NEW YORK STATE DEPARTMENT OF HEALTH

Water Systems Operation Report

Bureau of Public Water Supply Protection

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name							Month/Year	Date Report Submitted		Source Type (s)		
										☐ Surface ✓	Ground	GWUDI
		Dover Ridg	je Es	tates		02	/ 2025	03 / 10 / 2025 Purchase with subsequent chlorination		lorination		
<u> </u>						мм	YYYY	MM DD	YYYY	Purchase w/out subsequent chlorination		
Public	Water System I	D	_					County Town, Village or City			ity	
	4 0	0 0 0	0 4					Duta	h		Doolen	
NY	<u>1</u> 3	<u>0</u> <u>2</u> <u>8</u>	<u>U</u> 4					Duto	hess		Beekn	nan
								<u> </u>				
	Source (s) In Use			CI	nlorination		Ultraviolet Radiation / Other Treatment					
DATE		Treated Water Volume (1,000 gallons/day)	Gaseous		Liquid							
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)				Checked By Initials		
		20 10 10 10		(Loc. / Day)								
1	2,3	8.0			11	0.7				SM		
2	2,3	9.7				0.7				SM		
3	2,3	9.7				0.7				MM		
4	2,3	12.7				0.7			-	MM		
5	2,3	7.4				0.8				MM		
6	2,3	12.2				0.7		-		MM		
7	2,3	6.6		-		0.8		1	-	MM		
8	2,3	14.6				0.8				MM		
9	2,3	11.8				0.8				MM		
10	2,3	18.4	-	-		0.7			-	MM MM		
11	2,3	13.8	-	 		0.8		-	-	MM		
12	2,3	6.0 12.0	 	 		0.7				MM		
14	2,3	9.2			4	0.8				MM		
15	2,3	12.1	 			0.9				SM		
16	2,3	8.2	-	†		0.7				SM		
17	2,3	10.8				0.8				MM	11	
18	2,3	9.9				0.8				MM		
19	2,3	10.6				0.8				MM		
20	2,3	11.5				0.8				MM		
21	2,3	10.6				0.7				MM		
22	2,3	10.9				0.8				MM		
23	2,3	10.4				0.8				MM		
24	2,3	9.2				0.8				MM		
25	2,3	10.4				0.7				MM	-	
26	2,3	8.2	-	-		0.7	-	-	-	MM		
27	2,3	11.1	+	-	1	0.8		-		MM		
28	2,3	12.9	(/////			0.7	-			MM		
Total		298.9			4	0.8		1	+		-	
	Aver. ////////////////////////////////////				arts of		12.5 % chlorine added to		29 gallons of water in crock			
Rep	orted by:		Tyler Post				Title Operations Director		Certification N	lumber:	NY0041182	
Sie	gnature:		1-	with the same of t	2		Date	3/10/2025		Operator Grad	le Level:	IIA-SW/GUI, IIB, C, E

Microbiologica	i 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				
160 Stowe Dr	10-Feb	1	☐ Yes ☑ No	☐ Yes ☑ No		Number of microbiological monitoring samples requireu:				
			☐ Yes ☐ No	☐ Yes ☐ No		Did an M&R violation occur?				
			☐ Yes ☐ No	Yes No		If "Yes," check reason (s) below:				
			Yes No	Yes No		Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. 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				
			☐ 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	Yeq No		As marriard by 5 1.72 "Operation of Dublic Water Contact Dublic State of Dublic Water Contact Dublic State of				
			☐ Yes ☐ No	Yes No		As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.				
	,		☐ Yes☐ No	☐ Yes☐ No						
			☐ Yes☐ No	Yes No		1				
			☐ Yes ☐ No	☐ Yes ☐ No						
Sample Collector(s):	Michael McLaughlin	ı								
Name of NYSDOH Cert	ified Laboratory:	Phoenix Labora	itories							
Did any MCL violation	occur? If so, please o	lescribe:	No							
Did an emergency or lo	w pressure problem	occur? Did sou	urce water by	ypass an exis	ting treatment process	in the system? If so, please explain.				
Comments:										