

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		
High Falls Water District			Feb 2024				Conventional sand filtration		
Public Water System ID Number			Town, Village, or City		County				
55030250			Marbletown		Ulster				
Date	Entry Point Chlorine Residual (mg/L)						Distribution System Results		
	0	400	800	1200	1600	2000	Sample Location	(Cl2)	(NTU)
1			1.18				72 Old Rt 213	0.61	0.24
2			0.94				10 Firehouse Rd	0.71	0.21
3			1.14						
4			0.91						
5			0.95				176 Mohonk Rd (Plant)	0.95	0.35
6			1.28				107 Main St (Post)	0.52	0.15
7			1.40				72 Old Rt 213	0.57	0.35
8			1.42				School Hill Meter Pit	0.54	0.31
9			1.24				213 Meter Pit	0.78	0.28
10			1.44						
11			0.76						
12			1.31				176 Mohonk Rd (Plant)	1.31	0.74
13			1.39				72 Old Rt 213	0.95	0.36
14			1.20				107 Main St (Post)	0.79	0.29
15			1.51				School Hill Meter Pit	0.6	0.22
16			1.26				213 Meter Pit	1.14	0.28
17			1.53						
18			0.82						
19			1.05				176 Mohonk Rd (Plant)	1.05	0.12
20			1.19				213 Meter Pit	1.08	0.22
21			1.08				School Hill Meter Pit	0.88	0.22
22			1.27				72 Old Rt 213	0.96	0.28
23			0.88				10 Firehouse Rd	0.9	0.31
24			1.06						
25			0.96						
26			0.92				176 Mohonk Rd (Plant)	0.92	0.39
27			1.17				107 Main St (Post)	0.43	0.49
28			1.06				Barbershop	0.81	0.23
29			1.21				Firehouse	0.65	0.22
30									

Monthly Turbidity Average _____

Location of entry point _____ High Falls treatment Plant

Population served _____ 426

Entry point disinfection monitoring: _____

If Grab, how many samples per day? _____

Monitoring results:

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

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

Reported by (print name) _____ Charles Bradford

O.I.R.C. _____

NYSDOH Operator C _____ per NY0029728

Operator Grade Level _____ 1A, D, C

Signature _____

Date _____ 03/06/24

