New York State Department of Health Bureau of Water Supply Protection

## WATER SYSTEM OPERATION REPORT

Microbiological Sample Results

Public Wate	er System Nan	16	. / 0	Reporting Mo	an.	Date Report Sub	mitted	Source Water Type (s)			
1,00	age c	Le derin	Harbor	() (0.70)	Y			□ Surface Ground □ GWUDI			
V	ange i	To o		02120	118	031051		Purchase with subsequent chlorination			
				, 1 1	-	.1: - 2:1:		Purchase w/ant subsequent chlorination			
	er System ID			County	01	Town, Village or	City				
NY	510	3700		Duff	olk	She	the.	Alul			
				Ch	lorination		(				
	Source(s) Treated water			Chlorine	Liquid Hypochlorite	Free chlorine	Calingar	#	Pha	~ . ]	
DATE	in we	volume (1,000 gallons/day)	Cylinder weight	used per	added to crock	residual at entry point	1221	Soda	Phil	PHI	
	Well #		(lbs.)	day (lbs.)	(gallons or quarts)	(mg/l)	The	ash	MGL PLETE	. , ,	
1											
2				<u> </u>		<b>_</b>		·	<b></b>		
3	<del> </del>			<del> </del>		<del> </del>					
. 5	<del>                                     </del>					<b> </b>					
6			out	05	Dewice	1					
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10 11	<del> </del>			<del> </del>	<del> </del>	-		<u> </u>	<b></b>		
12	<del>                                      </del>			<del> </del>	<del> </del>	<b> </b>	<b> </b>				
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14	<del>                                     </del>						1.				
15											
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21	<del> </del>			<del> </del>							
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26	+ -		-	+	<del> </del>	1	-	<del> </del>			
28	<del>                                     </del>	<b>†</b>									
29											
30											
31					-						
TOTAL		0	12.00		l Q		0	0	0	0	
AVG.		$\mathcal{O}$		at a	0	0	0	0		$\bigcirc$	
Chlorine Mix Rath. 4 quarts/gallons of 15 % chlorine added to 7/2 gallons of water in cro								vater in crock.			
Reported	by: HAP	Bowditch	<u> </u>	chief He: Wate	Operator	NYSDOH Op	erator Certifica	tion Number:	NYOOS	32762	
Signature	There	Bowotelst	De		Date: 3/5/	118	Operator	Grade Level: _	C		
	/ //		/		- /						

Sam Loca	le	Date of Sample	Sample Type 1.Routine 2. Repeat	Total Coliform Positive		E.coli Positive		Free Chlorine Residnal (mg/l)	Population Served: 125  Number of microbiological monitoring samples required:			
				YES	NO	725	300		Number of microbiological monitoring samples taken:			
				YES	NO	YES	100		Did an M&R violation occur? Yes□ No ☐ If "Yes," check reason (s) below:			
				Azal	NO NO	TES	70		Actual number of samples is fewer than required			
					_	느	=		Did not collect/analyze repeat sample Did not collect/analyze for E. coli for positive total coliform			
				E	то	XE2	NO		from routine / repeat sample			
		<u> </u>		YES	Ю	YES	МО		Did an MCL violation occur? Yes□ No □			
				YES .	NO	YES.	МО		If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).			
				AE2	NO	AE3	Ю		For systems collecting less than 40 samples per month: two or			
				YES	NO	XE2	NO		more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).			
				AEZ	ко	122	жо		For systems collecting 40 or more samples per month: more			
				YES	МО	YES	жо		than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).			
				YES	NO	YES	МО					
				YES	NO	YES	Ю		The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL			
				YES	NO	YES	180		violation).			
		<b> </b>		125	по	YES	ю		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a			
			<b></b>	YES	No	YES	160		repeat sample collection.			
		<b> </b>		YES	NO	VES	20	<b></b>	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			
			<del> </del>	믄		YES	жо		the 10 <sup>th</sup> calendar day of the next reporting period.			
		<del> </del>		YES	то	=	Inol		1			
<u> </u>	<u> </u>		1		NO	NES .		<u> </u>				
Sample Collector	(s): Per	y Got	elsue	~	_)_(	est		1 0				
Name of NYSDO	H Certified Labo	oratory:				ly	tre	al				
Did any MCL vi	ation occur? If	so, please descr	ribe:	No	>	0						
	<u> </u>											
* ;												
Did an emergenc	or low pressure	problem occur	? Did sou	irce wa	iter by	pass an	exist	ing treatmen	t process in the system? If so, please explain:			
	N	0										
	ļ											
Comments:												
-									,			
		,										
DOH-360 (02/2005) 1	2 - 52						v-					

## New York State Department of Health Bureau of Water Supply Protection

## WATER SYSTEM OPERATION REPORT

Microbiological Sample Results

Public Wate	er System Nan	ne /		Reporting Mo	nth/Y	Date Report Sub	mitted	Source Water Type (s)				
VW	loge	Allrenz	<b>-</b>	02120	1	031051	2018	□ Sunface To Ground □ GWUDI				
,	91	10-		0420	10.	.1: 1:11		Purchase with subsequent chlorination				
	Y W	arvoc						Perchase w/out subsequent chlorination				
	er System ID			County	01	Town, Village or	City					
NY	510	3700		Dust	odh	Street	uc d	Elail				
				Ch	lorination		(	Other Treatments / Readings				
		Treated water	Gas	seons .	Liquid	Free chlorine	Calquant	廿	Pl	0.1		
DATE	Source(s)	volume	Cylinder	Chlorine used per	Hypochlorite added to crock	residual at entry point	Elicat	Sodo	Phozplate M/GIL	PHI		
	in the	(1,000 gallons/day)	weight (lbs.)	day	(gallons of quarts)	(mg/I)	92	ash	MELLE	1		
1	33	. 4		(lbs.)		16	<u> </u>		.3	7.61		
2		3				,5			13	7.59		
3		7				1.6			13	7.56		
4		5				.7			,3	7.58		
. 5		4				.6			:3	7,55		
6 -		6				1.6			. 3	7.51		
7	<u> </u>	3				1,5	ļ		:3	7.64		
8	<u> </u>	5			<b></b>	1.7	<u> </u>		,3	7.63		
9	<u> </u>	3			<u> </u>	1	<b></b>		,3 ,3	7.50		
10	<del> </del>	6		<b></b>		عاد ا	<del> </del>			7.51		
11	<u> </u>	3				9.			13	7.52		
12	<u> </u>	6		ļ		ع. ا	<del> </del>	ļ., ·	,3	7.58		
13	<u> </u>	6			<u> </u>	1 .6	<del> </del>	<del> </del>	13	7.53		
14	<u> </u>	3			<del> </del>	9.	<del>                                     </del>		13	7.54		
15	<del> </del>	5		-	<u> </u>	1.6	<del> </del>		14	7.54		
16	<u> </u>	6	<b></b>		<del> </del>	16	<del> </del>	<del>                                     </del>	14	7.53		
18	<del> </del>	- 6	<u> </u>		<del> </del>	9.6	<del> </del>	<del> </del>	1.4	7.56		
19	<del> </del>	6		<del> </del>	<del> </del>	1 7		32#	14	7.51		
20	<del> </del>	0	<u> </u>			1.6	<del> </del>	100	.4	7.48		
21	<del>                                     </del>	4				16			14	7.57		
22	<del>                                     </del>	1 7		1	<del>                                     </del>	1 .6	1		14	7.61		
23	<del>                                     </del>	14				1.6	1		.4	7.56		
24		5				16			.4	7.61		
25		6				1 6			,4	7,58		
26		5				1.6			,3 ,3	7.60		
27		. 0				16		ļ	13	7.50		
28	<u> </u>	4			-	16		<b></b>	.3	1.65		
29	<del> </del>				<b></b>	<del></del>	-	<b> </b>	<del> </del>			
30	<del> </del>	ļ · · · · · · · · · · · · · · · · · · ·	ļ	+	-		<del> </del>	-	-			
31		107 -66			<del>   </del>		1	70#	91	211/0		
TOTAL	5	127,000			0		0	32#	9.4	211.69		
AVG	<u>.</u>	4,536			0	0.60	0	1.14#	0.34	7.56		
Chlorine l	Mix Rati-		A quarta/	gallons of	18	> − % chlorine a	dded to	フタ	gallons of	water in crock.		
	11 -	7 111	T	chief	o t				17400	1327/>		
Reported	by: #AP	Dowditch	TI NO	tle: Wate	- Operato	≥ NYSDOH Op /	erator Certifica	ation Number:	0	32762		
Signature	Signature: Kap Saw Tull Date; 3/5/18 Operator Grzde Level:											

Microbiological Samples and Free Chlorine Residual									
Samile Location	Date of Sample	Sample Type 1.Routine 2.Ropest	To Colif Posi	form	E.c. Posit		Free Chlorine Residual (mg/l)	Population Served: (25  Number of microbiological monitoring samples required:	
MaintenceBulding	2/13/18	,	725	100	783	<b>6</b>	0.4	Number of microbiological monitoring samples taken:	
7	1 1 1 10	-	YES	310	783	IXO		Did an M&R violation occur? Yes□ NolY If "Yes," check reason (s) below:	
			-	МО	1	жо		Actual number of samples is fewer than required	
			-	mo	723	жо		Did not collect/analyze repeat sample Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample	
			1225	NO	YES	180		i -	
			YES.	180	253	жо		Did an MCL violation occur? Yes Noll No. 11 No. 12 No. 14 No. 15	
			729	NO	Trans	140		Additional information).	
			YES	NO	YES	МО		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).	
			1	140	YES	100		For systems collecting 40 or more samples per month; more	
				INO.		=0		than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).	
			125	100		<b>30</b>		The original sample was E.coli positive and at least 1 repeat	
			125	150	YRS	<b>BO</b>		sample was positive for total coliform (= E.coli MCL violation).	
			143	NO	YES	120		Reminder: System must collect a minimum of five (5) routine	
				[RO]		50		microbiological monitoring samples during the month following a repeat sample collection.	
			¥283	100	YES	260		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	
			YES .	190	Y85	200		the 10 <sup>th</sup> calendar day of the next reporting period.	
			723	140		NO			
	000	<b>i</b>	1-1		TES]	NO			
Sample Collectors: ( Derry	1	man.	0	es	<u>Cu</u>	7	. 0	The second secon	
Name of NYSDOM Certified Labo	2000 2000 <del>2</del> 0080 000	<u> </u>	<u>\c</u>	ne	<u> </u>	J	Ual		
Did any MCL violation occur? If:	so, please descr	ıbc:	w			•			
							··		
				**********	~~~				
Did an emergency or low pressure	problem occur	7 Did sou	rce wa	ter by	ess an	existi	ng treatment	process in the system? If so, please explain:	
	P				_				
			.,						
Comments:									
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				****		····			

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