## NEW YORK STATE DEPARTMENT OF HEALTH

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## Water Systems Operation Report Microbiological Sample Results

Bureau of Water Supply Protection				Microbiological Sample Results						
Public Water System Name Repo				eporting Month/Year Date Report Subm		itted	Source of Wa	ater Supply:		
Town of Salem Water Department No				November 2023 2023年12月5日		I				
Public Water System ID					County		Town, Village, or City			
5730106				V	Vashington	Town of Salen		n		
				Chlorination				Other Treatments / Readings		
	Treated water volume (1,000 gallons/day)		Gaseous Cylinder C		ous Liquid Chlorine					
DATE			weight (lbs.)		Hypochlorite added to crock (gallons or quarts)	Free chlorine residual at entry point (mg/l)	orthophosphate residual			
1	44248					1.27	0.98			
2	37896					1.38	0.9			
3	42520					1.36	1.08			
4	36356					1.35	0.81			
5	38432					1.38	1.09			
6	36808					1.36	1.07			
7	43792		1			1.28	1.01			
8	38459					1.5	0.88			
9	45056					1.5	0.95			
10	24957					1.45	0.91			
11	52160					1.42	0.85			
12	37860					1.48	0.84			
13	42312					1.64	0.81			
14	38836					1.57	0.88			
15	42400					1.59	0.89			
	37660		<u> </u>			1.54	0.84			
16	43736					1.52	0.81			
17	37700		-			1.46	0.94			
18	39000					1.38	1.06			
19 20	36796					1.38	1.00			
21	42632					1.54	0.88			
22	39796					1.51	0.8			
23	47296					1.25	0.86			
24	37584					1.54	1			
25	40672					1.58	1.76			
26	34588					1.49	0.88			
27	39160					1.49	0.94			
28	15540					1.52	0.89			
29	59040		-			1.65	0.86			
30	38680					1.56	0.81			
Total	1191972	0		0	0		28.28	0	0	
AVG.	39732.4					46666666	0.942666666666667			
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						NY0036794				
Signature:	: <u></u>				Date: <b>2023年12月5日</b>			Operator Grade Level		

Microbiological	Samples and l	Free Chlori	ine Resid	dual		
Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served:
		z.Nepeat	Positive			Number of microbiological monitoring samples required:
						Number of microbiological monitoring samples taken:
						Did an M&R violation occ
				1		If "Yes," check reason (s) below:
				1		Actual number of samples is fewer than required.  Did not collect/analyze repeat sample.
						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).
						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).
						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).
						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 capy of this form
						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 Certific	ed Laboratory:					
Did any MCL violation occ	cur? If so, please descr	ibe:				
Did an emergency or	low pressure prol	olem occur? I	Oid source	water bypas	s an existing treatm	ent process in the system? If so
Comments:						
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