

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name: Sunshine Children's Home Public Water System ID: NY 5910495

County: Westchester Town, Village or City: Ossining Source Water Type(s): Surface
 Ground
 SWUDI
 Purchase with subsequent chlorination
 Purchase w/out subsequent chlorination
 log treatment required

Reporting Month/Year: January-2018 Date Report Submitted: 2/7/2018
 MM/YYYY MM/YYYY

Date	Source(s) in use	Treated water volume (GALLONS/DAY)	CHLORINATION			ULTRAVIOLET RADIATION/OTHER TREATMENTS					
			Gaseous		Liquid	Free Chlorine residual at entry point (mg/l)	UV Unit Active (YES/NO)	Intensity meter m/cm 2	Quartz sleeve cleaned (YES/NO)		
			Cylinder weight (LBS.)	Chlorine used/Day (LBS.)	Hypochlorite added to crock (GALLONS OR QUARTS)						
1	Well(s) 2 & 3	4,300	N/A	N/A		0.3	Yes	64.8	Yes		
2	Well(s) 2 & 3	4,600	N/A	N/A		0.4	Yes	64.8	Yes		
3	Well(s) 2 & 3	4,700	N/A	N/A		0.4	Yes	64.8	Yes		
4	Well(s) 2 & 3	5,000	N/A	N/A	2.00	0.4	Yes	64.8	Yes		
5	Well(s) 2 & 3	5,400	N/A	N/A		0.2	Yes	64.8	Yes		
6	Well(s) 2 & 3	6,110	N/A	N/A		0.4	Yes	64.8	Yes		
7	Well(s) 2 & 3	4,800	N/A	N/A		0.3	Yes	64.8	Yes		
8	Well(s) 2 & 3	4,900	N/A	N/A		0.4	Yes	64.8	Yes		
9	Well(s) 2 & 3	5,700	N/A	N/A		0.3	Yes	64.8	Yes		
10	Well(s) 2 & 3	4,800	N/A	N/A		0.3	Yes	64.8	Yes		
11	Well(s) 2 & 3	4,300	N/A	N/A	2.50	0.3	Yes	64.8	Yes		
12	Well(s) 2 & 3	7,500	N/A	N/A		0.3	Yes	64.8	Yes		
13	Well(s) 2 & 3	3,900	N/A	N/A		0.4	Yes	64.8	Yes		
14	Well(s) 2 & 3	4,100	N/A	N/A		0.7	Yes	64.8	Yes		
15	Well(s) 2 & 3	4,400	N/A	N/A		0.6	Yes	64.8	Yes		
16	Well(s) 2 & 3	4,400	N/A	N/A		0.4	Yes	64.8	Yes		
17	Well(s) 2 & 3	3,800	N/A	N/A		0.5	Yes	64.8	Yes		
18	Well(s) 2 & 3	3,800	N/A	N/A		0.5	Yes	64.8	Yes		
19	Well(s) 2 & 3	4,700	N/A	N/A		0.5	Yes	64.8	Yes		
20	Well(s) 2 & 3	4,000	N/A	N/A		0.3	Yes	64.8	Yes		
21	Well(s) 2 & 3	3,900	N/A	N/A		0.2	Yes	64.8	Yes		
22	Well(s) 2 & 3	4,100	N/A	N/A		0.3	Yes	64.8	Yes		
23	Well(s) 2 & 3	3,100	N/A	N/A	1.50	0.8	Yes	64.8	Yes		
24	Well(s) 2 & 3	5,200	N/A	N/A		0.8	Yes	64.8	Yes		
25	Well(s) 2 & 3	3,200	N/A	N/A		0.8	Yes	64.8	Yes		
26	Well(s) 2 & 3	5,400	N/A	N/A		0.7	Yes	64.8	Yes		
27	Well(s) 2 & 3	3,500	N/A	N/A		0.7	Yes	64.8	Yes		
28	Well(s) 2 & 3	4,400	N/A	N/A		0.7	Yes	64.8	Yes		
29	Well(s) 2 & 3	3,600	N/A	N/A		0.6	Yes	64.8	Yes		
30	Well(s) 2 & 3	5,100	N/A	N/A		0.5	Yes	64.8	Yes		
31	Well(s) 2 & 3	4,400	N/A	N/A	2.50	0.5	Yes	64.8	Yes		
Total		141,110				8.5					
AVG.		4,552				2.1	0.5	64.8			

Chlorine Mix Ratio = 8.0 Quarts/gallons of 15 % chlorine added to 48.0 gallons of water in crock

Date UV quartz sleeve last cleaned: 1/31/2018 Date UV lamp replaced: N/A
 MM/DD/YY MM/DD/YY

Alarm activation: No Yes If "Yes," date of activation: N/A Required Treatment Residual Level: 0.2 mg/l
 MM/DD/YY

Reported by: Matt Kropp Title: Regional Manger NYSDOH Operator Certification Number: NY0034619

Signature:  Date: 2/7/2018 Operator Grade Level: IIA,C,D
 MM/YYYY

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat 3.Triggered	Total Coliform Positive		E.coli Positive		Free Chlorine Residual (mg/l)
			Y	N	Y	N	
Laundry Room	3-Jan	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.57
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Population Served: 130

Number of microbiological monitoring samples required: 1

Number of microbiological monitoring samples taken: 1

Did an M&R violation occur? Yes No

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

- 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

Was triggered source water monitoring required? Yes No

Did an MCL violation occur? Yes 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).

RTCR Reminder: System must collect a minimum of three (3) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

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): Raynor Lundy

Name of NYSDOH Certified Laboratory: Smith Laboratory (ELAP# 10924)

Did any MCL violation occur? If so, please describe: NO

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

Comments:

Water System Operation Report

Filtration Component

Instructions: Complete pages 1 and 2 of this form and submit to your local health department within 10 days of the close of the reporting month.

Complete page 3 if your system utilizes conventional or direct filtration and can answer "YES" to any of the four questions on page 3.

Public Water System Name		Reporting Month/Year					Type of Filtration	
Sunshine Childrens Home		January-18					<input type="checkbox"/> Conventional <input type="checkbox"/> Slow Sand <input type="checkbox"/> Alternative <input type="checkbox"/> Direct <input type="checkbox"/> Diatomaceous Earth	
Public Water System ID Number		Town, Village, or City	County					
NY5910495		Ossining	Westchester					
Date	Entry Point Chlorine Residual (mg/L)						Distribution System Turbidity Results	
	0	400	800	1200	1600	2000	Sample Location	(NTU)
1	0.6	0.4	0.3	0.4	0.5	0.4	Nurse's Station	0.75
2	0.4	0.5	0.5	0.4	0.5	0.5	Admin. Kitchen	0.70
3	0.5	0.4	0.4	0.5	0.5	0.4	Admin. Bath	0.76
4	0.4	0.4	0.4	0.4	0.4	0.4	Laundry Room	0.61
5	0.4	0.3	0.2	0.3	0.4	0.5	Boiler Room	0.66
6	0.5	0.4	0.4	0.4	0.4	0.4	X	
7	0.5	0.4	0.3	0.4	0.4	0.4	X	
8	0.4	0.4	0.4	0.4	0.5	0.4	Nurse's Station	0.43
9	0.4	0.4	0.3	0.4	0.4	0.3	Admin. Kitchen	0.81
10	0.3	0.3	0.4	0.3	0.3	0.3	Admin. Bath	0.94
11	0.4	0.4	0.3	0.3	0.3	0.4	Laundry Room	0.89
12	0.3	0.3	0.3	0.3	0.4	0.4	Boiler Room	0.41
13	0.4	0.5	0.4	0.5	0.6	0.6	X	
14	0.7	0.7	0.7	0.8	0.7	0.7	X	
15	0.7	0.6	0.6	0.6	0.6	0.6	Nurse's Station	0.68
16	0.5	0.5	0.4	0.4	0.5	0.5	Admin. Kitchen	0.86
17	0.5	0.5	0.5	0.6	0.5	0.5	Admin. Bath	0.90
18	0.5	0.5	0.5	0.5	0.5	0.5	Laundry Room	0.72
19	0.5	0.5	0.6	0.5	0.5	0.5	Boiler Room	0.92
20	0.5	0.4	0.4	0.4	0.3	0.3	X	
21	0.3	0.2	0.3	0.3	0.3	0.3	X	
22	0.3	0.3	0.4	0.5	0.6	0.6	Nurse's Station	0.84
23	0.8	0.8	0.9	0.9	1.0	0.9	Admin. Kitchen	0.93
24	0.9	0.9	0.8	0.8	0.8	0.8	Admin. Bath	0.84
25	0.8	0.8	0.8	0.9	0.8	0.8	Laundry Room	0.82
26	0.8	0.8	0.7	0.7	0.8	0.8	Boiler Room	0.73
27	0.8	0.7	0.7	0.7	0.8	0.8	X	
28	0.9	0.8	0.7	0.7	0.8	0.7	X	
29	0.7	0.7	0.6	0.6	0.6	0.6	Nurse's Station	0.88
30	0.6	0.6	0.5	0.5	0.6	0.6	Admin. Kitchen	0.84
31	0.5	0.5	0.6	0.6	0.5	0.6	Admin. Bath	0.82
Monthly Turbidity Average								0.77

Location of entry point _____ Water treatment facility _____

Population served _____ 130 _____

Entry point disinfection monitoring: Continuous Grab

If Grab, how many samples per day? _____

Monitoring results Free Chlorine Total Chlorine

Did the entry point residual fall below 0.2 mg/L for more than 4 hours?.....

Yes No

Did the monthly average of the distribution system turbidity results exceed 5 NTU?.....

N/A Yes No

Reported by (print name) _____ Matt Kroog _____

Title _____ Regional Manager _____

NYSDOH Operator Certification Number _____ NY 0034619 _____

Operator Grade Level _____ IIA,C,D _____

Signature _____  _____

Date _____ 02/07/18 _____

COMPOSITE FILTER EFFLUENT MONITORING

Date	Results (NTU)					
	0	400	800	1200	1600	2000
1	0.22	0.23	0.25	0.26	0.24	0.25
2	0.26	0.26	0.25	0.25	0.25	0.24
3	0.25	0.25	0.25	0.23	0.23	0.22
4	0.22	0.22	0.22	0.22	0.22	0.23
5	0.23	0.22	0.22	0.23	0.24	0.25
6	0.24	0.24	0.25	0.24	0.24	0.24
7	0.25	0.26	0.25	0.25	0.26	0.26
8	0.28	0.27	0.27	0.26	0.26	0.25
9	0.26	0.27	0.28	0.28	0.27	0.26
10	0.25	0.25	0.25	0.25	0.25	0.25
11	0.25	0.25	0.24	0.24	0.25	0.25
12	0.25	0.25	0.25	0.25	0.25	0.25
13	0.25	0.26	0.27	0.26	0.25	0.26
14	0.26	0.26	0.27	0.27	0.28	0.27
15	0.27	0.27	0.28	0.27	0.27	0.28
16	0.29	0.29	0.28	0.28	0.28	0.29
17	0.28	0.28	0.28	0.28	0.28	0.27
18	0.28	0.28	0.29	0.28	0.28	0.28
19	0.28	0.28	0.28	0.29	0.28	0.28
20	0.28	0.26	0.27	0.25	0.26	0.26
21	0.25	0.25	0.24	0.22	0.20	0.21
22	0.22	0.22	0.22	0.23	0.23	0.23
23	0.25	0.25	0.25	0.26	0.25	0.25
24	0.24	0.23	0.22	0.23	0.23	0.24
25	0.25	0.26	0.27	0.28	0.27	0.27
26	0.28	0.27	0.27	0.26	0.26	0.26
27	0.27	0.27	0.28	0.27	0.28	0.28
28	0.29	0.28	0.28	0.28	0.28	0.27
29	0.28	0.28	0.28	0.27	0.27	0.27
30	0.27	0.26	0.26	0.26	0.26	0.26
31	0.26	0.26	0.25	0.25	0.24	0.25

Required monitoring frequency: Continuous (recorded every 4 hours) Grab every four hours Daily Grab

If continuous or 4 hour grab, was the composite effluent monitored and recorded every 4 hours? N/A Yes No

If continuous, did equipment failure require grab sampling for more than 5 working days? N/A Yes No

Total number of analyses 186 Number of analyses that exceeded the performance standard¹ 0

%

Did any analyses exceed the maximum turbidity standard²? Yes No

INDIVIDUAL FILTER EFFLUENT TURBIDITY MONITORING (Complete if filtration type is conventional or direct)

Was individual filter effluent turbidity monitoring conducted during the month?..... Yes No

If system has only 2 filters, was the composite effluent monitored every 15 minutes in lieu of individual filter? N/A Yes No

Did failure of continuous monitoring equipment require grab sampling for more than 5 working days?..... Yes No

Per the instructions on the top pages 1 and 3, does page 3 need to be completed and submitted?..... Yes No

COMMENTS:

1 Performance standards: 0.3 NTU for conventional and direct filtration; 1.0 NTU for slow sand and D.E.; 1.0 NTU or value set by the Department for alternative filtration.

2 Maximum allowable turbidity standards: 1 NTU for conventional and direct filtration; 5 NTU for slow sand and D.E.; 5 NTU or value set by the Department for alternative filtration.

DOH-4303 (1/05) Page 2 of 3



Smith Environmental Laboratory
 4 Scenic Drive
 Hyde Park, NY 12538
 845-229-6536

CERTIFICATE OF ANALYSIS

NY ELAP ID: 10924 / NJ: NY032

Report To: VRI-Sunshine Childrens Home
 PO Box 943
 Millbrook, NY 12545

Lab No: S025744
Reported: 01/08/18
PO:

Attention: Melissa Toro

Project: Sunshine Children's Home-PWS NY5910495

Lab ID: S025744-01
Sample ID: Laundry Room
 Field Chlorine (mg/L): 0.57

Date Collected: 01/03/18 11:25
Date Received: 01/03/18 15:50

Matrix: Drinking Water
Collected By: Raynor Lundy

Microbiological Parameters

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>RDL</u>	<u>MCL</u>	<u>MDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Analyst</u>
Total Coliform	Absent		CFU/100 ml	1	1	0	SM 22 9223B	01/03/18 16:40	KO
E. Coli	Absent		CFU/100 ml	1	1	0	SM 22 9223B	01/03/18 16:40	KO

Smith Environmental Laboratory

Nicole Coenen For John Eisenhardt, Technical Director

Smith Environmental Laboratory is approved as an environmental testing laboratory in conformance with the National Environmental Laboratory Accreditation Conference (NELAC) Standards. This test report pertains only to the above items analyzed on this sample as received by the laboratory. Information supplied by the client is assumed to be correct. This report must be reproduced in its entirety.



Smith Environmental Laboratory
4 Scenic Drive
Hyde Park, NY 12538
845-229-6536

CERTIFICATE OF ANALYSIS

NY ELAP ID: 10924 / NJ: NY032

**Report To: VRI-Sunshine Childrens Home
PO Box 943
Millbrook, NY 12545**

**Lab No: S025744
Reported: 01/08/18
PO:**

Attention: Melissa Toro

Project: Sunshine Children's Home-PWS NY5910495

Notes and Definitions

≥	Greater than or equal to reporting limit
>	Greater than reporting limit
RDL	Reporting Detection Limit
MCL/AL	Maximum Contaminant Level/Action Level
<	Less than reporting limit
≤	Less than or equal to reporting limit
mg/L	Milligrams per Liter
ug/L	Micrograms per Liter
NTU	Nephelometric Units
T.O.N.	Threshold Odor Number at 60 degrees C.
umho/cm	Micromhos per centimeter
MPN	Most Probable Number
CFU	Colony Forming Units
E1	Estimated, the result presented is greater than, ">" the number shown.
SUB	Analysis performed by a subcontract laboratory

Smith Environmental Laboratory

Nicole Coenen For John Eisenhardt, Technical Director

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SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept.
Yes No

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: SUNSHINE Client Phone No: _____
Mailing Address: _____ Email or Fax No: _____
Project/Facility Name: Sunshine
Location: Driving, NY

LAB USE ONLY CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

Order ID No: <u>S025744</u> Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Metals	
			Grab	Comp # hrs	First Draw						Therm. Pres. Y/N	Chem. Pres. Y/N
<u>-D1</u>	<u>Laundry room</u>	<u>DW</u>	<input checked="" type="checkbox"/>			<u>25-057</u>	<u>1/31/17</u>	<u>Total Coli</u>	<u>100ml TMO</u>	<u>8.9</u>	<u>NA</u>	<u>NA</u>

Sampled By: (Name) Ryan O'Leary (Title) Operator
I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: Ryan O'Leary
Sample Relinquished By: Ryan O'Leary
Sample Relinquished By: _____
Received By: Alle Ambrose
Received at Lab By: SG
Date: 1/31/18 Time: 11:45 AM
Date: 1/31/18 Time: 3:58 PM

Sample(s) received: _____
In Correct Bottle: Yes No _____
On Ice: Yes No _____
Note: Thermal preservation is not required when samples are received at 5°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____
Smith Environmental Laboratory Chain of Custody M-1 Rev 1 Data Review: Mgr _____ Date _____