

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

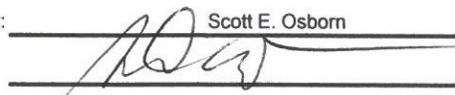
Water Systems Operation Report

For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align:center; font-size: 1.2em;">Taconic DDSO</p>	Reporting Month/Year <p style="text-align:center;">0 1 / 2 0 1 8 M M Y Y Y Y</p>	Date Report Submitted <p style="text-align:center;">0 2 / 0 8 / 2 0 1 8 M M D D Y Y Y Y</p>	Source 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 <p style="font-size: 1.2em;">NY 1 3 1 0 2 9 1</p>	County <p style="text-align:center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align:center; font-size: 1.2em;">Amenia</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment					
			Gaseous		Liquid	Free Chlorine Residual (mg/l)						
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite used (Gallons)							
1	1, 5	43.1			1.0	0.8						
2	1, 2, 5	56.1				1.0						
3	1, 2, 5	73.8			1.0	1.0						
4	1, 2, 5	95.0			1.0	1.1						
5	1, 2, 5	120.0			2.0	1.0						
6	1, 2, 5	120.9			1.0	0.8						
7	1, 2, 5	92.5				1.0						
8	1, 2, 5	102.6			1.0	0.8						
9	1, 2, 5	110.6			2.0	1.0						
10	1, 5	64.8			1.0	1.2						
11	1, 2, 5	43.8			1.0	1.1						
12	1, 2, 5	47.5				1.2						
13	1, 5	30.7				1.3						
14	1, 5	30.2				0.9						
15	1, 5	41.0			1.0	0.6						
16	1, 5	41.6				0.8						
17	1, 2	41.2			1.0	0.6						
18	1, 2, 5	40.7			1.0	0.5						
19	1, 2, 5	46.7			1.0	0.5						
20	1, 2, 5	36.2				1.0						
21	1, 5	50.9				1.2						
22	1, 5	45.2			1.0	1.8						
23	1, 5	52.1				1.5						
24	1, 5	37.1				1.3						
25	1, 5	47.2			1.0	1.0						
26	1, 2, 5	38.2				1.5						
27	1, 2, 5	43.7				1.0						
28	1, 2, 5	37.0				1.1						
29	1, 2, 5	73.4			1.0	1.3						
30	1, 2, 5	40.4				1.2						
31	1, 2, 5	40.5				1.1						
Total		1784.8			18.0							
Aver.		58.1				1.0						

Chlorine Mix Ratio = 100 Gallons/ of 12 % chlorine added to 0 gallons of water in crock

Reported by: Scott E. Osborn Title Area Manager Certification Number: NY0034351
 Signature:  Date 2/8/2018 Operator Grade Level: IIA, 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)	Population Served: <input type="text" value="99"/>
Water plant	1/3/2018	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.0	Number of microbiological monitoring samples required: <input type="text" value="1"/>
Services Bldg	1/16/2018	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	Number of microbiological monitoring samples taken: <input type="text" value="2"/>
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Sample Collector(s): Ed Holmes & Scott Osborn

Name of NYSDOH Certified Laboratory: Smith Environmental Laboratory

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: Cleaned flow sensor. Cleaned chlorine injection points.



CERTIFICATE OF ANALYSIS

NY ELAP ID: 10924 / NJ: NY032 / PA: 68-05361

Report To: **VRI Environmental**
PO Box 943
Millbrook, NY 12545
Attention: Dale Post

Lab No: **S026013**
Reported: **01/19/18**
PO:

Project: **Taconic DDSO - PWS NY1310291**

Lab ID: S026013-01
Sample ID: Services Bldg
Field Chlorine (mg/L): 0.7

Date Collected: 01/16/18 12:55
Date Received: 01/16/18 14:40

Matrix: Drinking Water
Collected By: Scott Osborn

Microbiological Parameters

Analyte	Results	Flag	Units	RDL	MCL	MDL	Method	Analyzed	Analyst
Total Coliform	Absent		CFU/100 ml	1	1	0	SM 22 9223B	01/16/18 16:50	BD
E. Coli	Absent		CFU/100 ml	1	1	0	SM 22 9223B	01/16/18 16:50	BD

*** Explanation of Bacteriological Test Results:**

Total Coliform test result of "ABSENT" or "< 1" (Less Than 1) indicates that the water sample DOES MEET EPA drinking water standards.

Total Coliform test result of "PRESENT" or a test result expressed as any number other than "< 1" indicates that the water sample DOES NOT MEET EPA drinking water standards.

Notes and Definitions

- CFU Colony Forming Units
- MPN Most Probable Number
- RDL Reporting Detection Limit
- MCL Maximum Contaminant Level
- < Less than reporting limit
- ML Milliliters
- SUB Analysis performed by a subcontract laboratory

Smith Environmental Laboratory

Briana Repetti

Briana Repetti For John Eisenhardt, Technical Director

Smith Environmental Laboratory is approved as an environmental testing laboratory in conformance with the National Environmental Laboratory Accreditation Conference (NELAP) Standards. This test report pertains only to the above items analyzed on this sample as received by the laboratory. Information supplied by the client is assumed to be correct. This report must be reproduced in its entirety.



Smith Environmental Laboratory
 4 Scenic Drive
 Hyde Park, NY 12538
 845-229-6536

CERTIFICATE OF ANALYSIS

NY ELAP ID: 10924 / NJ: NY032

Report To: VRI Environmental
 PO Box 943
 Millbrook, NY 12545

Lab No: S025715
Reported: 01/04/18
PO:

Attention: Dale Post

Project: Taconic DDSO - PWS NY1310291

Lab ID: S025715-01
Sample ID: Water Plant
 Field Chlorine (mg/L): 1

Date Collected: 01/03/18 08:30
Date Received: 01/03/18 14:25

Matrix: Drinking Water
Collected By: Ed Holmes

Microbiological Parameters

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>RDL</u>	<u>MCL</u>	<u>MDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Analyst</u>
Total Coliform	Absent		CFU/100 ml	1	1	0	SM 22 9223B	01/03/18 16:05	KO
E. Coli	Absent		CFU/100 ml	1	1	0	SM 22 9223B	01/03/18 16:05	KO

Smith Environmental Laboratory

Nicole Coenen For John Eisenhardt, Technical Director

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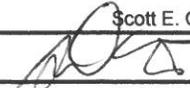
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

Water Systems Operation Report
For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align:center; font-size: 1.2em;">Taconic DDSO</p>	Reporting Month/Year <p style="text-align:center;">0 2 / 2 0 1 8 M M Y Y Y Y</p>	Date Report Submitted <p style="text-align:center;">0 3 / 0 8 / 2 0 1 8 M M D D Y Y Y Y</p>	Source 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 <p style="font-size: 1.2em;">NY 1 3 1 0 2 9 1</p>	County <p style="text-align:center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align:center; font-size: 1.2em;">Amenia</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment							
			Gaseous		Liquid	Free Chlorine Residual (mg/l)								
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite used (Gallons)									
1	1, 2, 5	44.3			1.0	1.2								
2	1, 2	37.7				1.3								
3	1, 2, 5	37.3				1.4								
4	1, 2	36.6				1.2								
5	1, 2, 5	44.3			1.0	1.0								
6	1, 2	45.8				0.8								
7	2, 5	45.8				1.0								
8	1, 5	44.9			1.0	0.9								
9	1, 5	44.9				0.9								
10	1, 5	45.4				1.0								
11	1, 5	50.6			1.0	0.8								
12	1, 5	48.7				0.8								
13	1, 5	45.7			1.0	0.8								
14	1, 2, 5	47.8			2.0	0.9								
15	1, 2, 5	30.8			2.0	0.8								
16	1, 2	149.8			2.0	0.9								
17	1, 2, 5	69.6				0.8								
18	1, 2, 5	53.0			1.0	0.7								
19	1, 2, 5	39.6				0.7								
20	1, 2, 5	74.2			1.0	1.0								
21	1, 2, 5	109.2			1.0	1.4								
22	1, 2, 5	38.7				1.0								
23	2	54.7			1.0	1.0								
24	1	38.4			1.0	0.8								
25	1, 2, 5	38.6				0.8								
26	1, 2	38.5				0.8								
27	1, 2	43.7			1.0	0.9								
28	1, 2, 5	44.8				0.8								
29														
30														
31														
Total		1443.3			17.0									
Aver.		51.5				0.9								

Chlorine Mix Ratio = 100 Gallons/ of 12 % chlorine added to 0 gallons of water in crock

Reported by: Scott E. Osborn Title Area Manager Certification Number: NY0034351
 Signature:  Date 3/8/2018 Operator Grade Level: I/A, I/B, 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)	Population Served: <input type="text" value="99"/>
66 Sinpatch Rd	2/13/2018	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.1	Number of microbiological monitoring samples required: <input type="text" value="1"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <input type="text" value="1"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		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.
			<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		

Sample Collector(s): Mike Paolucci

Name of NYSDOH Certified Laboratory: Smith Environmental Laboratory

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: _____



SMITH
ENVIRONMENTAL
LABORATORY

Smith Environmental Laboratory
4 Scenic Drive
Hyde Park, NY 12538
845-229-6536

CERTIFICATE OF ANALYSIS

NY ELAP ID: 10924 / NJ: NY032

Report To: VRI Environmental
PO Box 943
Millbrook, NY 12545

Lab No: S026615
Reported: 02/15/18
PO:

Attention: Dale Post

Project: Taconic DDSO - PWS NY1310291

Lab ID: S026615-01
Sample ID: 66 Sinpatch Rd. Kitchen Sink
Field Chlorine (mg/L): 1.1

Date Collected: 02/13/18 11:15
Date Received: 02/13/18 14:14

Matrix: Drinking Water
Collected By: Michael Paolucci

Microbiological Parameters

Analyte	Results	Flag	Units	RDL	MCL	MDL	Method	Analyzed	Analyst
Total Coliform	Absent	M1	CFU/100 ml	1	1	0	SM 22 9223B	02/13/18 16:15	KO
E. Coli	Absent	M1	CFU/100 ml	1	1	0	SM 22 9223B	02/13/18 16:15	KO

Smith Environmental Laboratory

Nicole A. Coenen

Nicole Coenen For Noelle Zielinski, Lead Technical Director

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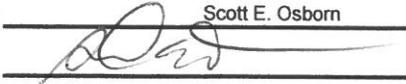
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection

Water Systems Operation Report
For Systems that Treat with Chlorine and/ or Ultraviolet Radiation

Public Water System Name <p style="text-align:center; font-size: 1.2em;">Taconic DDSO</p>	Reporting Month/Year <p style="text-align:center;">0 3 / 2 0 1 8 M M Y Y Y Y</p>	Date Report Submitted <p style="text-align:center;">0 4 / 0 4 / 2 0 1 8 M M D D Y Y Y Y</p>	Source 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 <p style="font-size: 1.2em;">NY 1 3 1 0 2 9 1</p>	County <p style="text-align:center; font-size: 1.2em;">Dutchess</p>	Town, Village or City <p style="text-align:center; font-size: 1.2em;">Amenia</p>	

DATE	Source (s) In Use	Treated Water Volume (1,000 gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatment			
			Gaseous		Liquid	Free Chlorine Residual (mg/l)				
			Cylinder Weight	Chlorine Use (Lbs. /Day)	Hypochlorite used (Gallons)					
1	1, 2, 5					1.0				
2	1, 2, 5	37.8								
3	1, 2, 5	75.7			1.0	0.5				
4	1, 2, 5	39.9				0.7				
5	1, 2, 5	53.3				0.6				
6	1, 2, 5	54.3				0.7				
7	1, 2, 5	40.7			1.0	0.8				
8	1, 2, 5	54.1				0.7				
9	1, 2, 5	39.7			1.0	0.8				
10	1, 2, 5	54.7			1.0	0.8				
11	1, 2, 5	42.2			1.0	0.7				
12	1, 2, 5	53.7				0.7				
13	1, 2, 5	55.2			1.0	0.7				
14	1, 2, 5	45.5				0.7				
15	1, 2, 5	48.7				0.7				
16	1, 2, 5	43.6				0.9				
17	1, 2, 5	49.9			1.0	0.8				
18	1, 2, 5	53.5				0.5				
19	1, 2, 5	49.9			1.0	0.8				
20	1, 2, 5	45.5			1.0	0.8				
21	1, 2, 5	54.1				0.7				
22	1, 2, 5	38.9				0.7				
23	1, 2, 5	64.5				0.3				
24	1, 2, 5	44.1				0.4				
25	1, 2, 5	50.0			1.0	1.0				
26	1, 2, 5	54.9				0.7				
27	1, 2, 5	39.7				0.8				
28	1, 2, 5	55.1			1.0	0.8				
29	1, 2, 5	44.0				0.8				
30	1, 2, 5	45.2			1.0	0.8				
31	1, 2, 5	48.7				0.8				
Total		1477.3			12.0					
Aver.		49.3				0.7				

Chlorine Mix Ratio = 100 Gallons/ of 12 % chlorine added to 0 gallons of water in crock

Reported by: Scott E. Osborn Title Area Manager Certification Number: NY0034351
 Signature:  Date 4/4/2018 Operator Grade Level: IIA, 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)	Population Served: <u>99</u>
51 Sinpatch Rd	3/8/2018	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.1	Number of microbiological monitoring samples required: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of microbiological monitoring samples taken: <u>1</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason (s) below: <input type="checkbox"/> Actual number of samples is fewer than required. <input type="checkbox"/> Did not collect/analyze repeat sample. <input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		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.
			<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		

Sample Collector(s): Mike Paolucci

Name of NYSDOH Certified Laboratory: Smith Environmental Laboratory

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: Cleaned flow sensor. Cleaned chlorine injection points.

Plant not checked on 3/2/18 due to major Storm. Roads were in passable due to numerous downed trees. Multiple attempts were made to visit the facility.



Smith Environmental Laboratory
 4 Scenic Drive
 Hyde Park, NY 12538
 845-229-6536

CERTIFICATE OF ANALYSIS

NY ELAP ID: 10924 / NJ: NY032

Report To: VRI Environmental
PO Box 943
Millbrook, NY 12545
Attention: Dale Post

Lab No: S027227
Reported: 03/13/18
PO:

Project: Taconic DDSO - PWS NY1310291

Lab ID: S027227-01
Sample ID: 51 Sinpatch Rd Kitchen Sink
 Field Chlorine (mg/L): 1.1

Date Collected: 03/08/18 11:35
Date Received: 03/08/18 14:55

Matrix: Drinking Water
Collected By: Michael Paolucci

Microbiological Parameters

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>RDL</u>	<u>MCL</u>	<u>MDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Analyst</u>
Total Coliform	Absent	M1	CFU/100 ml	1	1	0	SM 22 9223B	03/08/18 16:20	KO
E. Coli	Absent	M1	CFU/100 ml	1	1	0	SM 22 9223B	03/08/18 16:20	KO

Smith Environmental Laboratory

Nicole A. Coenen

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Nicole Coenen For Noelle Zielinski, Lead Technical Director