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Robert P. Astorino
County Executive

Department of Environmental Facilities

Thomas J. Lauro, P.E.
Commissioner

June 8, 2016

EES Case Management Unit
Environment and Natural Resources Division
U.S. Department of Justice
P.O. Box 7611
Washington, D.C. 20044-7611

Chief, Water Compliance Branch
Division of Enforcement and Compliance Assistance
U.S. Environmental Protection Agency, Region II
290 Broadway, 20th Floor
New York, NY 10007

Chief, Water and General Law Branch
Office of Regional Counsel
U.S. Environmental Protection Agency, Region II
290 Broadway, 16th Floor
New York, NY 10007

Re: DJ # 90-5-1-1-10536

To Whom Ever This May Concern:

Enclosed herewith is Westchester County's May 2016 Monthly Operating Report.

Sincerely,

Anthony Della Valle, P.E.
Director, Wastewater Treatment

cc: Andrew E. Krause, via e-mail
Cristine Irvin Phillips, via e-mail
EES Case Management Unit, via e-mail

REDUCE REUSE RECYCLE

Division of Solid Waste
Wastewater Treatment
Water Agency

270 North Avenue
New Rochelle, New York 10801 Telephone: (914) 813-5400 Fax: (914) 813-5460 Website: westchestergov.com

Westchester County Water District #1

LT2 Compliant water report 2016

May	LT2 Compliant Water Gallons	Non Compliant Water Gallons
White Plains	0	243,729,000
Scarsdale	0	76,896,000
Yonkers	190,062,000	0
Mount Vernon	235,438,000	0
Monthly Total	425,500,000	320,625,000

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	**May '16**	**06/09/16**	**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				Other Treatments / Readings			
					Liquid	Free chlorine residual at entry point (mg/l)		Caustic Gal Used	Ortho Gal Used	Treated Turb
					Hypochlorite added to crock (gallons)					
1	Kensico Res.	8,726			149	1.74		38	43	0.73
2	Kensico Res.	8,997			155	1.85		39	48	0.62
3	Kensico Res.	8,017			130	1.82		34	40	0.68
4	Kensico Res.	7,560			135	1.82		42	42	0.60
5	Kensico Res.	8,134			150	1.64		40	45	0.64
6	Kensico Res.	7,104			125	1.80		35	35	0.62
7	Kensico Res.	8,939			160	1.78		45	48	0.58
8	Kensico Res.	7,933			145	1.79		40	40	0.62
9	Kensico Res.	8,423			135	1.76		43	45	0.55
10	Kensico Res.	9,984			175	1.72		60	55	0.56
11	Kensico Res.	9,803			175	1.90		50	49	0.56
12	Kensico Res.	10,785			190	1.85		54	53	0.55
13	Kensico Res.	8,869			152	1.77		43	47	0.57
14	Kensico Res.	10,063			190	1.88		51	54	0.56
15	Kensico Res.	9,063			153	1.85		46	49	0.55
16	Kensico Res.	9,480			155	1.78		48	57	0.53
17	Kensico Res.	10,620			195	1.70		65	65	0.57
18	Kensico Res.	11,000			286	1.74		36	68	0.55
19	Kensico Res.	11,610			202	1.74		68	61	0.53
20	Kensico Res.	11,490			185	1.80		64	60	0.55
21	Kensico Res.	10,500			186	1.74		58	55	0.60
22	Kensico Res.	11,910			214	1.66		67	64	0.57
23	Kensico Res.	11,753			206	1.86		68	63	0.57
24	Kensico Res.	11,337			220	1.79		66	61	0.53
25	Kensico Res.	13,465			238	1.79		77	76	0.55
26	Kensico Res.	12,735			230	1.80		74	70	0.54
27	Kensico Res.	14,255			248	1.64		79	67	0.54
28	Kensico Res.	12,678			200	1.78		75	72	0.53
29	Kensico Res.	10,322			177	1.79		61	55	0.52
30	Kensico Res.	11,519			186	1.77		69	61	0.54
31	Kensico Res.	13,551			227	1.73		85	77	0.53
Total		**320,625**			**5,674**			**1,720**	**1,725**	
AVG.		**10,343**			**183**	**1.78**		**55**	**56**	**0.57**

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

Reported by: M. [illegible] Title: S.O.W. NYS DOH Operator Certification Number: N40030241

Signature: [illegible] Date: 6/9/16 Operator Grade Level IB

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat 3.HTE	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
Kensico Dam	05/02/16	1	No	No	1.85
Kensico Dam	05/03/16	1	No	No	1.82
Kensico Dam	05/04/16	1	No	No	1.82
Kensico Dam	05/05/16	1	No	No	1.64
Kensico Dam	05/06/16	1	No	No	1.80
Kensico Dam	05/09/16	1	No	No	1.76
Kensico Dam	05/10/16	1	No	No	1.72
Kensico Dam	05/11/16	1	No	No	1.90
Kensico Dam	05/12/16	1	No	No	1.85
Kensico Dam	05/13/16	1	No	No	1.77
Kensico Dam	05/16/16	1	No	No	1.78
Kensico Dam	05/17/16	1	No	No	1.70
Kensico Dam	05/18/16	1	No	No	1.74
Kensico Dam	05/19/16	1	No	No	1.74
Kensico Dam	05/20/16	1	No	No	1.80
Kensico Dam	05/23/16	1	No	No	1.86
Kensico Dam	05/24/16	1	No	No	1.79
Kensico Dam	05/25/16	1	No	No	1.79
Kensico Dam	05/26/16	1	No	No	1.80
Kensico Dam	05/27/16	1	No	No	1.64
Kensico Dam	05/30/16	1	No	No	1.77
Kensico Dam	05/31/16	1	No	No	1.73

Population Served: _____

Number of microbiological monitoring samples required: _____

Number of microbiological samples taken: 22

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: _____

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	May '16

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

RAW WATER TURBIDITY

DATE	0000	0400	0800	1200	1600	2000
1	0.53	0.52	0.53	0.58	0.60	0.51
2	0.49	0.55	0.62	0.56	0.56	0.54
3	0.53	0.48	0.61	3.00	0.59	0.54
4	0.52	0.49	0.65	0.56	0.54	0.52
5	0.46	0.48	0.57	0.55	0.54	0.51
6	0.50	0.52	0.66	0.62	0.58	0.52
7	0.66	0.47	0.48	0.59	0.59	0.50
8	0.49	0.48	0.49	0.60	0.69	0.42
9	0.47	0.51	0.61	0.57	0.53	0.43
10	0.45	0.48	0.58	0.50	0.52	0.45
11	0.43	0.51	0.55	0.53	0.50	0.45
12	0.48	0.49	0.56	0.50	0.54	0.47
13	0.47	0.52	0.53	0.52	0.50	0.42
14	0.59	0.50	0.56	0.54	0.54	0.46
15	0.47	0.49	0.56	0.53	0.49	0.42
16	0.42	0.50	0.59	0.50	0.50	0.45
17	0.49	0.47	0.53	0.49	0.50	0.45
18	0.49	0.48	0.54	0.51	0.50	0.46
19	0.50	0.49	0.54	0.53	0.53	0.46
20	0.52	0.54	0.60	0.53	0.52	0.49
21	0.48	0.50	0.52	0.49	0.50	0.44
22	0.42	0.48	0.48	0.50	0.47	0.46
23	0.45	0.53	0.55	0.51	0.52	0.46
24	0.48	0.45	0.52	0.48	0.48	0.44
25	0.42	0.48	0.51	0.46	0.49	0.44
26	0.45	0.50	0.54	0.50	0.49	0.46
27	0.47	0.49	0.54	0.50	0.47	0.50
28	0.44	0.49	0.54	0.52	0.51	0.46
29	0.43	0.47	0.51	0.49	0.50	0.48
30	0.45	0.44	0.47	0.47	0.47	0.40
31	0.38	0.44	0.51	0.43	0.44	0.51

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

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.

Entry Point Disinfection Monitoring, CT Value Calculations Unfiltered Surface Water Supplies

ENTRY POINT DISINFECTION MONITORING

DATE	Free Chlorine Residual Mg/l					
	0000	0400	0800	1200	1600	2000
1	1.54	1.62	1.71	1.80	1.79	1.56
2	1.49	1.76	1.84	1.83	1.80	1.80
3	1.82	1.46	1.84	2.60	1.77	1.66
4	1.62	1.49	1.82	1.77	1.74	1.73
5	1.49	1.55	1.80	1.83	1.58	1.40
6	1.59	1.61	1.83	1.78	2.32	1.59
7	1.87	1.41	1.61	1.81	1.81	1.59
8	1.53	1.55	1.62	1.79	1.84	1.51
9	1.59	1.72	1.88	1.88	1.78	1.58
10	1.61	1.72	1.86	1.81	1.81	1.55
11	1.53	1.66	1.84	1.78	1.83	1.62
12	1.72	1.72	1.79	1.79	1.79	1.72
13	1.71	1.80	1.81	1.81	1.76	1.55
14	1.85	1.82	1.91	1.85	1.84	1.62
15	1.86	1.78	1.85	1.81	1.82	1.47
16	1.46	2.15	1.86	1.84	1.75	1.70
17	1.73	1.77	1.86	1.77	1.79	1.72
18	1.70	1.73	1.79	1.76	1.92	1.66
19	1.73	1.73	1.86	1.75	1.76	1.53
20	1.73	1.75	1.84	1.73	1.76	1.69
21	1.65	1.75	1.79	1.69	1.68	1.33
22	1.33	1.73	1.69	1.80	1.82	1.64
23	1.83	1.86	1.86	1.84	1.84	1.75
24	1.78	1.73	1.96	1.75	1.84	1.79
25	1.67	1.81	1.77	1.73	1.73	1.70
26	1.74	1.69	1.79	1.73	1.77	1.66
27	1.63	1.74	1.75	1.68	1.71	1.64
28	1.60	1.65	1.68	1.77	1.75	1.68
29	1.50	1.71	1.80	1.72	1.74	1.65
30	1.65	1.73	1.73	1.68	1.66	1.64
31	1.50	1.63	1.71	1.70	1.68	1.70

1. Minimum number of residual samples per day _____

2. Record values every four hours if continuous monitoring required, or if residual falls below 0.2 mg/l, and notify state.

CT VALUE COMPUTATION

DATE	Water pH	Water Temp °C	Free Chlorine Residual mg/l (1)	Contact Time, min (2)	CT Value mg.min/l (3)	Reqd. CT Value mg.min/l
1	7.44	9.4	1.74			
2	7.40	8.8	1.85			
3	7.41	9.1	1.82			
4	7.44	9.1	1.82			
5	7.40	9.3	1.64			
6	7.38	9.2	1.80			
7	7.35	8.8	1.78			
8	7.40	9.3	1.79			
9	7.44	9.2	1.76			
10	7.41	9.3	1.72			
11	7.43	9.5	1.90			
12	7.45	9.4	1.85			
13	7.48	9.5	1.77			
14	7.46	9.5	1.88			
15	7.43	9.4	1.85			
16	7.40	9.2	1.78			
17	7.40	9.4	1.70			
18	7.42	9.5	1.74			
19	7.41	9.7	1.74			
20	7.40	9.8	1.80			
21	7.41	10.1	1.74			
22	7.34	10.0	1.66			
23	7.42	10.0	1.86			
24	7.35	9.8	1.79			
25	7.37	10.1	1.79			
26	7.37	9.9	1.80			
27	7.36	10.6	1.64			
28	7.30	10.0	1.78			
29	7.30	10.3	1.79			
30	7.27	10.0	1.77			
31	7.32	11.0	1.73			

1. Parameters used in determining CT values are taken at the first user at peak hourly flow conditions

2. CT value equalsproduct of free chlorine residual in mg/l(1), and contact time in minutes (2). (1) x (2) = (3)

3. If multiple chlorination points are utilized for CT evaluation, additional sheets should be attached.

Reported by M. Fraro Date 06/09/16

Title Owo Signature [illegible] Cert. No. [illegible]