

Water Systems Operation Report
Microbiological Sample Results

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source of Water Supply:
Town of Salem Water Department	August 2023	2023年9月5日	
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	50660				1.39	1.11			
2	32900				1.34	1			
3	54240				1.41	1			
4	63422				1.32	1.14			
5	40220				1.34	0.96			
6	35854				1.35	0.94			
7	56492				1.37	0.98			
8	34768				1.28	0.84			
9	43244				1.28	0.85			
10	32692				1.31	0.89			
11	49308				1.58	0.98			
12	53724				1.5	0.92			
13	39670				1.38	0.88			
14	58482				1.29	0.94			
15	52044				1.26	0.91			
16	38500				1.26	0.78			
17	63036				1.22	0.76			
18	43616				1.22	0.95			
19	39460				1.2	0.83			
20	46160				1.28	0.82			
21	58508				1.28	0.89			
22	41560				1.28	0.89			
23	39936				1.26	0.91			
24	34404				1.29	1.03			
25	44480				1.27	1.02			
26	36216				1.15	0.98			
27	44128				1.28	0.98			
28	36328				1.28	0.92			
29	44696				1.27	0.82			
30	32880				1.41	0.67			
31	48540				1.27	0.92			
Total	1390168	0		0	0		28.51	0	0
AVG.	344.12903225						032258064	0.9197	

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: 2023年9月5日 Operator Grade Level C

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"/>
						Number of microbiological monitoring samples required: <input type="text"/>
						Number of microbiological monitoring samples taken: <input type="text"/>
						Did an M&R violation occur
						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.
						Did an MCL violation occur?
						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).
						Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
						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.

Sample Collector(s): _____

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe: _____

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, describe: _____

Comments: _____

