

**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:
Town of Salem Water Department	November 2019		
Public Water System ID	County	Town, Village, or City	
5730106	Washington	Town 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	49753					1.52	1.07		
2	34004					1.67	1.22		
3	47416					1.78	1.36		
4	65188					1.78	1.23		
5	35683					1.76	1.33		
6	34174					1.68	1.27		
7	35135					1.79	1.54		
8	39981					1.76	1.11		
9	38005					1.77	1		
10	42534					1.72	0.99		
11	34027					1.72	1.08		
12	42872					1.64	1.02		
13	31505					1.67	1.14		
14	50931					1.57	1.11		
15	38112					1.59	1.07		
16	62557					1.77	0.99		
17	31980					1.69	0.79		
18	40910					1.66	0.83		
19	39029					1.68	0.99		
20	49581					1.65	1.48		
21	39582					1.63	1.46		
22	60757					1.54	1.35		
23	30144					1.44	1.23		
24	53946					1.19	1.18		
25	30648					1.27	1.37		
26	54174					1.21	1.47		
27	52347					1.28	1.44		
28	59408					0.94	1.64		

29	52337					1.03	1.7		
30	33450					0.94	1.33		
Total	1310170	0		0	0		36.79	0	
AVG.	13672.3333	#DIV/0!		#DIV/0!	#DIV/0!	54466666	1.226333333	#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: _____ Operator Grade Level **C**