

## 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 / 2025</b> M M Y Y Y Y	Date Report Submitted <b>03 / 10 / 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	8.0				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					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		
11	2,3	13.8				0.8					MM		
12	2,3	6.0				0.7					MM		
13	2,3	12.0				0.8					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		
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				0.8					MM		
28	2,3	12.9				0.7					MM		
Total		298.9			4								
Aver.		10.7				0.8							

Chlorine Mix Ratio = 4 Quarts of 12.5 % chlorine added to 29 gallons of water in crockReported by: Tyler Post Title: Operations Director Certification Number: NY0041182Signature:  Date: 3/10/2025 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.**

No

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