur? If so, pleas	e describe:	No								
Did an emergency or	low pressure proble	m occur? Did	source water	bypass an ex	isting treatment proce	ss in the system? If so, please explain.					
No											
Comments:	7 3 1 3 3 3 3 3 3										

Bureau of Public Water Supply Protection

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

Publi	Water Syst	em Name				Reporting Month/Year		Date Report Su	bmitted	Source Type (s)		
								0T		Management ( to) And the co	Ground	GWUDI
	Ε	over Ridg	e Est	tates		05	2024	06 / 10	/ 2024	Purchase with s		
		8 5 8				M M	YYYY	MM DD	YYYY	Purchase w/out	subsequent chi	orination.
Public	Water System I	D		44 — — Washii				County		Town, Village or Ci	ty	,
N 13.6	4 0	o o o	0 4					Dutcl	hace		Beekm	an
NY	1 3	<u>0</u> <u>2</u> <u>8</u>	<u>U</u> 4					Dutci	1633		Deckin	411
П					nlorination			1 111	Iraviolet Radia	tion / Other Treat	ment	
								1	li aviolot i Nagla	IOTT OHET TICE		
	Source (s)	Treated Water Volume (1,000	Ga	seous	Liquid	Free				Checked		
DATE	In Use	gallons/day)	Cylinder Weight	Chiorine Use (Lbs. /Day)	Hypochlorite edded to crock (Quarts)	Chiorine Residual (mg/l)				By Initials		
				(LDS. 7Csy)								-
1	2,3	11,1				0.7				MM		-
2	2,3	11.1				0.8				MM		
3	2,3	7.8	<b>-</b>			0.7				MM		
4	2,3	14.3	-	-		0.8		<del> </del>		MM		
5	2,3	11.4	-	-		0.7		-		MM		
6	2,3	10.3	1	<b></b>		0.7	11			MM		
7	2,3	9.8	<del>                                     </del>	-		0.7				MM		K S 200
8	2,3	11.7		-	<del> </del>	0.7				MM		
10	2,3	10.4	1		-	0.6		<del> </del>	1	MM		
11	2,3	17.2	1	<del> </del>		0.7		<b> </b>		· MM		
12	2,3	4.7	1			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	ļ	
20	2,3	19.1	-			0.8				MM		
21	2,3	15.1	1-			0.9	-			MM	-	
22		14.1	-		-	0.8				MM		
23		13.7	4-		<del></del>	0.8	-	<del></del>	1	MM		
24		20.7				0.8		_		MM	<del> </del>	
25		12.3		-	-	0.9	<del> </del>			SM	+	
26		15.2	+		4	0.8			+	MM		
27		9.5	_	_		0.8		_		MM		
			_							MM		
29		11.2		-		0.9				MM		
30		7.8	+-			0.8				MM		
Tota	The second second	381.7			8							
Ave	CONTRACTOR CALLS	12.3	6	0.5		0.8						
	lorine Mix Ra		8	Q	uarts of		12.5	% chiorine ac	ided to	72	gallons	of water in crock
Re	ported by:			yler Post			Title	Operations Man	ager	Certification	Number:	NY0041182
5	Signature:	_	1-	- Total		-2.500	Date	6/10/2024		Operator Gra	ide Level:	IIA-SW/GUI, IIB, C,

DGH 360CUV pg. 1 of 2 (9454)

58 Stowe Rd		1.Routine 2.Repeat	Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Number of microbiological monitoring samples required: 1
20 Dic 110 100	8-May	1	☐ Yes ☑ No	∏Yes☑No	0.4	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 ☐ №	□ 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 coliform.
			☐ Yes ☐ No	Yes No		MCL violetion).
			☐ 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 MCL violation).
	e.		□Y≅□ No	☐ Yes ☐ No	*	
			☐ Yes ☐ No	Yes 🗌 No		Reminder: System must collect a minimum of five (5) routine microbiologica 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 thi
				form shall be sent to your local health department by the 10th colendar day		
			☐ Yes☐ No	☐ Yes ☐ No		
			☐ Yes ☐ N	Yes No		
			☐ Yes ☐ No	☐ Yes ☐ No		
ample Collector(s):		n Phoenix Labor	akories			
id any MCL violation	occur? If so, please	describe:	No			
			w			
old an emergency or lo	ow pressure problen	occur? Did so	urce water b	ypass an exis	ling treatment process	s in the system? If so, please explain.
Comments:						

# Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Bureau	of Public Wa	ater Supply Prol	ection				12-5-6		t	Source Type (s)			
Public	Water Syste	em Name			F	Reporting I	Month/Year	Date Report Su	IDMILLEO	Surface ☑ Ground ☐ GWUDI			
	_	n: -	- Fat	otoo		06 /	2024	07 / 10	/ 2024	Purchase with st	ubsequent chilori	nation	
	D	over Ridg	e Est	ales		м м	YYYY	11	YYYY	Purchase w/out	subsequent chic	rination	
	II-I OI II					IVI IVI		County		Town, Village or Cl	ty		
ublic	Nater System II										<b>D</b>		
NIV	1 3	<u>0</u> <u>2</u> <u>8</u>	0.4					Duto	hess		Beekm	an	
NY	<u>1</u> 3	<u>U</u> <u>E</u> <u>U</u>	$\nabla$ $\exists$										
-			Γ—		niorination			U	Itraviolet Radia	tion / Other Treat	ment		
								1	T ====			1	
	Source (s)	Treated Water	Ga	160/12	Liquid	Free				Checked			
	In Use	Volume (1,000 gallons/day)	Cylinder	Chiorina	Hypochlarite added	Chiorine Residual			V	By Initials			
DATE			Weight	(Lbs. /Day)	to smok (Quarts)	(mg/l)							
										MM			
1	2,3	16.0		-		0.8				MM			
2	2,3	13.3	-	-		0.8				MM			
3	2,3	17.4	-			0.9				MM			
5	2,3	9.4		1		0.8				MM			
6	2,3	14.2			5	0.8				MM			
7	2,3	17.3				0,8				MM SM	,		
8	2,3	6.2	N.	7		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		4		0.9	-			MM			
13	2,3	16.1	-		4	0.8	+			MM			
14		14.9		-	+	0.8				MM			
15		16.3 8.1				0.9				MM			
16		20.5				0.9				MM	4		
18		11.4				0.9		11.		MM	+		
15		17.1				0.9				MM	+		
20	2,3	12.5				0.8				MM			
2		13.3				0.8	-			SM			
2		8.1	+-	-		0.9	1			SM			
2		13.2		_	P.	0.8				MM			
2		12.1	-		4	0.9	70.00			MM			
2		11.9				0.9				MM	-		
-	7 2,3	16.5				0.8				MM			
	8 2,3	5.2				0.8				MM			
	29 2,3	16.6				0.8				MM	-		
	30 2,3	10.5				0.8				MM		- 1	
	80 Z,3	414.1			13	177	(6)						
	er.	13.8		100		0.0							
	hlorine Mix F	Ratio =	13		Quarts of		12.5	% chlorine	added to	101	gallon	s of water in crock	
	Reported by:			Tyler Pos	st		Title	Operations M	anager	Certificatio	n Number:	NY0041182	
85												W2 42 400 V22 77 78 78 78 78 78 78 78 78 78 78 78 78	
	Signature:	_	1		-		Date	7/10/202	24	Operator G	rade Level:	IIA-SW/GUI, IIB,	

licrobiologica	ii Sampies an	u live Ch				Population Served: 235
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 V No	☐ Yes☑ No	0.5	Number of microbiological monitoring samples taken:
	_	_	☐ Yes ☐ No	☐Yes ☐ №		Did an M&R violation occur?  ☐ Yes ☑ No
			□ Yes □ No	☐ Yes ☐ No		If "Yes," check reason (s) below:
			Yes No	☐ Yes ☐ No	_	Did not collect/analyze repeat sample.  Did not collect/analyze for E. coll 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 samples (routine and for repeat) are positive for total colliform. (= total colliform MCL violation).
			Yes N	Yes No		For systems collecting 40 or more samples per month; more than 5% of the
			☐ Yes ☐ N	O Yes No		samples (notine and/or repeat) are positive for total coliform (=
			□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).
	11		☐ Yes ☐ No	Yes No	1	
	1		☐ Yes ☐ N	No Yes No		Reminder: System must collect a minimum of five (5) routine microbiologic monitoring samples during the month following a repeat sample collection.
			☐ Yes☐ N	O Yes No		
			☐ Yes ☐ I	No Yes No		As required by 5-1.72, "Operation of a Public Water System," a copy of the form shall be sent to your local health department by the 10th calendar d
			☐ Yes ☐	No OYes ON	lo	of the next reporting period.
			☐ Yes☐ N	+ □Yes□N	0	
			☐ Yes ☐	No Yes 1	No .	
			☐ Yes ☐ 1	No Yes N	0	
Name of NYSDOH C	): Michael McLaug Certified Laboratory:	Phoenix Lab				
Did any MCL violati	ion occur? If so, plea	se describe:	<u>No</u>			
Did an emergency (	or low pressure prob	lem occur? Did	source water	r bypass an ex	sisting treatment proc	ess in the system? If so, please explain.
No						the state of the s
No						
No Comments:						

Bureau of Public Water Supply Protection

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

Public Water System Name							Reporting Month/Year		Date Report Su	bmitted	Source Type (s)				
Public Water System Name											Surface Ground GWUDI				
Dover Ridge Estates							07	2024	08 / 10	/ 2024	Purchase with subsequent chlorination				
		3010	/	90 -0			мм	YYYY		YYYY	Purchase w/out subsequent chilorination				
Public	Water System	ID					[111		County		Town, Village or C	Town, Village or City			
									D 44			Beekr	mon		
NY	<u>1</u> 3	0	<u>2</u> <u>8</u>	0 4					Dutcl	ness		Deeki	IIaII		
ı										7,000					
					CI	hiorination			Ultraviolet Radiation / Other Treatment						
				Ga	sacus	Liquid									
	Source (s)		ed Waler ne (1,000		1	Equis	Free				Checked				
DATE	In Use		ons/day)	Cylinder	Chiorina	Hypochlorite added	Chlorine Residual			7	By Initials				
UNIE				Weight	Use (Lbs. /Day)	In omek (Quarts)	(mg/l)				manage				
							0.8		-		MM				
1	2,3	_	11.9				0.8				MM				
2	2,3	_	14.5		-	<del> </del>	0.8				MM				
3	2,3	-	17.6	-			0.8				MM				
4	2,3	-	16.0	+		6	0.8				MM				
5	2,3	-	10.2	-	-		0.8				SM				
7	2,3		11.0	-	1		0.8				SM				
8	2,3	-	22.8	1-	<b>-</b>		0.8				MS	77.8			
9	2,3	-	16.1	+	1		0.8				MM				
10	2,3	1	18.3				0.7	_			MM				
11	2,3	1	10.4	7			0.8				MM				
12	2,3	1	14.6				0.8				MM				
13	2,3		14.0			5	0.7				MM				
14	2,3	1	13.3				0.8				MM				
15	2,3	1	20.4				0.8				MS				
16	2,3		11.3				0.8				MM				
17	2,3		9.7				0.8	21 25			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	1			SM				
22	2,3		9.2				0.7				TMP				
23	2,3		8.9				0.8			<u> </u>	MM	-			
24	2,3		9.9	4			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				8.0								
29	2,3	1	11.5				0.8				MS				
30	2,3		15.8				0.8				MM				
31			12.5				1.0			1	MS				
Total	111111111111111111111111111111111111111	7	423.1	1////		19	11/1///	1							
Aver	THININ .		13.6	1111			0.8		1			ــــــــــــــــــــــــــــــــــــــ			
11.	orine Mix Rai	lio =		19	Qu	arts of		12.5	% chlorine add	ied to	95	gallons	of water in crock		
Re	ported by:			T	yler Post			Title	Operations Mana	ger	Certification N	Number:	NY0041182		
				فاستنسا		2									
s	gnature:			1.0	- Sign			Date	8/10/2024		Operator Grad	de Level:	IIA-SW/GUI, IIB, C, I		

DOH MCC: N pg. 1 of 2 (MC4)

Microbiologica	al Samples an	d Free Ch	lorine F	Residual		225						
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Posițive	Free Chlorine Residual (mg/l)	Population Served: 235  Number of microbiological monitoring samples required: 1						
93 Slowe Rd	10-Jul	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:  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 collinim from routine/opeat sample.						
			☐ Yes ☐ No	☐ Yes ☐ No		Did an MCL violation occur?						
			Yes No	☐ Yes ☐ No		☐ Yes ☑ No ☐ 'Yes,'' check reason(s) below (see also Part 5, Table 6 for additional information).						
			☐ Yes ☐ No	□Yes □ No		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 MCL violation).						
			☐ Yes ☐ No	Yes No		the same and the same and the same same than 5% of the						
- Association of the State of t			Yes No	Yes No		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 violation).						
			☐ Yes ☐ No	☐ Yes ☐ No								
			□ Yes □ %	ON C SYE		Reminder: System must collect a minimum of five (5) routine unicrobiological manisoring samples during the month following a repeat sample collection.						
			☐ Yes ☐ No	Yes No								
		16	☐ Yes ☐ N	o □Yed□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						
			☐ Yes ☐ N	O Yes   No		of the next reporting period.						
			☐ Yes☐ No	☐ Yes ☐ No								
			☐ Yes ☐ N	O Yes No	0							
			☐ Yes ☐ No	D AR □ VP								
Section 1997	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,												
					3 100							
		*										
Comments:												

## Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name							g Month/Year	Date Report Submitted			Source Type (s)			
Dover Ridge Estates							8 - L II -				Surface Ground GWUDI			
	L	Jover Ridg	ge Es	tates			/ 2024	09 / 10 / 2024			Purchase with			
						MM	YYYY		D D	YYYY	Purchase w/ou	Purchase w/out subsequent chlorination		
Public	Water System I	D						County			Town, Village or C	ity		
N IN														
NY	<u>1</u> 3	<u>0</u> <u>2</u> <u>8</u>	<u>0</u> 4						Dutch	ess		Beek	man	
													7	
				C	hlorination			Ultraviolet Radiation / Other Treatment						
		Treated Water	Ga	seous	Liquid	T		I	T					
	Source (s) In Use	Volume (1,000		T T	Liquid	Free					Checked			
DATE	III OSE	gallons/day)	Cylinder	Chlorine Use	Hypochiorite added	Chlorine Residual					Ву		1	
		P.	Weight	(Lbs. /Day)	to crock (Quarts)	(mg/l)					Initials			
1	2,3	47.4	-				ļ	<u> </u>				-		
2	2,3	17.4 9.8		-		1.1	<del> </del>				MS SM			
3	2,3	11.0	<b>†</b>			1.0					SM			
4	2,3	11.9			12	1.0	-				SM			
5	2,3	10.1				1.1	<b>—</b>				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 9.2	-	-	<b> </b>	0.9					MM			
16	2,3	11,1	-		t	0.9	-	<del> </del>			MM MM			
17	2,3	12.0	1			0.9			-		MM	-		
18	2,3	14.4				0.9		1			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	-		ļ	0.8					MS			
24	2,3	12.4				0.9	-	-	4		SM			
25 26	2,3	13.3	+	<del> </del>		0.8	-	<u> </u>			SM	-		
27	2,3	13.1 8.2	+	<del> </del>		0.8					MS			
28	2,3	10.0				0.8	<del> </del>	1			MS MS			
29	2,3		1											
		11,7	-	-	<u> </u>	0.7		1			MS			
30	2,3	13,2	+	-	7	0.7		-			MS	-		
31	2,3	11.2		-	1	0.8	-				SM	<u></u>		
Total	Control of the Contro	334.5	-		12	2000	-	-						
Aver.	And the second	10.8			L	0.9	J	1				L		
Chlo	orine Mix Ratio	) =	12	Qua	arts of		12.5	% chlor	rine adde	d to	72	galloo	s of water in crock	
		Later Market										— ganoria	o or matter at Ground	
Rep	orted by:		Ту	ler Post			Title (	Operation	s Director		Certification N	lumber:	NY0041182	
					7						ADADAGA (ADAGA ADAGA	TO STATE OF THE ST		
Qie	nature:		12	-	7		Data	046	0004		0	1201020-04	UA 014100 11 110 4 -	
CIE	, au C.						Date	9/10/	2024		Operator Grad	e Level;	IIA-SW/GUI, IIB, C, D	

Microbiological Samples and Free Chlorine Residual Population Served: 235 Sample Type Total E.coli Free Chlorine Residual Sample Location Date of Sample 1.Routine Coliform Positive (mg/l) 2.Repeat Positive Number of microbiological monitoring samples required: ✓ Yes No ☐ Yes ✓ No 108 Stowe Rd 1 0.7 8-Aug Number of microbiological monitoring samples taken: 6 Did an M&R violation occur? 78 Stowe Rd ☐ Yes ☑ No ☐ Yes ☑ No Yes V No 12-Aug 2 0.7 If "Yes," check reason (s) below: 157 Stowe Rd Yes V No Yes V No 12-Aug 0.8 Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Well 2 Yes V No Yes V No 12-Aug 2 N/A Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample. Well 3 ☐ Yes ✓ No Yes V No 2 12-Aug N/A Did an MCL violation occur? ✓ No Yes 108 Stowe Rd 2 ☐ Yes ☑ No ☐ Yes ☑ No 13-Aug 0.9 If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). Yes No Yes No 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). ☐ Yes ☐ No ☐ Yes ☐ No For systems collecting 40 or more samples per month; more than 5% of the Yes No Yes No 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 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 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 bealth department by the 10th calendar day Yes No Yes No of the next reporting period. Yes No Yes No Yes No Yes No Yes No Yes 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. Comments:

Bureau of Public Water Supply Protection

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

Public Water System Name							***************************************	Reportin	g Month/Year	Date Report Submitted			Source Type (s)			
Dover Ridge Estates								na	/ 2024	10	/ 08 /	2024	Surface	Ground with subsequent	GWUDI	
Bovo. Mago Lotato								M M	7 Y Y Y	11	D D	Y Y Y Y	Purchase			
Public Water System ID								IVI IVI	1 1 1 1	County	0 0	1 1 1 1	Town, Village			
NY	<u>1</u> <u>3</u>	0	<u>2</u>	<u>8</u>	0 4						Dutche	ess		Beek	man	
						CI	hlorination		Ultraviolet Radiation / Other Treatment							
	Source (s)	Trea	ated W	ater	G	aseous	Liquid					<del></del>				
DATE	In Use	S) Volume (1.000		me (1,000		Chiorine Use (Lbs. /Day)	Hypochiorite added to creck (Quarts)	Free Chlorine Residual (mg/l)					Chec By Initia			
1	2,3		8.8					0.8					SN	Л		
2	2,3		14.9			1		0.8					M			
3	2,3		9.5					8.0					MM			
4	2,3	-	10.0					0.8					Mi			
5 6	2,3 2,3	-	9.7				<u> </u>	0.8	+		-+		M			
7	2,3	<del>                                     </del>	14.2	-		+		0.7		-	-+		M	-		
8	2,3		13.2			<del> </del>		0.8					MI			
9	2,3		9.4				6	0.8					M			
10	2,3		11.8					0.8					MI	И		
11	2,3		8.7					0.9					MI			
12	2,3	-	13.0			-		0.8		ļ			MI			
13	2,3		9.1	-		-		0.8	-				M			
14	2,3	+	10.5 6.7					0.9		-		Marine - Marine	SI			
18	2,3		18.6					0.8			+		M			
17	2,3		10.1					0.8					M			
18	2,3		8.8				5	0.8					М	М		
19	2,3		15.4					0.8					М	М		
20	2,3		10.7					0.8	1				М	М		
21	2,3		14.7					0,8					M			
22	2,3	-	8.3				<u> </u>	0.8					M			
23	2,3	+	11.1					0.8					M			
24	2,3	+	11.6	-	+	-		0.8		-			M			
25 26	2,3	-	7.7		-	+	2	0.9	-				M			
27	2,3	1	9.7					0,9					M			
28	2,3		9.4	2				0.8						M		
29	2,3		11.9					0.9					S	м		
30	2,3		11.5					0.8					М			
Total			332.2		100		13									
Aver.	Semantino.		11.1				100	0.8								
Chlo	orine Mix Rati	0=			13	Qua	arts of		12.5	% chlori	ine added	d to	77	gallor	ns of water in crock	
Rep	oorted by:				Т	yler Post	<del></del>		Title	Operations	Director		Certificati	on Number:	NY0041182	
Signature:									Date	10/8/2	2024		Operator	Grade Level:	IIA-SW/GUI, IIB, C, I	

Microbiologica	Samples and	d Free Ch	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  Number of microbiological monitoring samples required: 1					
27 Stowe Dr	11-Sep	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		If "Yes," check reason (s) below:					
			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 coliform from					
				Yes No		routine/repeat sample.					
			Yes No	Yes No		Did an MCL violation occur? ☐ Yes ☑ No					
				☐ Yes ☐ 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					
			Yes No	Yes No		samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).					
	T-1-1-1-1		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 ( = <u>E. coli MCL violation</u> ).					
			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		anomoring samples during the month following a repeat sample consciton.					
	_		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 calendar day of the next reporting period.					
			☐ Yes☐ No	☐ Yes ☐ No							
		_	Yes No	☐ Yes ☐ No							
			☐ Yes ☐ No	Yes 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.											
			~//								
Comments:											
	Illiania										