

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	08 / 2025	09 / 09 / 2025	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
	M M Y Y Y Y	M M 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)								
1	2,3	10.3				1.0				MM		
2	2,3	15.6				0.9				MM		
3	2,3	13.5				0.9				MM		
4	2,3	19.6			3	0.8				MM		
5	2,3	13.4				0.8				MM		
6	2,3	11.6				0.7				MM		
7	2,3	12.8				0.6				MM		
8	2,3	11.2				0.7				SM		
9	2,3	19.0				1.0				SM		
10	2,3	17.3				1.0				SM		
11	2,3	13.8				0.9				MM		
12	2,3	17.6				1.1				MM		
13	2,3	9.5				1.0				MM		
14	2,3	10.2				1.1				MM		
15	2,3	13.7				1.0				MM		
16	2,3	18.5				1.0				JC		
17	2,3	13.4				1.1				MM		
18	2,3	17.0				1.2				MM		
19	2,3	19.1				1.1				MM		
20	2,3	10.3				1.0				MM		
21	2,3	15.3				0.9				MM		
22	2,3	19.9				0.9				MM		
23	2,3	14.9			2	0.8				MM		
24	2,3	17.2				0.9				MM		
25	2,3	15.6				0.8				MM		
26	2,3	19.6				0.8				MM		
27	2,3	13.6				0.8				MM		
28	2,3	16.2				0.6				MS		
29	2,3	22.0				0.4				MS		
30	2,3	10.8				0.6				SM		
31	2,3	19.9				0.6				SM		
Total		472.4			5							
Aver.		15.1				0.9						

Chlorine Mix Ratio = 5 Quarts of 12.5 % chlorine added to 88 gallons of water in crock

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

Signature: Date 9/9/2025 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
114 Stowe Rd	6-Aug	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		