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	07 / 2025 (M M Y Y Y Y)	08 / 05 / 2025 (M M D D Y Y Y Y)	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination

Public Water System ID	County	Town, Village or City
NY 1 3 0 2 8 0 4	Dutchess	Beekman

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid							
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite added to crock (Quarts)	Free Chlorine Residual (mg/l)				Checked By Initials		
1	2,3	12.6			2	0.8				MM		
2	2,3	12.1				1.1				MM		
3	2,3	13.7				1.0				MM		
4	2,3	18.1				1.0				MM		
5	2,3	11.2				1.1				SM		
6	2,3	18.5				0.8				SM		
7	2,3	12.5				0.8				MM		
8	2,3	16.9			6	0.8				MS		
9	2,3	11.4				1.1				MS		
10	2,3	13.4				1.0				MS		
11	2,3	13.3				1.0				MM		
12	2,3	16.1				0.8				MM		
13	2,3	20.7				0.9				MM		
14	2,3	15.9				0.9				MM		
15	2,3	7.1			3	0.8				MM		
16	2,3	12.1				0.9				MM		
17	2,3	24.3				0.9				MM		
18	2,3	13.2				0.8				MM		
19	2,3	17.0				0.9				SM		
20	2,3	13.2				0.8				SM		
21	2,3	16.3				0.8				MS		
22	2,3	12.5			4	1.1				MS		
23	2,3	14.1				1.0				MS		
24	2,3	15.5				0.9				MS		
25	2,3	19.3				0.8				MS		
26	2,3	13.9				1.1				SM		
27	2,3	12.6				0.8				SM		
28	2,3	17.1			5	0.9				MM		
29	2,3	18.0				1.1				MM		
30	2,3	14.0				1.0				MM		
31	2,3	11.6				1.0				MM		
Total		458.2			20							
Aver.		14.9				0.9						

Chlorine Mix Ratio = 20 Quarts of 12.5 % chlorine added to 169 gallons of water in crock

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

Signature:  Date 8/5/2025 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)
67 Stowe Rd	7-Jul	1	☐ Yes ☑ No	☐ Yes ☑ No	0.6
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 235

Number of microbiological monitoring samples required: 1

Number of microbiological monitoring samples taken: 1

Did an M&R violation occur? ☐ Yes ☑ 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.

Did an MCL violation occur? ☐ Yes ☑ 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).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.

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.

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: