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	10 / 2025 (M M Y Y Y Y)	11 / 10 / 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	5.7				0.9				MM		
2	2,3	12.8				0.9				MM		
3	2,3	10.2				0.9				MM		
4	2,3	9.7				0.8				MM		
5	2,3	9.4				0.8				MM		
6	2,3	11.7				0.9				MS		
7	2,3	13.5				1.0				MS		
8	2,3	10.7				0.9				MM		
9	2,3	7.1				0.7				MM		
10	2,3	11.3			4	0.8				MM		
11	2,3	12.2				0.9				SM		
12	2,3	7.9				1.1				SM		
13	2,3	13.4				1.0				MM		
14	2,3	10.3				0.9				MM		
15	2,3	7.0				0.8				MM		
16	2,3	13.4				0.8				MM		
17	2,3	6.3				0.8				MM		
18	2,3	12.1				0.8				MM		
19	2,3	12.5				0.9				MM		
20	2,3	12.9			4	0.8				MM		
21	2,3	9.0				0.8				MM		
22	2,3	11.7				0.8				MM		
23	2,3	10.4				0.8				MM		
24	2,3	10.7				0.8				MM		
25	2,3	10.8				0.9				SM		
26	2,3	10.2				0.9				SM		
27	2,3	11.1				0.9				MM		
28	2,3	9.2			3	0.9				MM		
29	2,3	6.8				0.8				MM		
30	2,3	9.8				0.8				MM		
31	2,3	12.7				0.8				MM		
Total		322.5			11							
Aver.		10.3				0.9						

Chlorine Mix Ratio = 11 Quarts of 12.5 % chlorine added to 130 gallons of water in crock

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

Signature:  Date 11/10/2025 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)
130 Stowe Rd	8-Oct	1	☐ Yes ☑ No	☐ Yes ☑ No	0.5
			☐ 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: