New York State Department of Health Bureau of Water Supply Protection

WATER SYSTEM OPERATION REPORT

Microbiological Sample Results

Public Wate	er System Name Dorin Darbor				Reporting Mo	nth/Y	Date Report Sub	mitted	Source Water Type (s)			
Vill	Laye	e of Dering Carlos		1 CO	•	011021		□ Storface (Ground □ GWUDI				
, ,	000		12120	11.			☐ Purchase with subsequent chlorination					
				*	7		.iii ia		Purchase w/o	nt subsequent chlori	nation	
Public Wat	er System	a D	3700	_	Sul	lolk	Town, Village or		Slan	0		
. /		-			d	Iorination			Other Treatme	nts / Readings		
DATE	Source in u		Treated water volume (1,000 gallons/day)	Gas Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Liquid Hypochlorite added to good (gallons or quarts)	Free chlorine residual at entry point (mg/l)	Chiquest Vist	Soda Osl-	Physplate M/GL	P#	
1 2		-										
3												
4												
. 5												
6 .							_					
7		-										
8	-	-		out		Od.	0.01	17/2	2			
10				Car		Ca		1000				
11						1	T					
12			·						1.			
13					Lor		Kepan	5	7			
14					1 /				<u> </u>			
15					<u>'</u>							
16	-						 		 			
17	+						 			 		
19	+		<u> </u>	 	 					 		
20	1				1							
21												
22									<u> </u>	<u> </u>		
23	ऻ				<u> </u>	<u> </u>		 	ļ	 		
24		-	<u> </u>	 	-	 	+	 			 	
26	┼	-		 	 		-	 	1		 	
27	+		 	 	 		-	 				
28												
29												
30			<u> </u>	<u> </u>			<u> </u>	ļ		 	 	
31	ALC: UNIVERSAL DE LA COMPANION	F2 P		A STANKE THE LABOR			\$15 00 PL 500 PL 500 PL			0		
TOTAL	- 表		0		3	<u> </u>		0	0	$+ \approx$	2	
AVC.	4.		0		3 C		10	0	$\frac{1}{2}$			
Chlorine l	Mix Rati	o=_	<u></u>	quarts/g	railons of	15	% chlorine a	dded to	17/2	gallons of	water in crock.	
Reported	by: <u>4</u>	Ar	Bowdite Bowet	h J- Ti	Chief de: <u>WATE</u>	ER Operato	NYSDOH Op	crator Certifica	ntion Number:	NYOO	32762	
Signature	H	ije	Dowell	ice)		Date: O j /o	2/18	Operator	Grade Level: _			

DOH-360 (02/2005) Page 1 of 2

Sam Loca	gle	Date of Sample	Sample Type 1.Eoutine 2. Repeat	Total Coliform Positive		E.coli Positiva		Free Chlorine Residual (mg/l)	Population Served: 125 Number of microbiological monitoring samples required:
	 								Number of microbiological monitoring samples taken:
				YES	190	783	300		Did an M&R violation occur? Yes□ Not
		-		1783	жо	YAS)XO		If "Yes," check reason (s) below:
					мо	122	70		Actual number of samples is fewer than required Did not collect/analyze repeat sample
				100	ю	1E8	МО		Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample
		,		圖	HO	100	МО		
				YES .	NO	YES	NO		Did an MCL violation occur? Yes No Your No. 1f "Yes," check reason(s) below (see also Part 5, Table 6 for
				100	NO	AR2	НО		Additional information).
				VES	190	YES	Ю		For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for
8				122	50	1	100		total coliform (= total coliform MCL violation).
					180	-	100		For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for
				YES	NO	园	180		total coliform (= total coliform MCL violation).
				YES	180	YES	100		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL.
				丰		\vdash	120		violation).
		ļ	<u> </u>	TES	МО	YES.		ļ	Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a
					то	YES	30		repeat sample collection.
	<u></u>			YRS	NO	Alea	МО		As required by 5-1.72, "Operation of a Public Water System," a
				YES	NO	YES	30		copy of this form shall be sent to your local health department by the 10 th calendar day of the next reporting period.
				7723	mo	100	жо		
				123	190	E	МО		
Sample Collector	Dar	- Gol	den	ge-	T.	est	u		
Name of NYSDC	H Certified Lab	oratory:	ace	_ (en	eil	Li	tical	?
Did any MCL vio	lation occur? If	so, please descr	ibe:	No	ラ つ				
•									
							-		
Did an ameraana	or low measure	nonhlem occur	2 Did sor		toe lun	2000 200	wist	ing treatment	t process in the system? If so, please explain:
ran an emergenc	or now facesatte	s prootesti occur	t Die sot	IICC Wa	act by	pass an	CAIS	ив ислина	process in the system? It say, presse capitain.
	 								
Comments:					8				
						<u> </u>			
	ļ								
	 								
	 								-
	-				-	•			
DOH-360 (02/2005) F	Page 2 of 2								

New York State Department of Health Bureau of Water Supply Protection

WATER SYSTEM OPERATION REPORT

Microbiological Sample Results

Public Water System Name					Reporting Mo	-a.rv	Date Report Sub	mitted	Source Water Type (s)			
Ville	842	al	Dering the	rbon					D Surface O Ground D GWUDI			
Vacay		У) "		12-12-0	17	011021	2018	Penchang with subsequent chlorination			
			•		1: : ;			: .	Perchase w/out subsequent chlorination			
Public Wate	er System	ı ID			County	. 1	Town, Village or	r City	\	[] Laternee avent intracheur chiannaner		
	-	and the second second second second			211		She	1				
NY	5	1/6	3700	-	out	olk	Due	lu- c	Tolar			
						Iorination			Other Treatme			
	Source		Treated water volume (1,000 gallons/day)		Chlorine	Liquid Hypochlorite	Free chlorine	el.	#,	Playlat 4/Gi	011	
DATE	vell			Cylinder weight	used per	added to crock	residual at entry point	Eligian Sta	Soda	feat	THI	
	well	5	(1,000 gaddasou))	(lbs.)	day = (lbs.)	(gallons or quarts)	(mg/l)	yes "	ash	M/GL		
1	0	2	. 3		(abs.)		96			13	7.54	
2			3			1 T	16			14	7.85	
3			43				.6			1,5	7.46	
4			3				1.6			,7	7.50	
. 5			3				16			16	7.47	
6 .			_3_				160			160	7.51	
7			_5				1.7			15	7.37	
8			4		:		1.8	<u> </u>	<u> </u>	13	7.37	
9			3	V			1.8	 	ļ	13	7.45	
10			3				1,8	 	ļ	1,3	7.47	
11			3		ļ		18		<u> </u>	13	7.40	
12			3				1.7		,	13	7.40	
13			4				1 - 7	ļ		13	7.42	
14			3				1-4	,,		13	7.45	
15	-		2				1	 		,4 ,4	7.45	
16			3	<u> </u>	 	ļ	1-1	 	-	14	7.48	
18			3				1-4	 	 	14	7.47	
19			4			 	1 15	 	 	41	7.50	
20			3		 	 	1 -7	 	 	14	7.47	
21			0			 	1 5	 		H	7.34	
22			Ö			 	1 19	 	 	.4	7.30	
23			Ö		1		15	1	 	13	7,20	
24		-	2			<u> </u>	1.8	 		1,3	7.45	
25			5				18			,3	7.57	
26			4				1.7			13	7.52	
27			3				7			13	7.54	
28			0			-	17			3 3	7.46	
29			2				17			,3	7.47	
30			5				16		ļ	,3	7.10	
31	-	THE CONTRACTOR OF	2	William of the state of the			16			14	7.43	
TOTAL.	S.	* 1.2)	89,000					0	0	12.70	230,50	
AVC.	是		2,871		14	0	0.70	0	0	14.0	7,44	
<u> </u>	\$ 200 years	1	2) 1	and the sales of the sales of	51	1			7/2			
Chlorine N	⁄lix Rati	b=_	7	quarts/g	allons of	13	% chlorine ad	ided to		gallons of	water in crock.	
Reported by: HAP BOWditch In Title: WATER OFFICE TO SNYSDOH Operator Certification Number: NY 0032762									32762			
Signature:	(2	to Bourtell	De	Date: 01/02/18 Operator Grade Level:							
		1	,			,	,					

Sam Locat		Date of Sample	Sample Type Total Coliform 1.Rontine 2. Repeat		E.coli Positive		Free Chlorine Residual (mg/l)	Population Served: 125 Number of microbiological monitoring samples required: 1			
Maritan	Buldi	12/12/17	1	YES		YES	M	0,4	Number of microbiological monitoring samples taken:		
7 personal				YES	70	YES	ЖО		Did an M&R violation occur? Yes No.		
				ear ear	NO	YES	МО		Actual number of samples is fewer than required Did not collect/analyze repeat sample		
				122	по	YES	МО		Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample		
				YES	МО	YES	но		* *		
				YB5 .	NO	¥83	МО		Did an MCL violation occur? Yes No.		
				XES .	NO	YES	Ю		Additional information). For systems collecting less than 40 samples per month: two or		
				YES	NO	YES	NO		more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).		
				TES	по	TES	110		For systems collecting 40 or more samples per month: more		
				728	ro	1	мо		than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).		
				YES	Ю	YE3	Ю		The original sample was E.coli positive and at least 1 repeat		
					NO.	YES	но		sample was positive for total coliform (= E.coli MCL violation).		
		ļ		TES	NO	YES	ю		Reminder: System must collect a minimum of five (5) routine		
				123	по	TES	100		microbiological monitoring samples during the month following a repeat sample collection.		
				YES	NO	YES	жо		As required by 5-1.72, "Operation of a Public Water System," a		
<u> </u>		<u> </u>		YES	NO	YES	300		copy of this form shall be sent to your local health department by the 10 th calendar day of the next reporting period.		
		<u> </u>	<u> </u>	725	NO	YES	то				
			<u> </u>	YES	NO	YES	NO	<u> </u>			
Sample Collector		A D	lua		na						
Name of NYSDO	1		are	N	na O	ly	مند	al	*		
Did any MCL vio	ation occur? If	so, please desci	ibe:	,0	0						
	<u> </u>								A STATE OF THE STA		
Did an emergence	y or low pressure	problem occur	? Did sou	irce wa	iter by	oass an	exist	ing treatmen	t process in the system? If so, please explain:		
A											
Comments:					-,						
											
							-				
DOH-360 (02/2005) P	age 2 of 2										