

Public Water System Name <i>Village of Dering Harbor</i>	Reporting Month/Y. <i>11/2017</i>	Date Report Submitted <i>12/10/2017</i>	Source Water 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 without subsequent chlorination
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Public Water System ID <i>NY5103700</i>	County <i>Suffolk</i>	Town, Village or City <i>Shelter Island</i>
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DATE	Source(s) in use <i>well #1</i>	Treated water volume (1,000 gallons/day)	Chlorination			Free chlorine residual at entry point (mg/l)	Other Treatments / Readings			
			Gaseous Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Liquid Hypochlorite added to crock (gallons or quarts)		Caliquet <i>qts</i>	# Soda ash <i>ash</i>	Phosphate <i>M/GH</i>	PH
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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26										
27										
28										
29										
30										
31										
TOTAL		<i>0</i>			<i>0</i>					
AVG.		<i>0</i>			<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

out of service for repairs

Chlorine Mix Ratio = *2* quarts/gallons of *15* % chlorine added to *7 1/2* gallons of water in crock.

Reported by: *Dep Bowditch Jr* Title: *chief WATER Operator* NYSDOH Operator Certification Number: *NY0032762*

Signature: *Dep Bowditch Jr* Date: *12/10/17* Operator Grade Level: *C*

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)
			YES	NO	YES	NO	
well #1	11/14/17	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAW
well #1	11/15/17	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RAW
well #1	11/20/17	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RAW
well #1	11/21/17	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RAW
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Population Served: 125

Number of microbiological monitoring samples required: 1

Number of microbiological monitoring samples taken: 4

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): Harry Goldman Water Testing

Name of NYSDOH Certified Laboratory: Pace Analytical

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: well #1 is not in service — repaired pump show testing results of positive BAC chlorinated well #1 final testing show negative BAC

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Public Water System ID <i>NY 5103700</i>	County <i>Suffolk</i>	Town, Village or City <i>Shelter Island</i>
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DATE	Source(s) in use <i>well # 2B</i>	Treated water volume (1,000 gallons/day)	Chlorination			Other Treatments / Readings				
			Gascons Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Liquid Hypochlorite added to crock (gallons or quarts)	Free chlorine residual at entry point (mg/l)	Calgon qts	# Soda Ash	Phosphate M/G/L	PH
1		15				.7			.5	7.22
2		15				.7			.4	7.30
3		11				.7			.4	7.25
4		13				.7			.4	7.24
5		14				.7			.4	7.32
6		12				.7			.4	7.26
7		15				.7			.4	7.30
8		15				.7			.4	7.30
9		13				.6		32#	.4	7.27
10		11				.7			.4	7.32
11		13				.7			.4	7.27
12		23				.7			.4	7.35
13		15				.7			.3	7.22
14		13				.7			.3	7.33
15		13				.6			.3	7.28
16		13				.6			.3	7.35
17		15				.6			.3	7.32
18		10				.7			.3	7.29
19		15				.6			.3	7.40
20		9				.6			.3	7.32
21		14				.6			.3	7.31
22		15				.6			.3	7.30
23		11				.6			.3	7.34
24		9				.6			.3	7.33
25		8				.6			.3	7.31
26		7				.6			.3	7.45
27		5			16	.6	1	32#	.4	7.35
28		4				.6			.4	7.41
29		4				.6			.3	7.43
30		3				.6			.3	6.47
31										
TOTAL		353,000			16		1	64#	10.50	218.61
AVG.		11,766			0.53	0.70	0.03	2.13#	0.4	7.29

Chlorine Mix Ratio = 4 quarts/gallons of 15 % chlorine added to 7 1/2 gallons of water in crock.

Reported by: HAP Bowditch Jr Title: Chief Operator NYSDOH Operator Certification Number: NY 0032762

Signature: [Signature] Date: 12/10/17 Operator Grade Level: C

