

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

**Water Systems Open  
Microbiological Sam**

<b>Public Water System Name</b>	<b>Reporting Month/Year</b>	<b>Date Report Submitted</b>	<b>Source of Water Supply:</b>
<b>Town of Salem Water Department</b>	<b>January 2020</b>	<b>43864</b>	
<b>Public Water System ID</b>	<b>County</b>	<b>Town, Village, or City</b>	
<b>5730106</b>	<b>Washington</b>	<b>Town of Salem</b>	

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	43287					1.44	1.39		
2	31660					1.25	0.92		
3	32254					1.23	1.14		
4	36600					1.29	0.89		
5	33813					1.28	0.89		
6	34841					1.25	1.06		
7	54077					1.29	1.17		
8	42266					1.26	1.14		
9	39069					1.37	1.09		
10	26014					1.15	1.12		
11	61916					1.27	0.98		
12	34346					1.21	0.95		
13	40040					1.17	1.1		
14	38580					1.14	1.03		
15	17480					1.27	1.14		
16	41309					1.1	0.82		
17	29856					1.19	1.28		
18	69724					1.26	1.23		
19	33801					1.28	1.14		
20	25400					1.26	1.09		
21	22436					1.22	1.06		
22	57223					1.23	1		
23	73576					1.37	1.14		
24	56622					1.41	1.09		
25	56912					1.19	0.98		
26	60400					1.2	0.92		
27	98369					1.31	1.14		
28	57852					1.24	1.13		

29	<b>62104</b>					<b>1.37</b>	1.17		
30	<b>52620</b>					<b>1.29</b>	1.15		
31	<b>30451</b>					<b>1.28</b>	0.97		
<b>Total</b>	<b>1394898</b>	0		0	0		33.32	0	
<b>AVG.</b>	<b>14996.7096</b>	#DIV/0!		#DIV/0!	#DIV/0!	<b>26032258</b>	1.0748	#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 Eric Rogers Title: Water Plant Operator Certification Number NY0036794

Signature: \_\_\_\_\_ Date: 43864 Operator Grade Level C