

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		April 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	(Cl ₂)	(NTU)		
1			1.52				176 Mohonk Rd	1.52	0.18		
2			1.23				213 Meter Pit	1.16	0.21		
3			1.18				72 Old Rt 213	0.9	0.32		
4			1.51				10 Firehouse Rd	0.76	0.36		
5			1.21				School Hill Meter Pit	0.82	0.26		
6			0.94				Sat				
7			1.06				Sun				
8			1.12				176 Mohonk Rd	1.39	0.27		
9			1.20				72 Old Rt 213	0.94	0.22		
10			1.02				10 Firehouse Rd	1.06	0.24		
11			2.20				213 Meter Pit	1.22	0.22		
12			1.75				School Hill Meter Pit	1.12	0.30		
13			1.42				Sat				
14			1.50				Sun				
15			1.71				176 Mohonk Rd	1.71	0.2		
16			1.58				72 Old Rt 213	1.19	0.32		
17			1.50				School Hill Meter Pit	1.2	0.31		
18			1.44				213 Meter Pit	1.16	0.26		
19			1.34				10 Firehouse Rd	0.98	0.3		
20			1.16				SAT				
21			1.13				SUN				
22			1.72				176 Mohonk Rd	1.72	0.23		
23			1.50				School Hill Meter Pit	1.18	0.26		
24			1.36				72 Old rt 213	0.98	0.32		
25			1.61				213 Meter Pit	1.06	0.36		
26			1.52				176 Mohonk Rd	1.21	0.43		
27			1.04				SAT				
28			1.50				SUN				
29			1.64				107 Main St. Post Office	0.97	0.4		
30			1.24				72 Old Rt 213	0.99	0.29		

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 _____ 05/06/24

