

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 | Reporting Month/Year | Date Report Submitted | Source Type (s) |
| Dover Ridge Estates | 03 / 2025 | 04 / 08 / 2025 | <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI |
| | MM Y Y Y Y | MM D D Y Y Y Y | <input type="checkbox"/> Purchase with subsequent chlorination |
| Public Water System ID | County | | Town, Village or City |
| NY 1 3 0 2 8 0 4 | Dutchess | | Beekman |
| <input type="checkbox"/> Purchase w/out subsequent chlorination | | | |

| 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 | 7.3 | | | | 0.8 | | | | SM | |
| 2 | 2,3 | 10.0 | | | | 0.9 | | | | SM | |
| 3 | 2,3 | 10.0 | | | | 0.8 | | | | MM | |
| 4 | 2,3 | 10.0 | | | 4 | 0.8 | | | | MM | |
| 5 | 2,3 | 10.8 | | | | 0.8 | | | | MM | |
| 6 | 2,3 | 10.0 | | | | 0.8 | | | | MM | |
| 7 | 2,3 | 13.2 | | | | 0.8 | | | | MM | |
| 8 | 2,3 | 7.9 | | | | 0.7 | | | | SM | |
| 9 | 2,3 | 13.2 | | | | 0.9 | | | | SM | |
| 10 | 2,3 | 10.3 | | | | 0.7 | | | | SM | |
| 11 | 2,3 | 6.0 | | | | 0.8 | | | | SM | |
| 12 | 2,3 | 12.0 | | | | 0.7 | | | | SM | |
| 13 | 2,3 | 10.3 | | | | 0.9 | | | | SM | |
| 14 | 2,3 | 9.5 | | | | 1.0 | | | | SM | |
| 15 | 2,3 | 10.5 | | | | 0.8 | | | | SM | |
| 16 | 2,3 | 11.1 | | | | 0.7 | | | | SM | |
| 17 | 2,3 | 8.0 | | | | 0.7 | | | | MM | |
| 18 | 2,3 | 9.3 | | | | 0.8 | | | | MM | |
| 19 | 2,3 | 11.7 | | | | 0.7 | | | | MM | |
| 20 | 2,3 | 1.3 | | | | 0.8 | | | | MM | |
| 21 | 2,3 | 10.0 | | | | 0.8 | | | | MM | |
| 22 | 2,3 | 9.0 | | | | 0.8 | | | | MM | |
| 23 | 2,3 | 12.4 | | | | 0.8 | | | | MM | |
| 24 | 2,3 | 9.1 | | | | 0.7 | | | | MM | |
| 25 | 2,3 | 11.7 | | | | 0.8 | | | | MM | |
| 26 | 2,3 | 9.6 | | | | 0.8 | | | | MM | |
| 27 | 2,3 | 11.6 | | | | 0.8 | | | | MM | |
| 28 | 2,3 | 10.1 | | | | 0.7 | | | | MM | |
| 29 | 2,3 | 8.6 | | | | 0.8 | | | | MM | |
| 30 | 2,3 | 10.5 | | | | 0.8 | | | | MM | |
| 31 | 2,3 | 6.8 | | | | 0.7 | | | | MM | |
| Total | | 301.8 | | | 4 | | | | | | |
| Aver. | | 9.8 | | | | 0.8 | | | | | |

Chlorine Mix Ratio = 4 Quarts of 12.5 % chlorine added to 33 gallons of water in crock

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

Signature: Date: 4/8/2025 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: 235 |
|-----------------|----------------|--------------------------------------|---|---|----------------------------------|--|
| 25 Cooper Rd | 5-Mar | 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 |
| | | | <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: