

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;">10 / 2024</p>	Date Report Submitted <p style="text-align: center; font-size: 1.2em;">11 / 09 / 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	11.0				0.8				MM	
2	2,3	9.1				0.8				MM	
3	2,3	11.3			4	0.8				MM	
4	2,3	9.5				0.8				MM	
5	2,3	12.6				0.8				MM	
6	2,3	10.1				0.9				MM	
7	2,3	11.6				0.9				MM	
8	2,3	9.6				0.8				MM	
9	2,3	8.6				0.8				MM	
10	2,3	9.5				0.8				MM	
11	2,3	12.8			2	0.8				MM	
12	2,3	7.4				1.0				SM	
13	2,3	11.1				0.8				SM	
14	2,3	11.4				0.8				MM	
15	2,3	10.3				0.9				MM	
16	2,3	7.2				0.8				MM	
17	2,3	7.3				0.9				MM	
18	2,3	14.0				0.9				MM	
19	2,3	10.4				0.8				MM	
20	2,3	7.5				0.8				MM	
21	2,3	13.0			2	0.8				MM	
22	2,3	7.3				0.7				MM	
23	2,3	12.1				0.7				MM	
24	2,3	7.1				0.7				MM	
25	2,3	11.2				0.8				MM	
26	2,3	6.6				0.8				SM	
27	2,3	10.1				0.8				SM	
28	2,3	13.5				0.8				MM	
29	2,3	6.9				0.8				MM	
30	2,3	9.0				0.8				MM	
31	2,3	11.2				0.8				MM	
Total		303.4			8						
Aver.		10.1				0.8					

Chlorine Mix Ratio = 8 Quarts of 12.5 % chlorine added to 70 gallons of water in crock

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

Signature:  Date 11/9/2024 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>
66 Stowe Rd	2-Oct	1	<input checked="" type="checkbox"/> Yes <input 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: