## NEW YORK STATE DEPARTMENT OF HEALTH

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

		valer Supply Pro						·	<del>,</del>	Treat with Chlorine	and/ of Onlaviolet Radiation	
Public Water System Name							g Month/Year	Date Report Submitted		Source Type (s)		
Dover Ridge Estates							/ 2025	06 / 10	/ 2025	Surface Grou		
Dover Muge Latates							<u> </u>		<u> </u>	Purchase with subsequent chlorination  Purchase w/out subsequent chlorination		
Public	Water System	ID				M M		County			-1	
	-							Town, vinage of only				
NY 1 3 0 2 8 0 4						Dutchess		Beekman				
DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)		CI	nlorination		Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid		<u> </u>					
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)				Checked By Initials		
1	2,3	10.4				0.8				MM		
2	2,3	13.3				0,8				MM		
3	2,3	16.5				0.8				MM		
4	2,3	13.6				0.8				MM		
5	2,3	12.8		<b></b>		0.7	<u> </u>	<b> </b>		MM		
6	2,3	6.3				0.6	<b></b>			MM		
7	2,3	9.5				0.7	ļ	<del> </del>		MM		
8	2,3	12.8	-	-		0.7	<b> </b>	-		MM		
9	2,3	8.4	-		<b>-</b>	0.8	<del> </del>	<del> </del>		MM		
10	2,3	15.3 12.0	<del> </del>			0.8	<del> </del>	<del>                                     </del>		SM		
12	2,3	8.1	<b> </b>		4	0.7	<u> </u>			MM		
13	2,3	9.3	1	<b></b>	1	0.7				MM		
14	2,3	17.8				0.8				MM		
15	2,3	8.1				0.7				MM		
16	2,3	16.0			4	0.8				MM		
17	2,3	7.1				0.7				MM		
18	2,3	19.3				0.7				MM		
19	2,3	20.5				0.7				MM		
20	2,3	6.6		ļ		0.7	<b> </b>			MM		
21	2,3	8.2	<del> </del>	-	ļ	0.7	<b>_</b>	-	ļ	MM		
22	2,3	10.1	<del> </del>	ļ	<del> </del>	0.8	<del> </del>	+	<u> </u>	MM		
23	2,3	7.3	-	<del> </del>	<del> </del>	0.8			<u> </u>	MM SM		
24	2,3	23.5	<del> </del>	<del> </del>	<del> </del>	0.8	+		<del>                                     </del>	SM		
26	2,3	11.5	1	<del> </del>	<b> </b>	0.8				MM		
27	2,3	18.8	1	<del>                                     </del>	4	0.8	<del>                                     </del>			MM		
28	2,3	18.7	1			0.9	T			MM		
29	2,3	14.1				0.8				MM		
30	2,3	16.4				0.8				MM		
31	2,3	19.5				0.9		1	ļ	MM		
Total	distinguishment	404.6		<u> </u>	12				ļ			
Aver.		12.8		1	<u></u>	0.8	1	L	<u> </u>			
Chlorine Mix Ratio = 12 Quarts of					-	12.5	% chlorine added to		52 gallons of water in crock			
Rep	orted by:		Tyler Post				Title	Operations Director		Certification Number: NY004118		
Signature:						Date	6/10/2025		Operator Grade Le	vel: IIA-SW/GUI, IIB, C, [		

Microbiologica	i Sampies and	u rree Ch	iorine R	esidual							
Sample Location	Date of Sample	te of Sample Sample Type 1.Routine 2.Repeat Positive Sample Positive Free Chlorine R (mg/l)			Population Served: 235  Number of microbiological monitoring samples required: 1						
11 Tanner Rd	7-May	1	☐ Yes ☑ No	☐ Yes ☑ No	0.8	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:					
			☐ Yes ☐ No	☐ Yes ☐ No		Actual number of samples is fewer than required.  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 collion ( - <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	☐ Yee☐ 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							
Sample Collector(s): Michael McLaughlin											
Name of NYSDOH Cert		Phoenix Labora			The state of the s	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Did any MCL violation o	occur: 11 so, piease o	lescribe:	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:											