

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

**Water Systems Open
Microbiological Sampling**

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source of Water Supply:
Village of Salem Water Department	September 2017		
Public Water System ID	County	Town, Village, or City	
5730106	Washington	Village of Salem	

DATE	Treated water volume (1,000 gallons/day)		Chlorination				Other Treatments / Readings		
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	orthophosphate residual		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)				
1	74209					0.99	1.18		
2	43568					0.98	1.36		
3	48165					0.95	1.28		
4	34056					0.9	1.08		
5	48039					0.94	1.41		
6	34096					0.96	1.23		
7	50731					1.11	1.92		
8	36242					0.91	1.66		
9	49193					0.98	1.54		
10	33624					0.88	1.31		
11	48833					0.89	1.32		
12	185011					1.08	0.7		
13	211794					1.28	1.49		
14	63536					1.2	1.22		
15	44760					1.1	0.51		
16	37630					1.11	0.6		
17	50359					1.09	0.74		
18	38984					1.26	0.71		
19	58352					1.24	0.76		
20	85213					1.29	0.92		
21	46613					1.24	0.8		
22	37368					1.11	1.08		
23	48525					1.12	1.49		
24	33520					1.13	1.4		
25	51833					1.07	1.46		
26	89552					1.32	1.52		
27	81321					1.24	1.63		
28	80405					0.89	1.45		

29	74359					1.2	1.53		
30	31160					1.18	1.36		
Total	1851051	0		0	0		36.66	0	
AVG.	61701.7	#DIV/0!		#DIV/0!	#DIV/0!	1.088	1.222	#DIV/0!	#DIV/0!

Does a M&AR violation exist? **No** Does an MCL violation exist **No** Population Served **915**

Did an emergency occur in any part of the water system? **No** Does the system have a disinfection waiver? **No**

Reported by Travis Keys, Title: Water Plant Operator, Certification Number NY0041140

Signature: _____ Date: _____ Operator Grade Level **C**