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

		ater Supply Prot	ection					T- (الدمنا		Source Type	(s)
ublic Water System Name Dover Ridge Estates						Reporting N	onth/Year	Date Report Su	bmitted	☐ Surface ☑ G		GWUDI
	-	تملما فأشيرها				01 /	2024	02. / 05	/ 2024	Purchase with su		ination
	L	over Riag	e Est	ales	1		Y Y Y Y		YYYY	of Contract	subsequent chil	orination
ublic	Water System II	D	and the second state of			141 141	<u> </u>	County		Town, Village or Cit	у	
											D-inlane	
YV	1 3	0 2 8	0 4					Dutcl	hess		Beekm	an
										1		
				CI	nlorination			UI	nent			
		Treated Water	Ga	SOOUS	Liquid			T				
	Source (s)	Volume (1,000		1		Free Chiodne				Checked		
DATE	In Use	gallons/day)	Cylinder	Chiorine Use	Hypochlorie added	Residual		1		By		1
			Weight	(Lbs. /Day)	to crock (Quarts)	(mon)						
	2,3	8.9		-	<u> </u>	0,8				MM		
1 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 MM		
7	2,3	18.5				0.9				MM		77
8	2,3	8,4		-		0.9			+	MM		
9	2,3	8.1			 	8.0			-	MM		
10	2,3	12.4	-	-		0.8		+		MM		
11	2,3	7.5	+	-	-	0.7				MM		
12	2,3	12.8	+			0.7				MM		
13	2,3	7.5	+			0.7				MM		
15		14,1	+			0.7				MM		
18		8.0				0.8				MM	<u> </u>	
17		9.5				0.7				MM	-	
18	2,3	11.0				0.7				MM	1	
16	2,3	1.3				0.7			-	SM		
20		19.7				1.2				SM		
2		24.9				0.9				MM		
2	_	29.6			3	0.9	1			MM		
2		18.6	_	_	 	0.8				MM		
2		22,0	_	_		0.7				MM	1	
2		12.7				0.7				MM		
2		12,4				0.6				MM	+	_
	8 2,3	13.1			4	0.7				MM MM	+	
	9 2,3	11.0			2	0.8				MM	+	
1	0 2,3	10.3				0.9			-	MM		
	31 2.3	11.2	0.550000	2000		0.8				,,,,,,		
To	发展的扩张	districts.		Character Str.	13	0.8	530					
A			- Fa-7				42.5	% chlorine	added to	42	gallon	s of water in crock
С	hlorine Mix R	alio:=	13		Quarts of		12.5			Certification		NY0041182
F	eported by:_			Tyler Pos	1		Title	Operations Ma	mager.	Cermicanor		
		م ندان	-		-		Data	2/5/2024	C.	Operator Gr	ade Level:	IIA-SW/GUI, IIB,
	Slonature:		, -				Date	ZIJIZUZA		-F		

licrobiologica	l Samples an	d Free Ch	lorine R	esidual		Population Served: 235
Sample Location	Date of Sample	Sample Type 1.Rouline 2.Repeat	Total Coliform Posilive	E.coll Positive	Free Chiorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
160 Stowe Rd	11-Jan	1	Y₩ ☑ No	_ Yes ☑ No	0.7	Number of microbiological monitoring samples taken:
			☐Yes ☐ No	Yes No		Did an M&R violation occur? Yes ☑ No.
			Yes No	Yes No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
ı			☐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	□Y⇔ □ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and for repeat) are positive for total colliform (= total colliform).
			☐ Yes ☐ N	Yes No		MCL violation).
			□Yes □ N	O 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 <u>VCL</u> violation).
			☐ Yes ☐ N	O CYES IN	0	The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			□ Yes □ N	O Yes DN	•	
			☐ Yes ☐ !	10 Yes D N	0	Reminder: System must collect a minimum of five (5) routine microbiologics manitoring samples during the manth following a repeat sample collection.
			☐ Yes☐ N	O Yes D	0	
			□ Yes □	No O'YOO 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 do
			☐ Yes ☐	No Yes []	No	of the next reporting period.
			□ Yes□t	₩ □Yes □ I	No.	_
			☐ Yes□	No Yes 🗌	No	
			☐ Yes ☐	No Yes I	No	
Sample Collector(s)			porelories			
Did any MCL violati	on occur? If so, plea	se describe:	No			
Did an emergency o	or low pressure prob	lem occur? Did	l source wate	r bypass an e	xisting treatment proc	cess 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

Publi	c Water Syst	em Name				Reporting	Month/Year	Date Re	eport Su	bmitted			Source Typ	GWUDI
											Surface	1000		_
		Dover Ridg	ge Es	tates		02	1 2024			/ 2024			ubsequent chi	
	-					мм	YYYY	мм	D D	YYYY			subsequent c	montavan
Public	Weter System I	D						County			Town, Villa	ige or Cit	by .	
				•									D 1	
NY	1 3	<u>0</u> <u>2</u> <u>8</u>	0 4						Dutch	hess			Beekn	nan
1														
								•	1.18	traviolet Radiat	ion / Other	r Treatn	nent	
				- U	nlorination									
	Source (s)	Treated Water	Ga	EØOKIS	Liquid						0.5	ecked		
	In Use	Volume (1,000		Chiorine		Free Chlorins		1				Ву		
DATE		gallons/day)	Cylinder Weight	Use	hypochionia addad to arack (Quarta)	Residual (mg/l)	ĺ					itials		
			110-5.11	(Lbs. /Day)		(1.1.9.1)								
1	2,3	12.4		l		0.8		-			1	MM		
2	2,3	11.8				0.8					ŀ	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						ММ		
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				8.0	<u> </u>			ļ		MM		
12	2,3	12.6				8.0		-				MM		
13	2,3	6.2				0.8	 			-		MM		
. 14	2,3	8,9	 		ļ	0.7	-	 				MM		
15	2,3	10.0	ļ			0.7		 		 		MM		
16	2,3	110.6			 	0.7	 					SM		
17	2,3	8.0			3	0.8	 	1				SM		
18	2,3	9.5		+	 	0.7	 					MM		
19	2,3	10.3	-	 	 	0.7	-	1				MM		
20	2,3	6.7	+	-		0.8		1				MM		
22	2,3	9.2	+			0.7	1					MM		
23	2,3	10.2	-	1	 	0.7					1	MM		
24	2,3	8.3	1			0.7						MM		
25	2;3	110.2	1	1		0.8				*		MM		
26	2,3	11.6		*		0.7						MM		
27	2,3	8.8				8.0						MM_		
28	2,3	9.6				0.8						MM		
29	2.3	11.1				0.7						MM		
Total	VIIIIIII	490.1	11111	4	3	1111111	4							
Aver.		16.9		3		0.8								
	WILLIAM TO			4										
Chl	orine Mix Rati	0=	3	Qua	arts of		12.5	_ % chil	orine add	led to	33		gallons	of water in crock
Rep	orted by:		Ту	fer Post			Title	Operation	is Manag	ger	Certific	ation N	lumber:	NY0041182
	-				2									00000000000000000000000000000000000000
SI	gnature:		T-0		g		Date	3/8	/2024		Operato	or Grad	e Level:	IIA-SW/GUI, IIB, C, D

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Microbiological	l Samples an	d Free Cb	lorine R	Lesidual		225
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform 'Positive	E.coil 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 nucrobiological monitoring samples taken: 1 Did an M&R violation occur?
			CM [] tes [☐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 routina/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 total).
			☐ Yes ☐ No	Yes No		the same same are month; once than 5% of the
			☐ Yes ☐ No	☐Yes ☐ No		For systems contexting at the more samples for total conform (= total conform samples (routine and/or repeat) are positive for total conform (= total conform MCL victation).
			Yes No	☐ Yes ☐ No		The original sample was E.coli positive and at least 1 repeat sample was positive for lotal cofform (= E.coli MCL violative).
			☐ Yes ☐ No	☐Yes ☐ No	-	
			□Y≅ □No	Yes No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeal sample collection.
			☐ Yes ☐ No	Yes No		
			□Y⇔ □ N	YEU 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	Yes No		of the next reporting period.
			☐ Yes☐ No	□Y≅□No		
			□Y≅□N	O Yes N		
			☐ Yes ☐ No	U Yes □ No		
Sample Collector(s):		n Phoerix Labor	alories			
Did any MCL violation	occur? If so, please	describe:	No			
Did an emergency or l	ow pressure problem	n occur? Did s	ource water l	ypass an ext	sting treatment proces	s in the system? If so, please explain.
No						
Comments:						

Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publi	c Water	later System Name						Reporting Month/Year			ar Date Report Submitted				Source Typa (s) Surface Ground GWUDI			
	Dover Ridge Estates							1000		l							-	
			Dove	er Rid	ge Es	states		03	/ 2024		/ 03				urchase with s	ubsequent d	iorinatio	<u> </u>
					_			мм	YYYY	MM	D D		Y Y Y		urchase w/out		nonnap	on
Public	Waler Sys	tam l	D	termining of PANON (no.	Control of Control Control of the		According to the second			County				Town	, Village or Ci	ty		1
										Í	Duta	.		1		Beekn	nan	
NY	1	<u>3</u>	0	<u>2</u> <u>8</u>	0 4	<u> </u>					Duto	nes	55	1	Bookman			
•										1								
					T	С	hlorination				U	llrav	iolet Rad	iation / C	Other Treat	ment		
				led Waler	-	2540/15	Llquld			Γ		Г						
	Source		- UNITED TO STATE	me (1,000		Т	Eq.	Free							Checked			i
DATE	In Use	9		lons/day)	Cylinde	Chicrine	Hypochlorite added	Chlorine Realdual		1					By Initials			
					Weigh		to emck (Quarts)	(mg/l)	1						I IIII			i i
								100.00	 			\vdash			ММ		_	
1	2,3			10.0				0.8		-		+			SM			
2	2,3			10.2		-		0.8		-		+-			SM			
3	2,3		-	10.6			-	0.7	 		•	+-			MM			
4	2,3		├	9.7		_	6	0.7	-	1					MM			
5 8	2.3		-	8.8	+		-	8.0							MM			
7	2,3		 	6.5	+			0.8							MM			
8	2,3			13.8		1		0.7							MS			
9	2,3			7.9				0.8							SM		_	
10	2,3			12.1				0.8							SM			
11	2,3			0.2				0.8				+			MM			
12	2,3			9.2				0.7	<u> </u>			+			MM		-+	
13	2,3			9.5				0.7		<u> </u>		+			MM		_	
14	2,3		-	8,1			ļ	0.7	-			+			MM		_	
15	2,3		-	11.9				8.0	 	+		+-			SM			
16	2,3		 	8.5		-	 	0.8		+		+			SM			
17	2,3		+-	10.3			-	0.7	 	 		+			DW			
18	2,3		+-	9.2			 	0.7	-			-			DW			
19	2,3		+-	10.9		_		0.7	 	1		1			DW			
21	2,3		1-	9,2				0.7							DW			
22	2,3			5.0				0.8							SM		_	
23	2,3		1	14.5				0,8							SM			
24	2,3	_		8.3				0.7				+			SM			
25	2,3			9.7				0.7		-		+			MM	-		
25	2,3		-	7.8			6	0.7	-	+		+			MM		-	
27	2,3		-	10.3				0.7		-		+			MM		-	
25	2,3		+	11.4			-	0.7	 	+		+			MM		_	
29	2,3			9.5				0.8		-		+					-+	
30	2,3			9,3				0.7				1			MM			
31	2.3			9.7				0.7				1			MM	-		
Tolst	1 1 1 1 1 1 1 1 1	2000		301.4			12					_			_			
Aver.	100			9.7				0.7										
Chlo	odne Mix	Rati	io =		12	Qu	arts of		12.5	_ % ch	lorine ad	ded	to	3	33	gallons	of wal	er in crock
Rep	orted by:				,	yler Post			Title	Operatio	ns Mana	ayer		Ce	ertification N	lumber:		NY0041182
																		NAME IN 112 C 5
Si	gnature:				1	ريخ الدارية	**		Date	4/3	3/2024			Op	erator Grad	le Level:	IIA-S	SW/GUI, IIB, C, D

Microbiologica	I Samples an	d Free Ch	lorine b	cesiquai		Population Served: 235
Sample Location	Date of Sample	Sample Type 1,Routho 2,Repeal	Total Coliform Positive	E.coii Positive	Free Chlorine Residual (mg/i)	Number of microbiological monitoring samples required:
47 Store Rd	6-Mar	1	_ Y⇔ ☑ ¾o	□YeJ No	0.6	Number of microbiological monitoring samples taken:
			[] Yఆ [] సు	□Yes □ No		Did an M&R violation occur? ☐ Yes ☑ No
			Yes No	☐ Yes ☐ No		If "Yes," check reason (s) below:
			☐ Yes ☐ No	☐ Yes ☐ No		Did not collectionally a fon E, coll for positive total collions from routinal repeat sample.
			☐ Yes ☐ No	☐ Yes ☐ No		Did an MCL violation 아니다?
			☐ Yes ☐ No	□ Y≅ □ No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).
			☐Yes☐No	☐ Yes ☐ №		For systems collecting less than 40 samples per month; two or more of the samples (mutino and for repeat) ere positive for lotal collform (= total collform MCL violation).
			☐Y≤s ☐ No	□Yes □ No		the start of a management of avoids more than 5% of the
			☐ Yes ☐ No	Yes No		For syltems coercing at or note samples per total collonn (= total collorm samples (muthe and/or repeat) are positive for total collorn (= total collorm High violation).
			☐ Yes ☐ No	Yes No		The original sample was E.coti positive and at least 1 repeat sample was positive for total cofform (= E.cot MCL violation).
,		13 10	☐ Yes ☐ No	Yes No		
			□ Yes □ W	. ☐ 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 ☐N	O Ye 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 caleadar day
			Yes N	Yes N		of the next reporting period.
			☐ Yes☐ No	YE No		
			□ Y⇔□ N	lo 🗆 Yes 🗆 N	0	_
			□Y⇔□N) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Sample Collector(s): Name of NYSDOII Cer		n Phoenix Labo:	alories			
Did any MCL violation	occur? If so, please	describe:	No			
Did on a service of	Ass programs washing	n Accuse? Did so	חוויים שיילפר	hvnzss an eri	sting treatment proces	s in the system? If so, please expisin.
No No	ow pressure promec			o, pass au sa		
Comments:						

Water Systems Operation Report at with Chlorine and/ or Ultraviolet Radiation

		ater Supply Pro				Reporting N	lonth/Year	Date Report Su	bmitted		Source Type		
ıblic	Water Syste	em Name				reporting it				Surface [✓ Ground	☐ GWUDI	
	_			otoo	-	n4 /	2024	05 / 10	/ 2024	Purchase wi	th subsequent chlu	rination	
		over Ridg	e Est	ales		M M	Y Y Y Y		YYYY		out subsequent chi	lorination	
						IVI IVI	<u>'</u>	County		Town, Village o	r City		
bllc'	Water System II	0											
			0.4					Duto	hess	Beekman			
1Y	<u>1</u> 3	<u>0 2 8</u>	0 4										
								1	traviolet Radia	tion / Other Tr	eatment		
				CI	nlorination		D	U	ID A VIOLET I CACIE	BOILT DETERMINE	1	1	
- 1		Tended Malalar	GES	sous	Llquid			,		Checke	a		
	Source (s)	Treated Water Volume (1,000				Frée Chlorine				By	•	1	
ATE	In Use	gallons/day)	Cylinder	Chicrine Use	Hypothicite added	Residual				Initials			
			Weight	(Lbs. /Day)	to stock (Quarts)	(ñgn)							
										MM			
1	2,3	8.4				0.7				MM		4	
2	2,3	8.4				0.6				ММ			
3	2,3	12.1	<u> </u>			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	+	+		0.7				MM			
8	2,3	11.5		1	1	0.7				SM			
9	2,3	7.6	+			0.8			-	SM			
10	2,3	11.0				0.8			-	MM			
12	2,3	9.7				0.8				MN			
13	2,3	11.3				0.7		+	_	MN			
14	2,3	12.2				0.8				M	Λ		
15	2,3	9,8				0.7		-		M	Λ		
16	2,3	10.0				0.8				Mi	И		
17	2,3	11.0				0.8				M			
18		9.4			-	0.8				MI			
19		11.7		-		0.8				M			
20	The second second	11.0				0.8				M			
21		7.5	-	_		0.8				M			
22		9.4	_	-		0.8				S S			
23		11.9	_			0.8				N N			
24		9.7				0.8					IS		
21		13.6				0.7					IM		
2		8.0				0.7					IM		
2		14.5				8.0		_			IM		
2		12.3			5	0.8							
_		8.7				C.B					MM		
		318.3	1111		5	V/////	//				_		
Av:		10.8				0.8							
							12.5	% chlorine	added to	30	gallon	s of water in crock	
C	nlorine Mix Ra	alio =	5	°	luarts of		12.0				tan Niverkar	NY0041182	
R	eported by:		-	Tyler Pos			Title	Operations Ma	nager	Certilica	tion Number:	11100-1110	
	-,											IIA-SW/GUI, IIB	
			i	بخنائب كماسرة			Dale	5/10/2024	ı	Operator	Grade Level:	IIA-SVV/GUI, IIB	

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(icrobiologica	l Samples an	d Free Ch	lorine R	Lesidual		Population Served: 235
Sample Location	Dale of Sample	Sample Type 1.Routhe 2.Repeal	Total Coliform Positive	E.coll Positive	Free Chiorine Residual (mg/l)	Number of microbiological monitoring samples required:
58 Slowe Rd	10-Apr	1	□Y⇔☑‰	∏Ye√ No	0.4	Number of nucrobiological monitoring samples taken: 1 Did an M&R violation occur? Yes No
			□Y≅□No	□Yes □No		
			☐ Yes ☐ No	□Y≅ □No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
			Yes No			Did not collectionalyze repeat sample. Did not collectionalyze 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 ☐ Ho	Yes No		additional information). For systems occepting less than 40 samples per month; two or more of the samples (mouther and for repeat) are positive for total cofform (= total cofform MCL violation).
			☐ Yes ☐ N	Yes No		and the same than 5% of the
			☐Yes ☐ N	O Yes No		For systems collecting 40 or more samples por more included with the collection samples (routing and/or repeat) are positive for total collection (a total collection).
			□Yes □ N	Yes N		The original sample was E.coli positive and at least 1 repeat sample was positive for total conform (= E.coli MCL violation).
			□Y&□N	O Yes N		
			□ Yes □ 8	+o □ Y⇔ □ N	0	Reminder: System must collect a minimum of five (5) routine microbiologica monitoring samples during the month following a repeat sample collection.
			☐ Yes☐ N	io □Yes □ N	0	
			□Y⇔ □	No ☐ Yœ☐ 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 day
			□ Yes □	No Yes 1	40	of the next reporting period.
			□ Yes□ !	% □ Yes □ 1	lo	
			☐ Y≅☐	No Yes [No	
			☐ Yes ☐	No Yes 1	lo l	
Name of NYSDOH	s): Michael McLaugi Certified Laboratory; tion occur? If so, plea	Phoenix Lat	oratories No			
Did on American	or low pressure prob	lem occur? Did	source wate	r bypass an e	xisting treatment proc	ess in the system? If so, please explain.
No No	ion biesens bion					
Comments:						

Water Systems Operation Report

Burea	of Public W	ater Supply Prot	ection										Ill aviolet Keolation
Public	Water Syste	em Name	,	Reporting	Month/Year	Date Re	port Sub	mitted		Source Type (GWUDI		
				1.00				00	1.40	1 0004	Surface G		
		over Ridg	e Est	ates			2024			/ 2024	Purchase w/out s		
	The same of the sa					M M	Y Y Y		D D	YYYY	Town, Village or City		
Public	Water System II	•						County			TOWN, VIIIage or Oil	ţ.	
									Dutch	220		Beekma	an l
NY	<u>1</u> 3	<u>0</u> <u>2</u> <u>8</u>	<u>0</u> 4						Duton	1033			
								<u> </u>					
				CI	nlorination				UIL	raviolet Radia	lion / Other Treatn	18111	
		Treated Water	Gas	eous	Liquid								1
	Source (s)	Volume (1,000				Free Chicrine					Checked By		
DATE	In Use	gallons(day)	Cylinder	Chiorine Use	Hypochiorite added to stock (Quarts)	Residual		1	1		Initials		
			Weight	(Lbs. /Day)	to stock (Guerra)	(Tugm)		1					
-		44.4				0.7					MM		
2	2,3	11.1				0.8					MM		
3	2,3	7.8	1			0.7					MM		
4	2,3	14.3				0.8		-			MM		
5	2,3	11.4				0.7		+			MM		
8	2,3	10.3			ļ	0.7					MM		
7	2,3	10.7	 			0.7		+			MM		
8	2,3	9.8	-			0.7	+	-			MM		
9	2,3	11.7			1	0.7					MM		
10	2,3	17.2	+	+	+	0.7					· MM		
11	2,3	4.7	 	+	+	0.7					SM		
13	2,3	12.5	+	1		0.7					MM		
14	2,3	11.6				0.7		٠			MM		-
15		9.8				0.7				-	MM	-	
16	2,3	9.1				0.7					MM		
17		13.3		-	4	0.7	_				MM		
18		14.3	-	+		0.8	-	_			MM		
18		13.7		-		0.8					MM		
20		15.1	+			0.0					MM		
2		14.1	 			0.8					MM		
2		13.7				0.8					MM	ļ	
2		20,7				0.8					MM	 	
2		12.3				0.9		_			SM	+	
2	6 2.3	15.2		-		8.0	_				MM	1	
2		9.5	_	+	4	0.8		-+-		+	MM		
	8 2,3	16.1	-			0.8		_			MM		
ئــا	9 2,3	11.2	_	-	_	0.9		-			MM		
نا	2,3	12.1				0.8					MM		
_	2,3	7.0	COLUMN .	Charles .		0.8		-+-			171171		
То	AFRICANCES REPORTED	Total Control	101.4	24.5	8	0.8							
A	♦ (.	12.3	and the second	130 F4		1 0.0						500	
C	hlorine Mix R	alio =	8	c	Quarts of		12.5	% c	chiorine a	dded to	72	gallons	of water in crock
		-				-							ND/0044400
F	eported by:		17	Tyler Pos	t		Title	Opera	tions Mar	nager	Certification	Number:	NY0041182
							- 7						
	Signature:	_	1-	-	1		Date	6	/10/2024		Operator Gr	ade Level:	IIA-SW/GUI, IIB, C,
	Olgricials.						-						

DCH 340CUV pg. 1 of 2 (6/04)

Microbiologica	l Samples an	d Free Ch	lorine R	esidual		
Sample Location	Dale of Sample	Sample Typa 1.Routine 2.Repeal	Total Coliform Positive	E.co# Positive	Free Chlorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
58 Slowe Rd	8-May	1	☐ Yes ☑ No	∐ Y⇔☑ No	0.4	Number of microbiological monitoring samples taken:
			□Y⇔□No	Yes No		Did an M&R violation occur? Yes I No
			□Yes□‰	Yes No		If "Yes," check reason (s) below: Actual number of samples is fewer than required.
			☐ Yes ☐ №	Yes No		Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for pueltive 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 (moutine and for repeat) are positive for total colliform (= total colliform
			Yes No	☐ Yes ☐ No		MCL violation).
			☐ Yes ☐ No	Yes No		For systems collecting 40 or more samples per month; more than 6% of the Eamples (routine and/or repeat) are positive for total collform (= total collform MCL violation).
			☐ Yes ☐ No	Yes No		The criginal sample was Ecoli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			□Y⇔ □ No	Yes No		
			☐Yes ☐ k	O YES NO		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			□Y≊□ N	Yes No		
			☐ Yes ☐ N	lo □Y⇔□ No		As required by 5-1.72, "Operation of a Public Water System," a copy of this
			□ Yes □ 1	lo 🗆 Yes 🗆 N	io .	form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			☐ Yes☐ N) Yes N	0	
			☐ Yes ☐ i	₩ 🗆 Yes 🗆 N	io	
			☐ Yes ☐ N	0 Yes N		
Sample Collector(s):			oralories			
Did any MCL violatio	n occur? If so, please	e describe:	No			
Did an emergency or	low pressure proble	m occur? Did	source water	bypass an ex	isling treatment proce	ess in the system? If so, please explain.
No						
-						
Comments:						
·						

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

		TATE DEPA ter Supply Prote								T Treat		Bource Type (s)	aviolet Radiation
	Water Syste				R	eporting Mo	nthYear	Date Report S	ubmitted	Confe	ze 🗸 Gro		☐ GWUDI
DIIC	Water Syste	III Maille								Sune	الله معر	sequent chlorina	tion
	D.	over Ridge	- Fst	ates	İ	06 /	2024		0 / 2024		sea wice it St	ibsequent chlorin	กอปอก
	D	over mag	C Lot	4100	1	M M Y	YYY	MM DC	YYYY				
			,					County		Town, VI	llage or City		
blic V	Vater System ID									1	,	Saakmai	n
			0.4					Dut	chess	Beekman			
١Y	<u>1</u> 3	<u>0</u> <u>2</u> <u>8</u>	0 4										
									Ultraviolet Radi	ation / Oth	ner Treatm	ent	
				Ch	norination				Olf Saloiet Magi				
- 1		Treated Water	Gas	e0/15	Uquid	-				10	Chacked		
- 1	Source (s)	Volume (1,000		Chlodne		Free Chiorine				1	By		
ATE	In Use	gallons/day)	Cylinder	Use	Hypochiarite added to creak (Quarte)	Residual (mg/l)			1		Initials		
- 1			Weight	(Lbs. /Day)	10 0.010 (0.001)	(
			-			0.8					MM		· · · · · ·
1	2,3	18.0	 	-		0.8					MM		1
2	2,3	13.3		 	 	0.8					MM		
3	2,3	17.4	+	-	-	0.9					MM		
4	2,3	24.5	+	+	+	0.8					MM		+
5	2,3	9.4	+		5	0.8							
В	2,3	14.2	+	+	-	0.8					MM	•	
7	2,3	17.3	-	+	+	0.8					SM		
8	2,3	6.2	-	-		1.3					SM		
8	2,3	12.3	+	+		0.9					MM		1
10	2,3	11.8	-	+		0.9					MM		+
11	2,3	15.2		-	-	0.9					MM		-
12	2,3	15.3	_	+		0.8					MM		
13		16.1		-	4	0.8					MM		
14		14.9			+	0.8					MM		_
15		16.3				0,9					MM	+	
18		8.1				0.9					MM		
17		20.5		-		0.9		'			MM	+	
18		17.1	+-			0.9					MM	1	
19		12.5	_	_		0.6					MM		
20		13.3	_			0.8					SM	+	
2		8.1				0.9					SM		
	2 2,3	13.2				0.8					MM		
	24 2,3	12.1			-	0,8					MM		
	25 2,3	18,9			4	0.9					MM		
_	26 2,3	11.9	_			0.9					MM		
-	27 2,3	19:5				0.8					MM		
	28 2,3	6.2				8.0					MM		
		16.6				0.8							1
-	29 2,3		-+			0.8					MM		+
	30 2,3	10.5			13		N/0-						
	Lslo	414.1	1000	100		0.0							
A	ever.	13.8	10000	AND THE REAL PROPERTY.							101	gallons	of water in crock
(Chlorine Mix I	Ralio =	13		Quarts of	ri.	12.5	% chlor	Ine added to		101		NY004118
	Reported by:			Tyler Po	ost		Title	Operations	Manager		Certificatio	n Number:	111001110
					/					,	Oneralor G	Grade Level:	IIA-SW/GUI, III
			1-	me-succio	217		Dale	7/10/	2024		Sherain C	,,	-

icrobiologica	l Samples an	d Free Ch	lorine R	esidual		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)	Number of microbiological monitoring samples required:
62 Slow Rd	5-Jun	1	☐ Yes ☑ No	□Yes☑ No	0.5	Number of microbiological monitoring samples taken: 1 Did an M&R violation occur?
			☐ Yes ☐ No	□Yes □ №		
			□Y⇔□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	□Yœ□No		Did not collectionally a close temperature to a collection from positive total collections from cultinatepeal sample.
			☐ Yes☐ No	☐ Yes ☐ No		Did an MCL violation occur?
			☐ Yes ☐ N	O Yes D No		If "Yes," check reason(s) below (see also Part 5, Table 6 for
			☐ Yes ☐ No	Yes No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and for repeat) are positive for total coliform (= total coliform MCL violation).
			☐ Yes ☐ N	No Yes N		and a part month; more than 5% of the
			Yes 1	10 DYS D	do	For systems collecting all of more samples per little collecting and or repeat) are positive for total collectin (= total collection MCL violation).
			□Yes □	No Yes 1	No	The original sample was E.coli positive and at least 1 repeat sample was positive for lotal cofform (= <u>E.coli MCL violation</u>).
			☐ Yes ☐ t	Yes 🗆	No.	
			☐ Yes ☐	No Yes [No	Reminder: System must collect a minimum of five (5) routine microbiologics monitoring samples during the month following a repeat sample collection.
			□Y≅□	No Yes 🗌	No	
			☐ Yes ☐	No Yes	ło	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 de
			☐ Yes ☐] No [] Yes [No .	of the next reporting period.
			☐ Yes□	No Yes	No	
				No Yes [_
			☐ Yes [] No	No	
Name of NYSDOH	s): Michael McLan Certified Laboratory tion occur? If so, ple	y: Phoenix La	aboratories <u>No</u>			
Did an emergency	or low pressure pro	blem occur? D	id source wa	ler bypass an	existing treatment pr	ocess in the system? If so, please explain.
No						
				. P		
Comments:						

Water Systems Operation Report at with Chlorine and/ or Ultraviolet Radiation

real	of Public W	ater Supply Pr	otection								Source Type	Ultraviolet Radiation
blld	Water Syste	m Name				Reporting I	Month/Year	Date Report Su	bmitted	☐ Surface ☑ (Ground	GWUDI
								00 / 10	1 0004	Purchase with s	sheensent chior	200
	D	over Rid	ae Est	ates		07 /	2024	08 / 10	1 2024	Purchase w/out	subsequent chile	rination
		010. 1	50			мм	YYYY	MM DD	YYYY			
lic '	Water System II)	******					County		Town, Village or Cl	ıy	
											Beekma	an
Υ	1 3	<u>0</u> <u>2</u> <u>8</u>	0 4					Dutch	iess	1	Deckin	۵11
1	7 7	<u> </u>	⊇ -									
								UII	raviolet Radia	tion / Other Treats	meni	
				Ci	niorination				-			
		Treated Water	Gz	2006	Liquid					Chacked		
- 1	Source (s)	Volume (1,000		Chinina		Free Chkidne				Ву		
47E	In Use	gallons/day)	Cylinder	Chicrina	Hypostionie added	Residual				alaikni		
			Weight	(Lbs. /Day)	to crock (Quarts)	(ng/i)						
						-				MM		
1	2,3	11.9		-		0.8 0.3				MM		
2	2,3	14.5		-		0.8				MM		
3	2,3	17.6		 		0.8				MM		
4_	2,3	16.0	+	 	6	0.8				MM		
5	2,3	12.4			-	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	+	-	-	0.7				MM		
10	2,3	18.3		+		0.8				MM		
11	2,3	10.4		+		0.8				MM		-
12	2,3	14.0		-	5	0.7				MM		
13	2,3	13.3	_	 		0.8				MM		
14	2,3	20.4	_	 	1	0.8				MS MM		
15	2,3	11.3				0.8				MM	-	
16	2,3	9.7	-			0.8				MM	 	
17	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		9.2				0.7			+	MM		
23	2,3	8.9				0.8			-	MM		
24	2,3	9.9				0.8	 	-	+	ММ		
25	2,3	10.4				0.7		+		MM		
26	2,3	14.4			8	0.8	+			ММ		
27	2,3	14.0				0.8				MM		
28	2,3	16.2	_			0.8	+			MS		
29	2,3	11.5				0.8	-			ММ		
30		15.8				0.8			+		1	
_		12.6				1.0				MS	+	
31	177777777777777777777777777777777777777	423.1	7///		19	1/////	8				+	
Tota		13.6				8.0						
ANE	· YIIIIIII	10.0	1///						11.12-	95	gallons	of water in crock
Cł	lorine Mix Ra	lio =	19	0	uarts of		12.5	% chlorine a	20e0 10			
							Title	Operations Man	ager	Certification	Number:	NY0041182
R	ported by:			Tyler Post			1106	Operation in the				
	-			-				8/10/2024		Operator Gr	ede l evel:	IIA-SW/GUI, IIB,
					and the same of		Date			LICENTALDI CIL		

DOM 3/ 001 N pp. 1 of 2 (4/04)

licrobiologica	il Samples an	u Free Ch	1011110 2			Population Served: 235
Sample Location	Dale of Sample	Sample Type 1.Routine 2.Repeat	Total Celiform Positive	E.coli Positive	Free Chlorina Residual (mg/l)	Number of niterohiological monitoring samples required:
93 Slowe Rd	10-Jul	1	Yes 🗹 No	∏Yes ☑ No	0.6	Number of microbiological monitoring samples taken: 1 Did an M&R violation occur?
			Yes No	☐Yes ☐ No		
			_ Yes _ No	☐ Yes ☐ No		If "Yes," check reason (s) below: Achiet 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 collinim from routinest execut earnile.
			☐ Yes ☐ No	☐ Yes ☐ No		Did on 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 per month; two or more of the samples (notifies and for repeat) are positive for total colliform. (# total collifor MCL violation).
			Die Die	Yes No		and the more than 5% of the
			☐ Yes ☐ Nk	Yes No		For systems collecting at or more samples per more total collions (= total collions unit violation). Little violation).
			Yes N	☐ Yes ☐ No		The original sample was Electi positive and at least 1 repeat sample was positive for total cofform (= Electi MOL violation).
			□ Yes □ M	YES No		
			☐Yes ☐ X	ON C SY C		Reminder: System must collect a minimum of five (5) routine interchibility in months from the following a repeat sample collection
	8		☐ Yei ☐ N	Yes No		
			☐ Yes ☐ I	60 □ Yœ□ No		As required by 5-1.72, "Operation of a Public Water System," a copy of t form shall be sent to your local health department by the 10th calendar d
			□ Yes □ :	w □ Yes □ N	0	of the next reporting period.
			☐ Yes□ N	O TE N		
			□ Y⊠□	No Pee D	10	
			□Y≅□≀	p □ Λe □ v		
Sample Collector(s)	; Michael McLnugh	lin Phoerix Lab	walories			
Did any MCL violation	on occur? If so, pleas	e describe:	No			
Dld an emergency o	r low pressure proble	em occur? Did	source water	bypass an ex	isting treatment proce	ess in the system? If so, please explain.
No						
Comments:						

Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

	blic Water System Name Reporting							oran Phase as a vision in the common	alman, akkeningalin jalon menelih et 11	Danasha	Manth Nage	Date Report S	Submitted	Γ	Source Typ	no (e)
Publi	Dover Ridge Estates									Reporting	Month/tear	Date Report	Submitted	☐ Surface ☑	Ground	☐ GWUDI
		D	ove	er F	Rido	re l	Est	ates		08	/ 2024	09 / 1	0 / 2024	Purchase with		fortnation
		_				,				мм	YYYY			Purchase w/ou	t subsequent c	hiorination
Public	Waler System	ID						,	***************************************			County		Town, Village or C	lty	
NY	<u>1</u> 3		0	2	8	0	4					Dut	chess		Beekn	nan
			-	_												
		T				T		Ch	lorination				Ultraviolet Radia	tion / Other Trea	tment	
						_	C	BOUS			ļ	T	1			
	Source (s)				Vater 1,000	-	Gas	4003	Liquid	Free				Checked		
DATE	In Use			lons/		Cyli	nder	Chlorine	Hypochiorite added	Chlorine Residual				Ву		
							Joht	Use (Lbs. /Day)	to crock (Quarts)	(mg/l)				Initials		
		+	-			_							+	MC		
1	2,3	+		17.4		+-				1.1	-	 		MS SM		
2	2,3	+		9.8		+				1.3		-		SM		
3	2,3	+		11.0		+-			12	1.0	 	-		SM		
5	2,3	+		10.1		+			12	1.1				MS		
6	2,3	+		10.0		+				1.1	 			MM		
7	2,3	1		7.6						1.0				MM		
8	2,3	1		11.4						1.0				MM		
9	2,3	4		6.1						1.1				MM		
10	2,3			10.	2					1.0				MM		
11	2,3	4		10.	1	_				0.9				MM	-	
12	2,3	4		9.8		-			ļ	1.0	ļ			MM MM	-	
13	2,3	+		10.		+				1.1		-	-	MM		
14	2,3	+		13.		+		 	 	0.9	 			MM		
16	2,3	1	-	11.		+		 		0.9	 			MM		
17	2,3	\neg		12.		+				0.9				MM		
18	2,3			14.	4					0.9				MM		
19	2,3			8.3	2					8.0				MM		
20	2,3			9.	7	_				0.8				MM	-	
21		_		7.		-				0.8				MM	-	
22		_	-	8.		+		-		0.0	 			MS MS		
23		-	_	12		+		-		0.8	+			SM	+	
24		-	-	12		+		 	 	0.9	-			SM		
26				13		\top		1		0.8				MS		
27				8.					90.00	0.8				MS		
28				10	.0	$oxed{\Box}$				0.7				MS		
29	2,3			11	.7					0.7				MS		
30					1.2	\top			7	0.7				MS		
31			1		.2	\top				0.8				SM		
Tota	CONTRACTOR SERVICES	33	ì		4.5			N	12	0.0						
Ave	ECOMOSTI SOSSICIONES				0.8	1				0.9						
Ch	lorine Mlx R	atio) =			12	!	Qu	arts of		12.5	% chlorine	added to	72	gallons	s of water in crock
Re	ported by:						Ty	ler Post			⊤itle	Operations Di	rector	Certification	Number:	NY0041182
						丁.		2007			Dile	040000		Operator Gra	ada Laval	IIA-SW/GUI, IIB, C
S	lignature:	-									Date	9/10/2024	+	Operator GR	THE FEACIT	יוטרטיייטטון, ווט, ט

DOH 360CUV pg. 1 of 2 (8/04)

Viicrobiologica	Samples and	a Free Ch	iorine R	esiqual	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	D. 1. U. S. C. 125
Sample Location	Date of Sample	Sampie Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Posilive	Free Chiorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
108 Slowe Rd	8-Aug	1	☑ Yes ☐ No	☐ Yes ☑ No	0.7	Number of microbiological monitoring samples taken: 6
78 Stowe Rd	12-Aug	2	☐ Yes ☑ No	☐Yes ☑No	0.7	Did an M&R violation occur? Yes ☑ No
157 Stowe Rd	· 12-Aug	2	☐ Yes ☑ No	Yes 🗸 No	0.8	If "Yes," check reason (s) below: Actual number of samples is fewer than required.
Well 2	12-Aug	2	Yes 1 No	☐ Yes ☑ No	N/A	Did not collect/analyze repeat sample. Did not collect/analyze for E. coll for positive total collform from routine/repeat sample.
Well 3	12-Aug	2	☐ Yes☑ No	☐ Yes ☑ No	N/A	Did an MCL violation occur?
108 Stowe Rd	13-Aug	2	Yes V No	☐ Yes ☑ No	0.9	☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
			☐ Yes ☐ No	Yes No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and /or repeat) are positive for total collform. (= total collform MCL violation).
			Yes 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 total coliform (= total coliform MCL 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 MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ N	O 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 ☐ N	o □ Y⇔□ No		As required by 5-1.72, "Operation of a Public Water System," a copy of this
			□Yes □N	lo □Y⇔ □N	0	form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			☐ Yes☐ No	Yes N	0	
			☐ Yes ☐ î	10 Yes N	ło -	
			☐Y⇔☐N	o Yes 🗌 No	0	
Sample Collector(s):		n Phoenix Labo	ralories			
Did any MCL violation	n occur? If so, please	describe:	No			
						as in the custom? If on place compain
Did an emergency or	low pressure proble	m occur? Did s	source water	bypass an ex	isting treatment proce	ess 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

auhlle.	Water Syste	am Nama	************	country, an orange the second com-	erry with a the second could be the second and the	Reporting	Month/Year	Date Report Su	bmitted		Source Type	e (s)
upiit	, water oysi	elli Naille				Keporting	MOIIIII I Gar	Date Roport of		Surface 🗸	Ground	GWUDI
	D	over Rid	ge Est	tates		09	/ 2024	10 / 08		Purchase with se		
					***********************	ММ	Y Y Y		YYYY	Purchase w/out		lorination
ıplic.	Water System II)						County		Town, Village or Cit	ty	
۱Y	<u>1</u> <u>3</u>	0 2 8	0 4					Dutcl	hess		Beekm	ian
\neg			T	Cł	nlorination			UI	traviolet Radia	tion / Other Treati	ment	
		Treated Water	Ga	seous	Liquid							
DATE	Source (s) In Use	Volume (1,000 gallons/day)		Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)				Checked By Initials		
1	2,3	8.8				0.8				SM		
2	2,3	14.9				8.0				MM		
3	2,3	9.5				0,8				MM		
4	2,3	10.0	-			8.0		-		MM		-
5	2,3	9.7	-			0.8				MM		
6	2,3	14.4		 	-	0.7		 		MM		
7 8	2,3	14.2	+	 	 	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 SM		
14	2,3	10.5		-		0.9		-		SM		
15	2,3	6.7 18.6	-			0.8			 	MM		
16	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				8.0	 			MM		
24	2,3	11.6		-	-	0.8			-	MM	-	
25	2,3	8.8		-	2	0.9	+		-	MM		
26	2,3	9.7		-		0.9	-		—	MM		
28	2,3	9.4		1		0.8	1			SM		
29		11.9				0.9				SM		
30	T	11.5		1		0.8				MM		
Total	AND RESIDENCE OF THE PARTY.	332.2			13	1.909/751						
Avar	0.46101000000000000000000000000000000000	11.1	2.850			0.8					<u></u>	
Ch	orine Mix Rat	io =	13	Qu	arts of		12.5	% chlorine ac	ided to	77	gallons	of water in crock
Re	ported by:		Т	yler Post			Title	Operations Dire	ctor	Certification	Number:	NY0041182
	ignature:		1-	- Contraction			Date	10/8/2024		Operator Gra	de Level:	IIA-SW/GUI, IIB,

Microbiologica	l Samples an	d Free Ch	lorine R	Residual		
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coll Positive	Free Chlorine Residual (nig/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
			□ Y⇔ □ 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 repeal) are positive for total coliform (= total coliform
			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 (motine and/or repeat) are positive for total collform (= total collform 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 ☐ N	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☐N	Yes N		-
			Yes No	Yes No		
Sample Collector(s): Name of NYSDOH Cer Did any MCL violation	tified Laboratory:	Phoenix Labor	alories No			
Did an emergency or le	ow pressure problen	occur? Did so	urce water t	oypass an exis	sting treatment process	s in the system? If so, please explain.
					VA 1	
Comments:						

Bureau of Public Water Supply Protection

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

	u of Public V		*******					T	Renorting	Month/Year	Date Report Su	ubmitted		Source	Type (s)
ubii	Dover Ridge Estates						reporting	monum r uu			Surface	☑ Ground	☐ GWUDI		
		Oov	er	Ridg	ge	Est	ates		10	2024	11 / 09	2617		with subsequen	
									M M	Y Y Y Y		YYYY		w/out subseque	ent chiorination
ublic	Water System	D	•••••								County		Town, Village	or City	
											Duto	hoss		Ree	kman
YV	<u>1</u> 3	0	4	<u>2</u> <u>8</u>	<u>C</u>	<u>4</u>					Duic	hess		Dee	KIIIAII
													<u> </u>		
							Cł	nlorination			U	Iltraviolet Radia	tion / Other	Treatment	
		Ten	olo	d Water	-	Gas	seous	Liquid							
	Source (s)			e (1,000					Free Chlorine				Chec		
DATE	In Use	g	allor	is/day)		ylinder	Chlorine Use	Hypochlorite added	Residual				Initia		
					V	Veight	(Lbs. /Day)	to crock (Quarts)	(mg/l)						
		-	_		+				0.0		 		M	и	
1	2,3	+-		1.0	+				0.8				М		
2	2,3	-	_	9.1	+			4	0.8				М		
3	2,3	+		1.3 9.5	+			· -	0.8				M	М	
5	2,3	+	-	2.6	+		-		0.8				M		
6	2,3	+		0.1	\top				0.9				M		
7	2,3	+		1.6	\top				0.9				M		
8	2,3			9.6	\top				8.0				M		
9	2,3			8.6					0.8					M	
10	2,3			9.5					0.8					M	
11	2,3	L		12.8				2	0.8					M	
12	2,3	_		7.4	_				1.0	-		_		M	
13	2,3	+		11.1	-			-	0.8	 				1M	
14	2,3	+		11.4	+		-	ļ	0.8			 		1M	
15	2,3	+-		10.3	+			-	0.9					1M	
16	2,3	+		7.2	+		+		0.9	1			N	MM	
17	2,3	+		7.3 14.0	+		-		0.9				1	/M	
18	2,3	+		10.4	1		1		0.8					/M	
20		\top	_	7.5	\top				0.8					ИΜ	
21	857 200			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 MM	
25	2,3			11.2	_				0.8			_		SM	
26		_		6.6	4		_		0.8		_			SM	
27		-	_	10.1	-		-		0.8	+				MM	
28	2,3	+		13.5	-			 	0.8					MM	
29	2,3	-	_	69	-		-	+	0.8					MM	
30	2,3			9.0					0.8	_				MM	
3	CONTRACTOR DESCRIPTION OF THE PERSON OF THE			11.2			4140		0.8	29.				IVIIVI	
Tota	al			303.4				8			_	_			
Ave	г.			10.1					0.8						
Cł	nlorine Mix Ra	atio =				8	Qı	uarts of		12.5	% chlorine a	added to	70	ga	llons of water in crock
R	eported by:					Т	yler Post			Title	Operations Dir	ector	Certific	ation Numbe	er: NY0041182
, ,,	- p - 1, 1 - 2 - 1,														
						The	-	77		Date	11/9/2024	le .	Operato	or Grade Lev	el: IIA-SW/GUI, IIB,
5	Signature: _									Date	11/3/2024			W 989-800 C	

Microbiologica	i Sampies an	u rree Ch	iorine b	kesidual		
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Goliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required; 1
66 Stowe Rd	2-Oct	1	☑ Yes ☐ No	∏Yes☑ No	0.5	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 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 coliform (= total coliform
			☐ 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 (= <u>E.coli MCL violation</u>).
			☐ Yes ☐ No	☐ Yes ☐ No		positivo di scali como ini (<u>s. com mac risolator)</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		
			☐ 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): Name of NYSDOH Cert		Phoenix Labora	atories	,	en e	
Did any MCL violation	·		No			
Did an emergency or lo	w pressure problem	occur? Did so	urce water b	ypass an exis	ting treatment process	in the system? If so, please explain.
Comments:						
	· · · · · · · · · · · · · · · · · · ·					

Bureau of Public Water Supply Protection

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

Publ	Water System Name						Reporting	Month/Year	Date R	port Su	bmitted	Source Type (s)			
	Dover Ridge Estates													Ground	GWUDI
Ì		ove	r Rid	ge E	Ξst	ates		11	/ 2024	12	/ 10	/ 2024	Purchase wit		
								мм	YYYY	мм	D D	Y Y Y Y	Purchase w/e	out subsequent	chlorination
Public	: Water System i	D	***************************************	••••	********					County			Town, Village or	City	
NY	<u>1</u> <u>3</u>	<u>0</u>	<u>2</u> 8	<u>0</u>	<u>4</u>						Dutcl	hess		Beekr	man
	I			Т		Cl	nlorination		l		UI	traviolet Radia	i tion / Other Tre	atment	
	0 (-)	Treate	ed Water		Gas	seous	Liquid			T				T	
DATE	Source (s) In Use						Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)					Checked By Initials		
1	2,3		9.2					0.8					MM		
2	2,3	1	10.4					0.8					MM		
3	2,3		8.8					0.8					MM		
4	2,3		12.1					0.8					MM		
5	2,3		8.8	-			4	0.8	<u> </u>	 			MM	-	
6	2,3		8.2					0.8		-		-	MM	-	
7	2,3	<u> </u>	12.0	-				0.8	<u> </u>	ļ			MM		
8	2,3	-	12.3	+-			-	0.8				 	MM		
9	2,3		3.8	-				0.8	 				SM SM	-	
10	2,3		11.9	+-				0.8	-	 		ļ	MM		
11	2,3		11.2	+				8,0	+	+		 	MM		
12	2,3		7.8	+		 	 	0.8		 		-	MM		
14	2,3		11.2	+	-			0.8	 	1		 	MM		
15	2,3	+	8.5	\vdash	-	 	2	0.8		T			MM		
16	2,3		12.8	_				0.8					MM		
17	2,3		12.0	_				0.8					MM		
18			10.4					0.8					MM		
19			10.0					0.8					MM		
20			7.5					0.8					MM		
21	2,3		12.9					0.9					MM		
22	2,3		10.0					0.7					MM		
23	2,3		8.6			-		0.9					SM	_	
24	2,3	-	10.6				ļ	8.0					SM		
25		-	10.6					0.8	-			-	MM	-	
26			7.2	-		-		0.8	 			 	MM		
27		+	12.7					8,0					MM		
28	2,3	+	13.4			-		8.0	-	+					
29		+	8.6	+				0.8	 	+			MM		
30	and the property of the control of t	6	12.3	N.F.	が開発			0.7		-			IVIIV		
Tota	THE RESERVE THE PROPERTY OF		10.3				6	0.8							
	lorine Mix Rat	io =		6		Qua	arts of		12.5	% chl	orine ad	ded to	56	gallon	s of water in crock
Re	ported by:			*************	Ту	ler Post			Title	Operation	ns Direc	tor	Certificatio	n Number:	NY0041182
s	ignature:			丁-		- Sir	ź		Date	12/1	0/2024		Operator G	rade Level:	IIA-SW/GUI, IIB, C, E

Microbiologica	samples and	u rree Ch	iorine k	esidual		
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Collform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235 Number of microbiological monitoring samples required: 1
58 Stowe Rd	6-Nov	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/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 /or repeat) are positive for total coliform (= total coliform
			☐ 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 MCL violation).
			☐ Yes ☐ No	☐ Yes ☐ No		positive for total colliditi (= <u>e.coll wice, 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		
			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 Cert		Phoenix Labora	tories			
Did any MCL violation	occur? If so, please d	escribe:	No			
	w pressure problem	occur? Did so	urce water b	ypass an exis	ting treatment process	in the system? If so, please explain.
No						
Comments:						

Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Publi	lic Water System Name							Date Re	port Su	bmitted	Source Type (s) Surface Ground GWUDI		
Dover Ridge Estates													
		over Ridg	e Est	tates		12	/ 2024		STATE OF THE RESIDENCE OF	/ 2025	Purchase with		
		***************************************				M M	Y Y Y	MM	D D	YYYY	Purchase w/ou		chlorination
Public	Water System I	D						County			Town, Village or C	ity	
		384 6766 30mC										D I	
NY	<u>1</u> 3	<u>0 2 8</u>	<u>0</u> 4						Dutch	ness		Beekr	man
				Ch	nlorination		1000		UI	traviolet Radiat	ion / Other Trea	tment	
		Treated Water	Ga	seous	Liquid	T T		T			T		
	Source (s)	Volume (1,000			Elquid	Free					Checked		
DATE	In Use	gallons/day)	Cylinder	Chlorine Use	Hypochlorite added	Chlorine Residual					By		
			Welght	(Lbs. /Day)	to crock (Quarts)	(mg/l)					Initials		
								ļ				_	
1	2,3	11.2		ļ		0.8					MM		
2	2,3	7.5	<u> </u>			0.8		-			MM		
3	2,3	10.4	-			0.7	 	 			MM		
5	2,3	10.3				0.7		1			MM		
6	2,3	10.0				0.7					MM		
7	2,3	8.9		 		0.8					SM		
8	2,3	9.1				0.8					SM		
9	2,3	9.5			4	0.8					MM		
10	2,3	12.3				0.9					MM	<u> </u>	
11	2,3	6.9				0.8					MM		
12	2,3	12.0				8,0					MM		
13	2,3	10.1	ļ	<u> </u>		0.7					MM	-	
14	2,3	5.4	_			0.7		-		ļ	MM	 	
15	2,3	15.1		 		0.8	 				MM	 	
16	2,3	9.7	 	-	 	0.7		+			MM		
17	2,3	6.5		 		0.8	 	+		<u> </u>	MM	†	
18	2,3	10.6	-	-	 	0.8				-	MM		
20	2,3	31.5	 		 	0.8				 	MM		
21	2,3	19.6			1	0.8					SM		
22	2,3	24.3			4	0.7					SM		
23	2,3	5.1				0.7					MM		
24	2,3	11.1				0.7					MM	1	
25	2,3	11.9				0.7					TMP		
26	2,3	11.0		1		0.7	-				TMP	-	
27	2,3	13.3				0.8		_		ļ	SM	-	
28	2,3	11.8				0.7	-			ļ.,	SM		
29	2,3	16.5	ļ			8.0					SM		
30	2,3	9.3				0.9					SM		
31	2,3	9.7				0.0					SM		
Total		366.5	9,642		8	100						-	
Aver.		11.8				8.0							
			_	_			40.5	0/ -1-1		dad ta	50	collen	s of water in crock
Chl	orine Mix Rat	10 =	8	Qu.	arts of		12.5	% ch	orine ad	ued to	58	ganon	a or water in Crock
			2000				-		Б.	(O-4'511	Mumber	NIV0044492
Rep	oorted by:		<u></u>	/ler Post			Title	Operation	ns Direc	tor	Certification	Number:	NY0041182
				section .	2								
Si	gnature:		,				Date	1/9	/2025		Operator Gra	ade Level:	IIA-SW/GUI, IIB, C, D

Microbiologica	l 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
27 Stowe Rd	4-Dec	1	☑ Yes ☐ No	☐ Yes ☑ No	0.7	Number of microbiological monitoring samples taken:
			Yes No	☐ Yes ☐ No		Did an M&R violation occur? ☐ Yes ☑ No
			☐ Yes ☐ No	☐ Yes ☐ No		If "Yes," check reason (s) below:
						Actual number of samples is fewer than required. Did not collect/analyze repeat sample.
				Yes No		Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			Yes No	Yes No		Did an MCL violation occur?
			☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☑ No If "Yes," check reason(s) below (see also Part 5, Table 6 for
e.			Yes No	☐ Yes ☐ No		additional information). For systems collecting less than 40 samples per month; two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform
			☐ 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
			☐ 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		
			☐ 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		
Name of NYSDOH Certi	0 10 0 0 0 0 0 0 0 0 0 0	Phoenix Laboral	ories			
Did any MCL violation o	ccur? If so, please de	escribe:	No			
		-				
Did an emergency or lov	v pressure problem (occur? Did sou	rce water by	pass an exist	ing treatment process	in the system? If so, please explain.
Comments:						