NEW YORK STATE DEPARTMENT OF HEAL

Bureau of Water Supply Protection

Water Systems Operation Report
Microbial Sample Results

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
WWD#1 - Kensico Dam	Dec '15	01/06/16	Surface Water
Public Water System ID	**County**	**Town, Village, or City**	
NY 5903488	Westchester	Valhalla	

DATE	Source(s) in Use	Treated water volume (1,000 gallons/day)	Chlorination: Liquid Hypochlorite added to crock (gallons)	Chlorination: Free chlorine residual at entry point (mg/l)	Other Treatments / Readings: Caustic Gal Used	Other Treatments / Readings: Ortho Gal Used	Other Treatments / Readings: Treated Turb
1	Kensico Res.	6,167	120	1.61	85	30	0.60
2	Kensico Res.	6,190	110	1.70	80	31	0.62
3	Kensico Res.	6,380	115	1.68	85	32	0.70
4	Kensico Res.	6,330	114	1.65	77	29	0.75
5	Kensico Res.	6,000	101	1.68	77	32	0.71
6	Kensico Res.	6,388	115	1.70	81	29	0.73
7	Kensico Res.	6,230	85	1.62	80	33	0.75
8	Kensico Res.	6,726	120	1.65	75	34	0.72
9	Kensico Res.	6,201	85	1.70	80	30	0.74
10	Kensico Res.	6,083	95	1.65	75	28	0.75
11	Kensico Res.	6,577	105	1.60	75	30	0.85
12	Kensico Res.	5,705	100	1.41	70	30	0.82
13	Kensico Res.	6,113	105	1.56	80	32	0.83
14	Kensico Res.	6,511	125	1.60	75	45	0.78
15	Kensico Res.	6,125	105	1.65	75	43	0.84
16	Kensico Res.	6,195	125	1.56	70	30	0.80
17	Kensico Res.	6,016	105	1.66	65	30	0.80
18	Kensico Res.	6,421	96	1.80	70	31	0.75
19	Kensico Res.	5,803	102	1.68	61	31	0.79
20	Kensico Res.	6,642	102	1.60	69	33	0.77
21	Kensico Res.	6,026	105	1.65	70	33	0.75
22	Kensico Res.	6,130	105	1.65	65	32	0.80
23	Kensico Res.	6,165	105	1.66	75	35	0.83
24	Kensico Res.	6,143	97	1.64	71	29	0.82
25	Kensico Res.	6,200	114	1.54	70	33	0.81
26	Kensico Res.	6,200	95	1.64	66	29	0.94
27	Kensico Res.	5,420	104	1.50	63	32	0.93
28	Kensico Res.	6,360	110	1.60	65	32	0.82
29	Kensico Res.	6,285	95	1.71	60	30	0.85
30	Kensico Res.	5,947	90	1.74	60	40	0.84
31	Kensico Res.	6,870	115	1.71	65	35	0.78
Total		**192,549**	**3,265**		**2,235**	**1,003**	
AVG.		**6,211**	**105**	**1.64**	**72**	**32**	**0.78**

Chlorine Mix Ratio: _____ qts/gals of _____ % chlorine added to _____ gals of water

Reported by: M. Ferraro Title: S.O.W. NYS DOH Operator Certification Number: N40030241

Signature: [signature] Date: 1/5/16 Operator Grade Level IB

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Public Water Supply Protection

Water Systems Operation Report

UNFILTERED SURFACE WATER SYSTEMS

Instructions: Complete form and submit to your local health unit within 10 days of the close of the reporting month.

NAME OF PUBLIC WATER SYSTEM	PROGRAM CODE	STATION (NUMBER)	REPORTING MONTH/YEAR
WESTCHESTER COUNTY WATER DISTRICT NO. 1	100	05903488	Dec '15

Location VALHALLA (C.V.T.) County WESTCHESTER

RAW WATER TURBIDITY

DATE	0000	0400	0800	1200	1600	2000
1	0.53	0.52	0.57	0.55	0.55	0.56
2	0.53	0.52	0.57	0.59	0.61	0.62
3	0.59	0.60	0.66	0.64	0.62	0.57
4	0.59	0.61	0.68	0.66	0.64	0.62
5	0.58	0.58	0.64	0.66	0.61	0.62
6	0.64	0.64	0.64	0.69	0.66	0.68
7	0.65	0.62	0.71	0.70	0.67	0.70
8	0.67	0.66	0.66	0.67	0.63	0.63
9	0.64	0.66	0.71	0.69	0.70	0.73
10	0.75	0.72	0.77	0.79	0.74	0.75
11	0.72	0.74	0.76	0.73	0.72	0.72
12	0.72	0.72	0.72	0.75	0.72	0.72
13	0.70	0.68	0.66	0.70	0.69	0.71
14	0.70	0.69	0.71	0.72	0.72	0.71
15	0.71	0.73	0.80	0.72	0.75	0.72
16	0.65	0.69	0.76	0.71	0.69	0.75
17	0.71	0.72	0.75	0.72	0.74	0.70
18	0.69	0.65	0.73	0.72	0.70	0.69
19	0.69	0.69	0.69	0.70	0.73	0.71
20	0.71	0.68	0.67	0.68	0.70	0.67
21	0.66	0.65	0.68	0.67	0.64	0.67
22	0.68	0.68	0.69	0.71	0.72	0.69
23	0.72	0.70	0.71	0.78	0.82	0.82
24	0.81	0.73	0.77	0.83	0.86	0.88
25	0.94	0.91	0.76	0.74	0.75	0.77
26	0.76	0.83	0.84	0.87	0.83	0.83
27	0.81	0.89	0.85	0.89	0.86	0.93
28	0.89	0.83	0.78	0.79	0.75	0.78
29	0.79	0.83	0.82	0.78	0.82	0.78
30	0.77	0.77	0.81	0.81	0.81	0.83
31	0.84	0.78	0.78	0.74	0.81	0.77

DATE	Total Coliform per 100 ml, Colonies	Fecal Coliform per 100ml, Colonies
1	1.8	<1.8
2	4.5	<1.8
3		
4	<1.8	<1.8
5		
6		
7	2.0	<1.8
8	2.0	<1.8
9	<1.8	<1.8
10	1.8	1.8
11	<1.8	<1.8
12		
13		
14	4.5	<1.8
15	<1.8	<1.8
16	2.0	<1.8
17	1.8	<1.8
18	2.0	<1.8
19		
20		
21	2.0	<1.8
22	<1.8	<1.8
23	<1.8	<1.8
24	4.5	2.0
25		
26	11.0	6.8
27		
28	<1.8	<1.8
29	2.0	<1.8
30	2.0	2.0
31	2.0	2.0

1. Record raw water turbidity values every four hours.

2. Notify state by the end of the next business day whenever the raw water turbidity exceeds 5 NTU.

3. Population served N/A

4. Minimum number of microbiological samples required per week N/A

5. A daily microbiological sample is required every day the raw water turbidity exceeds 1 NTU.

(OVER)

Westchester County Water District #1

LT2 Compliant water report 2015

December	LT2 Compliant Water Gal.	Non Compliant Water Gal.
White Plains	0	195,549,000
Scarsdale	108,457,000	0
Yonkers	160,361,000	0
Mount Vernon	268,411,000	0
Monthly Total	537,229,000	195,549,000

8-2015 AJD

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)
Shaft 22	12/01/15	1	No	No	1.92
Shaft 22	12/03/15	1	No	No	1.75
Shaft 22	12/07/15	1	No	No	1.75
Shaft 22	12/09/15	1	No	No	1.83
Shaft 22	12/15/15	1	No	No	2.00
Shaft 22	12/17/15	1	No	No	1.57
Shaft 22	12/23/15	1	No	No	1.67
Shaft 22	12/26/15	1	No	No	1.51

Population Served: _____

Number of microbiological monitoring samples required: 8

Number of microbiological samples taken: 8

Did an M&R violation occur? No

If "Yes", check reason(s) below:

- ____ Actual number of samples is fewer than required.
- ____ Did not collect/analyze repeat samples.
- ____ Did not collect/analyze for E.coli for positive total coliform from routine/repeat sample.

Did an MCL violation occur? No

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 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): Larry Dema, Fred McQuillan

Name of NYSDOH Certified Laboratory: WCDLR 10108

Did any MCL violations 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, please explain.

Comments: _____