

Public Water System Name <i>Village of Deer Harbor</i>			Reporting Month/Y. <i>12/2017</i>		Date Report Submitted <i>01/02/2018</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 w/out subsequent chlorination				
Public Water System ID <i>NY 5103700</i>			County <i>Suffolk</i>		Town, Village or City <i>Shelter Island</i>						
DATE	Source(s) in use well #	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)		Caliquist gts	H Soda ash	Phosphate 4/GL	PH	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
TOTAL		0			0		0	0	0	0	
Avg.		0			0	0	0	0	0	0	

Chlorine Mix Ratio = 4 quarts/gallons of 15% % chlorine added to 17 1/2 gallons of water in crock.

Reported by: Harp Bowditch Jr Title: Chief Operator NYSDOH Operator Certification Number: NY0032762

Signature: [Signature] Date: 01/02/18 Operator Grade Level: C

[illegible]

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:

Public Water System Name <u>Village of Dering Harbor</u>	Reporting Month/Y. <u>12/12/017</u>	Date Report Submitted <u>01/02/2018</u>	Source Water Type (s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchased with subsequent chlorination <input type="checkbox"/> Purchased without subsequent chlorination
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Public Water System ID <u>NY 5103700</u>	County <u>Suffolk</u>	Town, Village or City <u>Shelter Island</u>
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DATE	Source(s) in use well # <u>23</u>	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			
			Gaseous	Liquid	Free chlorine					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)	residual at entry point (mg/l)	Caliquet gts	# Soda ash	Phenylate M/Gl	P.H.
1		3				.6			.3	7.54
2		3				.6			.4	7.85
3		4				.6			1.5	7.46
4		3				.6			.7	7.50
5		3				.6			.6	7.47
6		3				.6			.6	7.51
7		5				.7			.5	7.37
8		4				.8			.3	7.37
9		3				.8			.3	7.45
10		3				.8			.3	7.47
11		3				.8			.3	7.40
12		3				.7			.3	7.40
13		4				.7			.3	7.42
14		3				.7			.3	7.45
15		2				.7			.4	7.45
16		3				.7			.4	7.48
17		4				.7			.4	7.49
18		3				.7			.4	7.47
19		4				.7			.4	7.50
20		3				.7			.4	7.47
21		0				.7			.4	7.34
22		0				.7			.4	7.30
23		0				.5			.3	7.20
24		2				.8			.3	7.45
25		5				.8			.3	7.57
26		4				.7			.3	7.52
27		3				.7			.3	7.54
28		0				.7			.3	7.46
29		2				.7			.3	7.47
30		5				.6			.3	7.10
31		2				.6			.4	7.43
TOTAL		89,000			0		0	0	12.70	230.50
AVG.		2,871			0	0.70	0	0	0.41	7.44

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

Reported by: HAP Bowditch Jr Chief
Title: WATER OPERATOR NYSDOH Operator Certification Number: NY0032762

Signature: [Signature] Date: 01/02/18 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)
Maintenance Building	12/12/17	1	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	0.4
			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 <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 <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 <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 <input type="checkbox"/>	

Population Served: 125

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): 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: