

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 06 / 2025 M M Y Y Y Y	Date Report Submitted 07 / 01 / 2025 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 NY 1 3 0 2 8 0 4	County Dutchess	Town, Village or City Beekman	

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	10.9				0.9					MM		
2	2,3	7.1				0.9					MM		
3	2,3	12.6				0.9					MM		
4	2,3	13.4				0.9					MM		
5	2,3	14.2				0.9					MM		
6	2,3	11.3			5	0.9					MM		
7	2,3	11.3				0.8					SM		
8	2,3	17.1				1.1					SM		
9	2,3	17.4				1.0					MM		
10	2,3	14.7				1.0					MM		
11	2,3	11.0				0.9					MM		
12	2,3	12.7				0.9					MM		
13	2,3	15.0				0.8					MM		
14	2,3	11.3				0.9					MM		
15	2,3	8.1			5	0.9					MM		
16	2,3	16.1				1.0					MM		
17	2,3	10.6				0.8					MM		
18	2,3	5.8				0.8					MM		
19	2,3	14.5				0.8					MM		
20	2,3	20.6				0.8					MM		
21	2,3	10.9				1.0					SM		
22	2,3	14.4				0.9					SM		
23	2,3	16.2				0.8					MM		
24	2,3	13.6			4	0.9					MM		
25	2,3	18.4				0.8					MM		
26	2,3	8.3				0.8					MM		
27	2,3	14.5				0.9					MM		
28	2,3	15.3				0.8					MM		
29	2,3	13.6				0.8					MM		
30	2,3	15.6				0.8					MM		
Total		396.5			14								
Aver.		13.2				0.9							

Chlorine Mix Ratio = 14 Quarts of 12.5 % chlorine added to 115 gallons of water in crockReported by: Tyler Post Title Operations Director Certification Number: NY0041182Signature:  Date 7/1/2025 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
43 Stewart	4-Jun	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:
			<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		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

DOH-360 (02/05) Page 2 of 2