

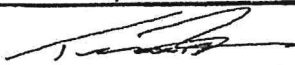
**NEW YORK STATE DEPARTMENT OF HEALTH**  
Bureau of Public Water Supply Protection

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

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

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid	Free Chlorine Residual (mg/l)				Checked By Initials
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	8.9				0.8				MM
2	2,3	8.0				0.7				MM
3	2,3	12.0				0.7				MM
4	2,3	11.0				0.7				MM
5	2,3	12.3				0.7				MM
6	2,3	9.4				0.8				SM
7	2,3	18.5				0.9				MM
8	2,3	8.4				0.9				MM
9	2,3	8.1				0.8				MM
10	2,3	12.4			4	0.8				MM
11	2,3	7.5				0.7				MM
12	2,3	12.8				0.8				MM
13	2,3	8.7				0.7				MM
14	2,3	7.6				0.7				MM
15	2,3	14.1				0.7				MM
16	2,3	8.0				0.8				MM
17	2,3	9.6				0.7				MM
18	2,3	11.0				0.7				MM
19	2,3	1.3				0.7				SM
20	2,3	19.7				1.2				SM
21	2,3	24.9				1.0				MM
22	2,3	29.6				0.9				MM
23	2,3	18.8			3	0.9				MM
24	2,3	26.0				0.8				MM
25	2,3	22.0				0.7				MM
26	2,3	12.7				0.7				MM
27	2,3	12.4				0.6				MM
28	2,3	13.1			4	0.7				MM
29	2,3	11.0			2	0.8				MM
30	2,3	10.3				0.9				MM
31	2,3	11.2				0.8				MM
Total		396.9			13					
Aver.		12.9				0.8				

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

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

Microbiological Samples and Free Chlorine Residual						Population Served: 235
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	
160 Stowe Rd	11-Jan	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Actual number of samples is fewer than required.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did not collect/analyze repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<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		
			<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		

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

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

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

No

Comments:

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

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

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

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment						
			Gaseous		Liquid  Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)				Checked By Initials			
			Cylinder Weight	Chlorine Use (Lbs. /Day)									
1	2,3	12.4				0.8					MM		
2	2,3	11.8				0.8					MM		
3	2,3	11.7				0.8					SM		
4	2,3	9.0				0.8					SM		
5	2,3	12.2				0.8					MM		
6	2,3	10.3				0.8					MM		
7	2,3	10.5				0.7					MM		
8	2,3	9.7				0.7					MM		
9	2,3	7.3				0.8					MM		
10	2,3	11.0				0.8					MM		
11	2,3	10.8				0.8					MM		
12	2,3	12.6				0.8					MM		
13	2,3	6.2				0.8					MM		
14	2,3	8.9				0.7					MM		
15	2,3	10.0				0.7					MM		
16	2,3	110.6				0.7					MM		
17	2,3	6.0			3	0.8					SM		
18	2,3	9.5				0.8					SM		
19	2,3	10.3				0.7					MM		
20	2,3	11.6				0.7					MM		
21	2,3	6.7				0.8					MM		
22	2,3	9.2				0.7					MM		
23	2,3	10.2				0.7					MM		
24	2,3	8.3				0.7					MM		
25	2,3	110.2				0.8					MM		
26	2,3	11.6				0.7					MM		
27	2,3	8.8				0.8					MM		
28	2,3	9.6				0.8					MM		
29	2,3	11.1				0.7					MM		
Total		490.1			3								
Aver.		16.9				0.8							

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

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182  
 Signature: [Signature] Date 3/8/2024 Operator Grade Level: I/A-SW/GUI, IIB, C, D

# Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. Routine 2. Repeat	Total Coliform Positive	E. coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235
58 Stowe	7-Feb	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples required: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below: Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). 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		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

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

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

No

Comments:



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

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

Public Water System Name  <b>Dover Ridge Estates</b>	Reporting Month/Year <b>03 / 2024</b> M M Y Y Y Y	Date Report Submitted <b>04 / 03 / 2024</b> M M D D Y Y Y Y	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
	Public Water System ID <b>NY 1 3 0 2 8 0 4</b>	County <b>Dutchess</b>	Town, Village or City <b>Beekman</b>

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid	Free Chlorine Residual (mg/L)				Checked By Initials		
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)							
1	2,3	10.0				0.8				MM		
2	2,3	10.2				0.8				SM		
3	2,3	10.6				0.7				SM		
4	2,3	11.1				0.7				MM		
5	2,3	9.7			6	0.7				MM		
6	2,3	8.8				0.8				MM		
7	2,3	6.5				0.8				MM		
8	2,3	13.8				0.7				MS		
9	2,3	7.9				0.8				SM		
10	2,3	12.1				0.8				SM		
11	2,3	0.2				0.8				MM		
12	2,3	9.2				0.7				MM		
13	2,3	9.5				0.7				MM		
14	2,3	8.1				0.7				MM		
15	2,3	11.9				0.8				MM		
16	2,3	6.5				0.8				SM		
17	2,3	10.3				0.7				SM		
18	2,3	11.1				0.8				DW		
19	2,3	9.2				0.7				DW		
20	2,3	10.9				0.7				DW		
21	2,3	9.2				0.7				DW		
22	2,3	5.0				0.8				SM		
23	2,3	14.5				0.8				SM		
24	2,3	8.3				0.7				SM		
25	2,3	9.7				0.7				MM		
26	2,3	7.8			6	0.7				MM		
27	2,3	10.3				0.7				MM		
28	2,3	11.4				0.7				MM		
29	2,3	9.5				0.8				MM		
30	2,3	9.3				0.7				MM		
31	2,3	9.7				0.7				MM		
Total		301.4			12	0.7						
Aver.		9.7				0.7						

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

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

Microbiological Samples and Free Chlorine Residual						Population Served: 235
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Number of microbiological monitoring samples required: 1
47 Stone Rd	6-Mar	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples taken: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason (s) below: Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). 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 S-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		

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

Did any MCL violation occur? If so, please describe:

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

Na

Comments:

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

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

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

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid	Free Chlorine Residual (mg/l)				Checked By Initials
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	8.4				0.7				MM
2	2,3	8.4				0.6				MM
3	2,3	12.1				0.8				MM
4	2,3	6.9				0.8				MM
5	2,3	11.7				0.8				MM
6	2,3	8.2				0.8				MM
7	2,3	13.8				0.8				MM
8	2,3	14.0				0.7				MM
9	2,3	11.5				0.7				SM
10	2,3	7.8				0.8				SM
11	2,3	11.0				0.8				MM
12	2,3	9.7				0.8				MM
13	2,3	11.3				0.7				MM
14	2,3	12.2				0.8				MM
15	2,3	9.8				0.7				MM
16	2,3	10.0				0.8				MM
17	2,3	11.0				0.8				MM
18	2,3	9.4				0.8				MM
19	2,3	11.7				0.6				MM
20	2,3	11.0				0.8				MM
21	2,3	12.0				0.8				MM
22	2,3	7.5				0.8				SM
23	2,3	9.4				0.8				SM
24	2,3	11.9				0.8				MS
25	2,3	9.7				0.8				MS
26	2,3	13.8				0.7				MM
27	2,3	8.0				0.7				MM
28	2,3	14.5				0.8				MM
29	2,3	12.3			5	0.8				MM
30	2,3	8.7				0.8				
Total		318.3			5	0.8				
Aver.		10.6				0.8				

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

Reported by: Tyler Post Title: Operations Manager Certification Number: NY0041182  
Signature: [Signature] Date: 5/10/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

[illegible]

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:

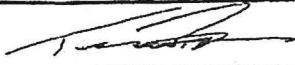
**NEW YORK STATE DEPARTMENT OF HEALTH**  
Bureau of Public Water Supply Protection

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

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

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment				
			Gaseous		Liquid Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)				Checked By Initials	
			Cylinder Weight	Chlorine Use (Lbs. /Day)							
1	2,3	11.1				0.7				MM	
2	2,3	11.1				0.8				MM	
3	2,3	7.8				0.7				MM	
4	2,3	14.3				0.8				MM	
5	2,3	11.4				0.7				MM	
6	2,3	10.3				0.7				MM	
7	2,3	10.7				0.7				MM	
8	2,3	9.8				0.7				MM	
9	2,3	11.7				0.7				MM	
10	2,3	10.4				0.6				MM	
11	2,3	17.2				0.7				MM	
12	2,3	4.7				0.7				SM	
13	2,3	12.5				0.7				MM	
14	2,3	11.6				0.7				MM	
15	2,3	9.8				0.7				MM	
16	2,3	9.1				0.7				MM	
17	2,3	13.3			4	0.7				MM	
18	2,3	14.3				0.8				MM	
19	2,3	13.7				0.9				MM	
20	2,3	19.1				0.8				MM	
21	2,3	15.1				0.8				MM	
22	2,3	14.1				0.8				MM	
23	2,3	13.7				0.8				MM	
24	2,3	20.7				0.8				MM	
25	2,3	12.3				0.9				MM	
26	2,3	15.2				0.8				SM	
27	2,3	9.5			4	0.8				MM	
28	2,3	16.1				0.8				MM	
29	2,3	11.2				0.9				MM	
30	2,3	12.1				0.8				MM	
31	2,3	7.0				0.8				MM	
Total		381.7			8						
Aver.		12.3				0.8					

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

Reported by: Tyler Post Title Operations Manager Certification Number: NY0041182  
Signature:  Date 6/10/2024 Operator Grade Level: I/A-SW/GUI, I/B, C, D

# Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235
58 Stowe Rd	8-May	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.4	Number of microbiological monitoring samples required: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below: Actual number of samples is fewer than required.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did not collect/analyze repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

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

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

No

Comments:



# NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

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

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

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 tank (Quarts)					
1	2,3	18.0					0.8			MM
2	2,3	13.3					0.8			MM
3	2,3	17.4					0.8			MM
4	2,3	24.5					0.9			MM
5	2,3	9.4					0.8			MM
6	2,3	14.2			5		0.8			MM
7	2,3	17.3					0.8			SM
8	2,3	8.2					0.8			SM
9	2,3	12.3					1.3			MM
10	2,3	11.8					0.9			MM
11	2,3	15.2					0.9			MM
12	2,3	15.3					0.9			MM
13	2,3	16.1					0.8			MM
14	2,3	14.9			4		0.8			MM
15	2,3	16.3					0.8			MM
16	2,3	8.1					0.9			MM
17	2,3	20.5					0.9			MM
18	2,3	11.4					0.9			MM
19	2,3	17.1					0.8			MM
20	2,3	12.5					0.8			MM
21	2,3	13.3					0.9			SM
22	2,3	8.1					0.8			SM
23	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					0.8			MM
27	2,3	19.5					0.8			MM
28	2,3	6.2					0.8			MM
29	2,3	16.5					0.8			MM
30	2,3	10.5					0.8			MM
Total		414.1			13					
Aver.		13.8					0.9			

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

Reported by: Tyler Post

Title Operations Manager

Certification Number: NY0041182

Signature: 

Date 7/10/2024

Operator Grade Level: I/A-SW/GUI, IIB, C, D

# Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1. Routine 2. Repeat	Total Coliform Positive	E. coli Positive	Free Chlorine Residual (mg/l)	Population Served: 235
62 Stow Rd	5-Jun	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.5	Number of microbiological monitoring samples required: 1 Number of microbiological monitoring samples taken: 1 Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check reason(s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample. Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). <input type="checkbox"/> For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). <input type="checkbox"/> The original sample was E. coli positive and at least 1 repeat sample was positive for total coliform (= E. coli MCL violation). Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection. As required by S-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

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

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

No

Comments:

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

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

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

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid		Free Chlorine Residual (mg/l)			Checked By Initials
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	11.9					0.8			MM
2	2,3	14.5					0.8			MM
3	2,3	17.6					0.8			MM
4	2,3	16.0					0.8			MM
5	2,3	12.4			6		0.8			SM
6	2,3	10.2					0.8			SM
7	2,3	11.0					0.8			MS
8	2,3	22.8					0.8			MM
9	2,3	16.1					0.8			MM
10	2,3	18.3					0.7			MM
11	2,3	10.4					0.8			MM
12	2,3	14.8					0.8			MM
13	2,3	14.0			5		0.7			MM
14	2,3	13.3					0.8			MS
15	2,3	20.4					0.8			MM
16	2,3	11.3					0.8			MM
17	2,3	9.7					0.8			MM
18	2,3	8.6					0.8			MM
19	2,3	16.7					0.8			SM
20	2,3	10.3					1.0			SM
21	2,3	19.2					1.0			TMP
22	2,3	9.2					0.7			MM
23	2,3	8.9					0.8			MM
24	2,3	9.9					0.8			MM
25	2,3	10.4					0.7			MM
26	2,3	14.4			8		0.8			MM
27	2,3	14.0					0.8			MM
28	2,3	16.2					0.8			MS
29	2,3	11.5					0.8			MM
30	2,3	15.8					0.8			MS
31	2,3	12.6					1.0			
Total		423.1			19		0.8			
Aver.		13.6								

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

Reported by: Tyler Post Title: Operations Manager Certification Number: NY0041182  
Signature: [Signature] Date: 8/10/2024 Operator Grade Level: I/A-SW/GUI, I/B, C, D

Microbiological Samples and Free Chlorine Residual						Population Served: 235	
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)		
93 Stone Rd	10-Jul	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples required: 1	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: 1	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below: Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		As required by S-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			

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:

# 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 <b>Dover Ridge Estates</b>	Reporting Month/Year <b>08 / 2024</b> M M Y Y Y Y	Date Report Submitted <b>09 / 10 / 2024</b> M M D D Y Y Y Y	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <b>NY 1 3 0 2 8 0 4</b>	County <b>Dutchess</b>		Town, Village or City <b>Beekman</b>

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination			Ultraviolet Radiation / Other Treatment				
			Gaseous		Liquid	Free Chlorine Residual (mg/l)			Checked By Initials	
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)					
1	2,3	17.4				1.1			MS	
2	2,3	9.8				1.3			SM	
3	2,3	11.0				1.0			SM	
4	2,3	11.9			12	1.0			SM	
5	2,3	10.1				1.1			MS	
6	2,3	10.0				1.1			MM	
7	2,3	7.6				1.0			MM	
8	2,3	11.4				1.0			MM	
9	2,3	6.1				1.1			MM	
10	2,3	10.2				1.0			MM	
11	2,3	10.1				0.9			MM	
12	2,3	9.9				1.0			MM	
13	2,3	10.2				1.1			MM	
14	2,3	13.7				0.9			MM	
15	2,3	9.2				0.9			MM	
16	2,3	11.1				0.9			MM	
17	2,3	12.0				0.9			MM	
18	2,3	14.4				0.9			MM	
19	2,3	8.2				0.8			MM	
20	2,3	8.7				0.8			MM	
21	2,3	7.4				0.8			MM	
22	2,3	8.8				0.9			MS	
23	2,3	12.2				0.8			MS	
24	2,3	12.4				0.9			SM	
25	2,3	13.3				0.8			SM	
26	2,3	13.1				0.8			MS	
27	2,3	8.2				0.8			MS	
28	2,3	10.0				0.7			MS	
29	2,3	11.7				0.7			MS	
30	2,3	13.2			7	0.7			MS	
31	2,3	11.2				0.8			SM	
Total		334.5			12					
Aver.		10.8				0.9				

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

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

Signature:  Date 9/10/2024 Operator Grade Level: 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>
108 Stowe Rd	8-Aug	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: <u>1</u>
78 Stowe Rd	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples taken: <u>6</u>
157 Stowe Rd	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.8	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Well 2	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	If "Yes," check reason(s) below: 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.
Well 3	12-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
108 Stowe Rd	13-Aug	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.9	If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). 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		
			<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		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		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): Michael McLaughlin

Name of NYSDOH Certified Laboratory: Phoenix Laboratories

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

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

No

Comments:



## NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

## Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

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

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid	Free Chlorine Residual (mg/l)			Checked By Initials			
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)							
1	2,3	8.8				0.8				SM		
2	2,3	14.0				0.8				MM		
3	2,3	9.5				0.8				MM		
4	2,3	10.0				0.8				MM		
5	2,3	9.7				0.8				MM		
6	2,3	14.4				0.7				MM		
7	2,3	14.2				0.8				MM		
8	2,3	13.2				0.8				MM		
9	2,3	9.4			6	0.8				MM		
10	2,3	11.8				0.8				MM		
11	2,3	8.7				0.9				MM		
12	2,3	13.0				0.8				MM		
13	2,3	9.1				0.8				MM		
14	2,3	10.5				0.9				SM		
15	2,3	6.7				1.1				SM		
16	2,3	18.8				0.8				MM		
17	2,3	10.1				0.8				MM		
18	2,3	8.8			5	0.8				MM		
19	2,3	15.4				0.8				MM		
20	2,3	10.7				0.8				MM		
21	2,3	14.7				0.8				MM		
22	2,3	8.3				0.8				MM		
23	2,3	11.1				0.8				MM		
24	2,3	11.6				0.8				MM		
25	2,3	8.8			2	0.9				MM		
26	2,3	7.7				0.8				MM		
27	2,3	9.7				0.9				MM		
28	2,3	8.4				0.8				SM		
29	2,3	11.9				0.9				SM		
30	2,3	11.5				0.8				MM		
Total		332.2			13							
Aver.		11.1				0.8						

Chlorine Mix Ratio = 13 Quarts of 12.5 % chlorine added to 77 gallons of water in crockReported by: Tyler Post Title Operations Director Certification Number: NY0041182Signature:  Date 10/8/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

# Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: <u>235</u>
27 Stowe Dr	11-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below: Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). 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		

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:

Public Water System Name: Dover Ridge Estates
Reporting Month/Year: 10 / 2024
Date Report Submitted: 11 / 09 / 2024
Source Type (s): Ground
Public Water System ID: NY 1302804
County: Dutchess
Town, Village or City: Beekman

Table with 11 columns: DATE, Source (s) In Use, Treated Water Volume (1,000 gallons/day), Chlorination (Gaseous, Liquid, Free Chlorine Residual), and Ultraviolet Radiation / Other Treatment (Checked By Initials). Rows 1-31 show daily data, and rows 32-33 show Total and Average values.

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: [Signature] Date: 11/9/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
66 Stowe Rd	2-Oct	I	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.5
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<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	

**Population Served:** 235

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**Number of microbiological monitoring samples required:** 1

**Number of microbiological monitoring samples taken:** 1

**Did an M&R violation occur?**      ☐ Yes ☒ 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.

**Did an MCL violation occur?**                          ☐ 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 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).

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**Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.**

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**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.**

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.**

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Comments:

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

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

Public Water System Name: Dover Ridge Estates
Reporting Month/Year: 11 / 2024
Date Report Submitted: 12 / 10 / 2024
Public Water System ID: NY 1302804
County: Dutchess
Town, Village or City: Beekman

Table with 12 columns: DATE, Source (s) In Use, Treated Water Volume (1,000 gallons/day), Chlorination (Gaseous, Liquid, Free Chlorine Residual), and Ultraviolet Radiation / Other Treatment (Checked By Initials). Rows 1-30 show daily data, Total, and Average.

Chlorine Mix Ratio = 6 Quarts of 12.5 % chlorine added to 56 gallons of water in crock
Reported by: Tyler Post Title: Operations Director Certification Number: NY0041182
Signature: [Signature] Date: 12/10/2024 Operator Grade Level: IIA-SW/GUI, IIB, C, D

[illegible]

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.**

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Comments:



## NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

## Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <b>Dover Ridge Estates</b>	Reporting Month/Year <b>12 / 2024</b> M M Y Y Y Y	Date Report Submitted <b>01 / 09 / 2025</b> M M D D Y Y Y Y	Source Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
Public Water System ID <b>NY 1 3 0 2 8 0 4</b>	County <b>Dutchess</b>	Town, Village or City <b>Beekman</b>	

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	11.2				0.8				MM		
2	2,3	7.5				0.8				MM		
3	2,3	10.4				0.7				MM		
4	2,3	12.3				0.8				MM		
5	2,3	10.3				0.7				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		
11	2,3	6.9				0.8				MM		
12	2,3	12.0				0.8				MM		
13	2,3	10.1				0.7				MM		
14	2,3	5.4				0.7				MM		
15	2,3	15.1				0.8				MM		
16	2,3	9.7				0.7				MM		
17	2,3	6.5				0.8				MM		
18	2,3	10.6				0.8				MM		
19	2,3	13.6				0.8				MM		
20	2,3	31.5				0.8				MM		
21	2,3	19.6				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		
25	2,3	11.9				0.7				TMP		
26	2,3	11.0				0.7				TMP		
27	2,3	13.3				0.8				SM		
28	2,3	11.8				0.7				SM		
29	2,3	16.5				0.8				SM		
30	2,3	9.3				0.9				SM		
31	2,3	9.7				0.8				SM		
Total		366.5			8							
Aver.		11.8				0.8						

Chlorine Mix Ratio = 8 Quarts of 12.5 % chlorine added to 58 gallons of water in crockReported by: Tyler Post Title Operations Director Certification Number: NY0041182Signature:  Date 1/9/2025 Operator Grade Level: IIA-SW/GUI, IIB, C, D

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
27 Stowe Rd	4-Dec	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples required: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: 1
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason (s) below:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Actual number of samples is fewer than required.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did not collect/analyze repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**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:**