Appendix G-1

Summary of Per Capita Wastewater Generation and Water Demand
Watchtower Educational Center, Patterson, Putnam County, NY
May 2010 to April 2011

						Per Capita Wastewater Generation and Water Demand			
Month	Population	Average Daily Wastewater Flow (gallons)	Peak Daily Wastewater Flow (gallons)	Average Daily Water Plant Flow (gallons)	Peak Daily Water Flow (gallons)	Average WW Flow per person (gallons)	Peak WW Flow per person (gallons)	Average Water Flow per person (gallons)	Peak Water Flow per person (gallons)
May-10	1268	91,000	117,000	114,808	152,480	71.77	92.27	90.54	120.25
Jun-10	1382	92,000	109,000	114,145	168,840	66.57	78.87	82.59	122.17
Jul-10	1256	97,000	119,000	110,689	145,050	77.23	94.75	88.13	115.49
Aug-10	1250	95,000	128,000	102,303	131,130	76.00	102.40	81.84	104.90
Sep-10	1250	99,000	131,000	107,883	149,120	79.20	104.80	86.31	119.30
Oct-10	1250	89,000	139,000	94,450	114,610	71.20	111.20	75.56	91.69
Nov-10	1250	86,000	105,000	90,813	115,040	68.80	84.00	72.65	92.03
Dec-10	1250	86,000	110,000	89,335	109,480	68.80	88.00	71.47	87.58
Jan-11	1250	84,000	109,000	89,962	110,970	67.20	87.20	71.97	88.78
Feb-11	1250	85,000	103,000	87,899	106,540	68.00	82.40	70.32	85.23
Mar-11	1250	95,000	137,000	94,545	117,970	76.00	109.60	75.64	94.38
Apr-11	1250	83,000	119,000	85,305	119,420	66.40	95.20	68.24	95.54
					Average	71.43		77.94	
					Maximum		111.20		122.17

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	5/2010	6/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		80,720				0.5						
2		88,800				0.4						
3		130,270			5.0	0.5						
4		140,300				0.4						
5		135,690				0.5						
6		141,400				0.5						
7		115,210			5.0	0.5						
8		89,180				0.4						
9		81,970				0.5						
10		132,920				0.5						
11		128,510				0.5						
12		120,180			5.0	0.5						
13		130,530				0.5						
14		122,000				0.5						
15		79,270				0.4						
16		82,760				0.4						
17		127,640				0.5						
18		119,790			5.0	0.5						
19		128,140				0.5						
20		123,290				0.5						
21		126,650				0.5						
22		70,280				0.5						
23		76,190				0.4						
24		119,970			5.0	0.5						
25		127,180				0.5						
26		145,380				0.5						
27		139,770				0.5						
28		152,480			5.0	0.5						
29		75,390				0.5						
30		88,990				0.4						
31		138,200				0.5						
Total		3,559,050			30.0							
AVG.		114,808				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 6-8-10 Operator Grade Level: II-A

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)
C-Residence; 2nd Fl	5/5/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.41
Patterson Inn	5/5/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.37
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,268

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Shelley Trinkle

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	06/2010	07/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		136,010				0.4						
2		129,300				0.4						
3		138,400			5.0	0.4						
4		125,310				0.5						
5		84,110				0.4						
6		77,390				0.5						
7		121,790			5.0	0.5						
8		129,940				0.5						
9		126,880				0.5						
10		115,850				0.6						
11		119,910			5.0	0.6						
12		76,170				0.8						
13		77,990				0.7						
14		121,160				0.7						
15		135,530				0.6						
16		149,190			6.0	0.5						
17		168,840				0.5						
18		125,970				0.5						
19		75,290				0.5						
20		80,680				0.4						
21		118,920			7.5	0.5						
22		126,870				0.5						
23		128,310				0.6						
24		111,750				0.6						
25		112,970				0.6						
26		64,710				0.5						
27		68,230				0.6						
28		116,590			5.0	0.7						
29		127,410				0.6						
30		132,880				0.5						
Total		3,424,350			33.5							
AVG.		114,145				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr Date: 7-8-10 Operator Grade Level: II-A

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)
General Services 1st Fl.	6/2/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.41
Patterson Inn	6/2/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.37
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,382

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Shelley Trinkle

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	07/2010	08/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		115,780				0.6						
2		118,180			5.0	0.5						
3		78,990				0.5						
4		84,860				0.5						
5		132,850				0.5						
6		145,050				0.5						
7		135,940			5.0	0.5						
8		130,300				0.5						
9		116,220				0.6						
10		67,150				0.5						
11		78,230				0.5						
12		121,260			5.0	0.5						
13		123,330				0.5						
14		122,170				0.5						
15		120,450				0.5						
16		126,450			4.0	0.4						
17		73,630				0.5						
18		77,910				0.5						
19		122,790				0.4						
20		129,390				0.5						
21		127,130			5.0	0.5						
22		130,570				0.2						
23		109,410				0.5						
24		69,520				0.4						
25		73,360				0.4						
26		128,540			5.0	0.4						
27		135,010				0.6						
28		135,830				0.6						
29		120,390				0.6						
30		113,560				0.4						
31		67,100				0.3						
Total		3,431,350			29.0							
AVG.		110,689				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr Date: 8/9/10 Operator Grade Level: II-A

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)
D Res 2nd Fl.	7/7/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.41
Patterson Inn	7/7/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.47
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,256

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Robin Holowaty

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	08/2010	09/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		71,170				0.5						
2		128,330				0.6						
3		131,130				0.6						
4		125,120			6.0	0.5						
5		116,660				0.4						
6		108,520				0.5						
7		60,430				0.4						
8		63,700				0.5						
9		128,970				0.5						
10		130,190				0.6						
11		125,110			6.0	0.5						
12		118,790				0.4						
13		104,350				0.5						
14		62,310				0.5						
15		64,500				0.5						
16		110,350				0.5						
17		117,870			5.0	0.5						
18		116,270				0.5						
19		112,690				0.5						
20		105,370			4.0	0.5						
21		61,640				0.5						
22		63,700				0.6						
23		117,160				0.6						
24		115,670				0.6						
25		110,590				0.6						
26		113,860			6.0	0.7						
27		107,330				0.5						
28		64,270				0.5						
29		73,310				0.5						
30		121,810				0.5						
31		120,210				0.4						
Total		3,171,380			27.0							
AVG.		102,303				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 9/16/10 Operator Grade Level: II-A

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)
Maintenance Bldg; 1st Floor	8/4/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.56
Patterson Inn	8/4/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.48
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Dennis Mejia/ Ben Gompper

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	09/2010	10/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		123,180				0.5						
2		145,120				0.4						
3		131,350				0.4						
4		80,760				0.4						
5		73,290			5.0	0.5						
6		128,410				0.5						
7		131,770				0.5						
8		149,120				0.5						
9		141,750			6.0	1.0						
10		116,500				0.7						
11		97,750				0.6						
12		82,580				0.6						
13		117,240				0.3						
14		115,590				0.3						
15		108,150			5.0	0.2						
16		105,310				0.2						
17		103,920				0.3						
18		59,520				0.4						
19		69,020				0.4						
20		104,352			5.0	0.4						
21		107,570				0.5						
22		118,770				0.5						
23		128,910				0.5						
24		108,720			5.0	0.5						
25		61,930				0.5						
26		66,650				0.5						
27		107,140				0.5						
28		118,260				0.5						
29		117,020				0.5						
30		116,830			5.0	0.4						
Total		3,236,482			31.0							
AVG.		107,883				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 10-4-10 Operator Grade Level: II-A

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)
E-Residence; 2nd Fl	9/1/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.45
Patterson Inn	9/1/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.45
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Robin Holowaty/ Ben Gompper

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	10/2010	11/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		108,860				0.6						
2		82,160				0.5						
3		77,420				0.5						
4		114,610				0.4						
5		110,430				0.5						
6		110,620			6.0	0.5						
7		112,350				0.5						
8		109,270				0.5						
9		61,640				0.5						
10		64,160				0.4						
11		109,220				0.5						
12		111,660			5.0	0.4						
13		105,640				0.5						
14		107,930				0.5						
15		102,630				0.5						
16		67,230				0.4						
17		70,000				0.4						
18		106,220			5.0	0.4						
19		105,530				0.4						
20		103,840				0.4						
21		102,670				0.5						
22		96,160				0.5						
23		62,180				0.4						
24		60,860				0.4						
25		103,890			5.0	0.4						
26		113,180				0.5						
27		110,910				0.4						
28		113,500				0.5						
29		99,300				0.5						
30		58,100				0.5						
31		65,780				0.5						
Total		2,927,950			21.0							
AVG.		94,450				0.5						

Chlorine Mix Rat 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last clean _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Report Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signat Charles H. Roberts Jr. Date: 11-9-10 Operator Grade Level: II-A

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)
Vehicle Maintenance	10/6/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.32
Patterson Inn	10/6/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.25
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Robin Holowaty/ Ben Gompper

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	11/2010	12/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		98,390				0.6						
2		102,380				0.5						
3		105,070				0.6						
4		102,090			5.0	0.6						
5		90,930				0.6						
6		75,800				0.6						
7		73,490				0.6						
8		97,760				0.6						
9		112,200				0.5						
10		115,040			5.0	0.6						
11		97,650				0.6						
12		88,950				0.6						
13		59,290				0.6						
14		60,600				0.5						
15		100,640				0.5						
16		99,890			6.0	0.5						
17		102,230				0.5						
18		104,620				0.5						
19		92,310				0.5						
20		55,610				0.4						
21		63,330				0.5						
22		98,250				0.5						
23		106,360			5.0	0.4						
24		104,570				0.5						
25		99,600				0.5						
26		95,410				0.5						
27		64,400			5.0	0.5						
28		66,790				0.5						
29		93,270				0.6						
30		97,480				0.8						
Total		2,724,400			26.0							
AVG.		90,813				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr Date: 12/6/10 Operator Grade Level: II-A

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)
F Residence	11/3/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.54
Patterson Inn	11/3/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.53
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Dennis Mejia / Ben Thomas

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	12/2010	1/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		99,360				1.0						
2		102,040				1.2						
3		87,920				0.8						
4		57,910				0.7						
5		62,670				0.7						
6		99,300				0.5						
7		99,140				0.5						
8		98,800			5.0	0.4						
9		97,270				0.4						
10		93,570				0.5						
11		53,940				0.5						
12		61,390				0.5						
13		66,450			5.0	0.5						
14		102,520				0.5						
15		98,730				0.6						
16		98,690				0.6						
17		90,190				0.6						
18		57,240				0.6						
19		65,100				0.6						
20		99,790				0.5						
21		101,840			5.0	0.6						
22		106,050				0.6						
23		104,010				0.6						
24		93,830				0.6						
25		65,210				0.6						
26		75,970				0.6						
27		102,220			5.0	0.3						
28		109,480				0.6						
29		109,380				0.6						
30		106,720				0.6						
31		102,640			5.0	0.6						
Total		2,769,370			25.0							
AVG.		89,335				0.6						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 1-6-11 Operator Grade Level: II-A

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)
Rec. Bldg. 1st Flr.	12/1/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.81
Patterson Inn	12/1/2010	1	☐ Yes ☑ No	☐ Yes ☑ No	0.70
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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% o 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 wa 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 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). Ben Thomas

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	01/2011	2/10/2011	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

DATE	Source(s) in use	Treated water volume (gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid							
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)	Free Chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter > 70%				
1		78,490				0.5						
2		73,700				0.5						
3		107,810				0.5						
4		110,970				0.5						
5		107,320				0.6						
6		98,850				0.6						
7		92,730			5.0	0.6						
8		73,330				0.6						
9		67,420				0.6						
10		94,800				0.7						
11		104,290				0.6						
12		103,580				0.6						
13		99,640				0.6						
14		94,600			5.0	0.6						
15		62,310				0.6						
16		68,590				0.6						
17		97,240				0.6						
18		99,870				0.6						
19		104,060				0.6						
20		99,250				0.5						
21		91,410				0.5						
22		60,610				0.5						
23		67,730				0.5						
24		105,340				0.5						
25		103,270			5.0	0.5						
26		106,510				0.5						
27		98,180				0.5						
28		88,230				0.5						
29		62,980				0.4						
30		65,650				0.4						
31		100,050				0.4						
Total		2,788,810			15.0							
AVG.		89,962				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 2/8/11 Operator Grade Level: II-A

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)
A-Residence 2nd Fl.	1/5/2011	1	☐Yes ☑No	☐Yes ☑No	0.58
Patterson Inn- A Module	1/5/2011	1	☐Yes ☑No	☐Yes ☑No	0.56
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Ben Thomas

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	2/2011	3/10/2010	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		101,560			5.0	0.4						
2		94,120				0.4						
3		92,840				0.5						
4		79,600				0.5						
5		65,250				0.5						
6		62,670				0.5						
7		97,630				0.6						
8		106,540			2.0	0.6						
9		104,990				0.6						
10		101,920			5.0	0.6						
11		94,300				0.6						
12		62,320				0.3						
13		63,730				0.6						
14		94,030				0.6						
15		101,080				0.5						
16		100,270			5.0	0.6						
17		101,490				0.5						
18		99,550				0.6						
19		61,000				0.6						
20		64,620				0.5						
21		94,010				0.4						
22		99,760				0.4						
23		102,060			3.0	0.5						
24		99,900				0.6						
25		86,440			1.0	0.5						
26		64,000				0.5						
27		66,200				0.5						
28		99,280				0.5						
Total		2,461,160			21.0							
AVG.		87,899				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 3/7/11 Operator Grade Level: II-A

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)
Office Bldg. 1st Flr.	2/3/2011	1	☐ Yes ☑ No	☐ Yes ☑ No	0.50
Patterson Inn- A Module	2/3/2011	1	☐ Yes ☑ No	☐ Yes ☑ No	0.52
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Ben Gompper

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	3/2011	4/5/2011	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		103,890				0.5						
2		101,380			3.0	0.5						
3		102,150				0.5						
4		94,630				0.5						
5		59,970				0.5						
6		65,070				0.5						
7		100,220			2.0	0.5						
8		102,290			3.0	0.6						
9		105,770				0.5						
10		110,060				0.6						
11		115,440				0.5						
12		92,290				0.5						
13		79,420			3.0	0.6						
14		114,950				0.7						
15		115,600				0.6						
16		117,970			4.0	0.7						
17		103,260				0.7						
18		96,070				0.7						
19		61,600				0.7						
20		56,430				0.6						
21		100,850				0.6						
22		109,340				0.6						
23		108,570				0.6						
24		101,690			1.0	0.6						
25		92,590			2.0	0.5						
26		57,830				0.6						
27		59,940				0.6						
28		98,030				0.5						
29		101,650			5.0	0.6						
30		96,950				0.6						
31		105,010				0.8						
Total		2,930,910			23.0							
AVG.		94,545				0.6						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Chief Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 4-5-11 Operator Grade Level: II-A

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)
Office Bldg. 1st Flr.	3/2/2011	1	☐Yes ☑No	☐Yes ☑No	0.49
Patterson Inn- A Module	3/2/2011	1	☐Yes ☑No	☐Yes ☑No	0.49
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	
			☐Yes ☐No	☐Yes ☐No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Tammy Castellani

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

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	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Watchtower Water Supply	4/2011	5/10/2011	☐ Surface ☑ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water Supply ID Number	**County**	**Town, Village, or City**	
NY 3921721	Putnam	Patterson	

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 > 70%				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)							
1		93,140				0.8						
2		47,860				0.7						
3		56,560				0.7						
4		98,120				0.6						
5		119,420			6.0	0.5						
6		100,780				0.5						
7		99,760				0.5						
8		105,630				0.5						
9		49,350				0.5						
10		59,860				0.5						
11		102,230				0.5						
12		98,020			5.5	0.5						
13		101,570				0.5						
14		111,420				0.5						
15		80,970				0.5						
16		29,610				0.5						
17		36,390				0.5						
18		83,090				0.5						
19		95,940				0.6						
20		93,570			11.5	0.5						
21		93,560				0.6						
22		88,860				0.5						
23		55,200				0.5						
24		62,020				0.5						
25		110,498				0.6						
26		108,470				0.6						
27		111,760				0.5						
28		112,950				0.6						
29		99,030				0.6						
30		53,520				0.6						
Total		2,559,158			23.0							
AVG.		85,305				0.5						

Chlorine Mix Ratio = 1.00 gallons of 12.5 % chlorine added to 4.0 gallons of water in crock

Date UV quartz sleeve last cleaned: _____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation _____

Reported by: Charles H. Roberts Jr. Title: Operator NYS DOH Operator Number: NY0034114

Signature: Charles H. Roberts Jr. Date: 5-6-11 Operator Grade Level: II-A

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)
Audio/Video 1st Flr.	4/6/2011	1	☐ Yes ☑ No	☐ Yes ☑ No	0.50
Patterson Inn- A Module	4/6/2011	1	☐ Yes ☑ No	☐ Yes ☑ No	0.48
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 1,250

Number of microbiological monitoring samples required: 2

Number of microbiological monitoring samples taken: 2

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

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).

Reminder: System must collect a minimum of five (5) 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): Dennis Mejia

Name of NYSDOH Certified Laboratory: OCL Analytical Services, 24 Goshen Turnpike, Bloomingburg, NY 12721 (ELAP #10510)

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 No

Comments:

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF MAY, 2010.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Sat	1			0.060		20.4	20.6		8.6		7.6	35	< 0.1				
Sun	2			0.070		21.4	20.9		8.0		7.6	28	< 0.1				
Mon	3	0.50		0.112		20.8	21.5		8.0		7.6	60	< 0.1				
Tue	4	0.08		0.112		23.0	21.8		8.2		7.7	46	< 0.1				
Wed	5	0.54		0.105		21.9	21.7		8.7		7.7	23	< 0.1	338	<3.00	296	<4.00
Thu	6	1.60		0.117		23.4	21.8		7.7		7.7	20	< 0.1				
Fri	7	0.10		0.093		22.8	21.7		7.6		7.7	16	< 0.1				
Sat	8			0.079		21.4	21.2		7.9		7.7	20	< 0.1				
Sun	9			0.070		19.4	20.2		8.4		7.8	22	< 0.1				
Mon	10			0.109		20.0	19.2		7.1		7.7	16	< 0.1				
Tue	11			0.100		24.9	20.0		6.1		7.7	18	< 0.1				
Wed	12			0.101		22.2	19.8		7.6		7.7	15	< 0.1				
Thu	13			0.097		20.2	19.7		8.2		7.6	14	< 0.1				
Fri	14	0.40		0.100		23.4	20.2		9.3		7.7	55	< 0.1				
Sat	15			0.064		21.7	21.2		8.2		7.7	17	< 0.1				
Sun	16			0.065		21.3	20.8		8.4		7.6	21	< 0.1				
Mon	17			0.103		21.2	20.3		6.6		7.7	23	< 0.1				
Tue	18	0.60		0.106		22.3	20.8		7.7		7.8	15	< 0.1				
Wed	19			0.102		21.3	20.9		9.5		7.8	23	< 0.1				
Thu	20			0.099		24.3	21.2		8.0		7.7	38	< 0.1				
Fri	21			0.094		22.4	22.0		8.7		7.8	18	< 0.1				
Sat	22			0.059		21.6	22.5		8.5		7.7	22	< 0.1				
Sun	23			0.066		22.9	22.1		8.2		7.7	24	< 0.1				
Mon	24	1.12		0.101		19.6	21.7		7.7		7.7	29	< 0.1				
Tue	25			0.100		24.5	23.2		8.3		7.8	6	< 0.1				
Wed	26			0.104		24.4	23.5		8.8		7.7	25	< 0.1				
Thu	27			0.103		28.4	23.8		7.5		7.8	33	< 0.1				
Fri	28			0.111		25.0	24.4		8.0		7.8	20	< 0.1				
Sat	29	0.30		0.061		22.1	25.3		8.1		7.6	25	< 0.1				
Sun	30			0.063		23.5	25.4		8.2		7.7	20	< 0.1				
Mon	31			0.097		22.7	23.8		7.3		7.8	14	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.		30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	
		5.24		0.091		22.4	21.7	6.1	9.5	7.6	7.8	60	< 0.1	338	<3	99	296	<4	98
												30 Day Average Quantity Loading (1)		< 2.7		llbs/day	< 3.6		llbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF JUNE, 2010

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Tue	1			0.107		25.3	23.4		7.4		7.8	11	< 0.1				
Wed	2	0.35		0.102		22.5	23.9		7.5		7.8	18	< 0.1	528	3.60	265	<4.00
Thu	3			0.109		26.4	24.5		9.0		7.7	17	< 0.1				
Fri	4			0.094		24.5	24.6		6.5		7.8	17	< 0.1				
Sat	5			0.071		21.6	24.5		8.3		7.9	17	< 0.1				
Sun	6	0.70		0.070		22.5	24.4		8.0		7.8	9	< 0.1				
Mon	7	0.01		0.096		23.9	23.2		9.4		7.8	35	< 0.1				
Tue	8			0.099		26.2	22.8		8.7		7.6	22	< 0.1				
Wed	9			0.102		23.2	22.5		9.1		7.7	30	< 0.1				
Thu	10	0.40		0.097		24.2	22.0		6.7		7.9	38	< 0.1				
Fri	11			0.089		24.8	22.7		6.5		7.8	37	< 0.1				
Sat	12			0.064		21.4	22.3		8.4		7.9	7	< 0.1				
Sun	13			0.070		21.8	22.2		7.9		7.9	26	< 0.1				
Mon	14	0.02		0.104		26.0	22.3		7.5		7.8	36	< 0.1				
Tue	15			0.102		22.3	22.9		8.2		7.8	57	< 0.1				
Wed	16			0.101		25.1	23.1		7.6		7.8	13	< 0.1				
Thu	17			0.103		20.7	23.0		9.0		7.8	13	< 0.1				
Fri	18			0.090		20.5	23.1		9.1		7.8	15	< 0.1				
Sat	19			0.061		21.2	23.4		8.7		7.6	22	< 0.1				
Sun	20			0.072		22.1	23.4		8.5		7.8	14	< 0.1				
Mon	21			0.099		25.8	23.6		7.2		7.8	5	< 0.1				
Tue	22			0.107		20.9	24.2		8.7		7.9	23	< 0.1				
Wed	23			0.107		21.2	24.4		8.4		7.8	17	< 0.1				
Thu	24			0.101		22.2	25.4		8.7		7.7	8	< 0.1				
Fri	25	0.08		0.094		21.5	24.8		7.7		7.8	27	< 0.1				
Sat	26			0.061		22.7	25.0		7.8		7.7	13	< 0.1				
Sun	27			0.066		22.1	24.4		8.3		7.8	25	< 0.1				
Mon	28			0.100		24.0	24.0		7.1		7.8	34	< 0.1				
Tue	29			0.105		22.3	25.4		5.2		7.8	42	< 0.1				
Wed	30			0.101		23.5	24.9		8.9		7.8	32	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		1.56		0.092		23.1	23.7	5.2	9.4	7.6	7.9	57	< 0.1	528	3.6 99	265	<4 98
												30 Day Average Quantity Loading (1)		< 3.1	lbs/day	< 3.5	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF JULY, 2010

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Thu	1			0.102		23.4	24.2		8.6		7.8	17	< 0.1				
Fri	2			0.093		26.0	24.0		7.4		7.7	47	< 0.1				
Sat	3			0.066		23.7	24.1		7.9		7.8	23	< 0.1				
Sun	4			0.077		23.1	24.1		8.6		7.8	15	< 0.1				
Mon	5			0.107		27.2	24.6		6.4		7.8	23	< 0.1				
Tue	6			0.111		25.3	25.3		8.9		7.8	20	< 0.1				
Wed	7			0.106		25.6	26.3		7.4		7.8	15	< 0.1	413	<3.00	267	<4.00
Thu	8	0.04		0.118		26.2	21.3		8.4		7.9	20	< 0.1				
Fri	9			0.097		26.7	26.4		7.0		7.7	52	< 0.1				
Sat	10	0.08		0.069		22.2	26.0		8.7		7.8	18	< 0.1				
Sun	11			0.075		23.1	25.2		9.1		7.9	9	< 0.1				
Mon	12			0.107		25.9	25.5		5.4		7.7	4	< 0.1				
Tue	13	1.20		0.114		25.2	25.5		7.5		7.9	39	< 0.1				
Wed	14	0.15		0.119		24.8	25.7		8.0		7.9	42	< 0.1				
Thu	15			0.114		24.4	25.8		9.0		7.9	10	< 0.1				
Fri	16			0.108		24.3	26.2		8.2		8.0	23	< 0.1				
Sat	17			0.068		23.9	26.3		8.2		7.8	8	< 0.1				
Sun	18			0.072		24.0	26.5		8.5		7.0	24	< 0.1				
Mon	19	0.58		0.115		24.1	25.4		7.5		7.9	8	< 0.1				
Tue	20			0.115		25.6	25.5		8.7		7.9	25	< 0.1				
Wed	21	0.38		0.117		26.6	25.9		7.0		7.9	6	< 0.1				
Thu	22			0.109		28.1	26.0		7.6		7.8	13	< 0.1				
Fri	23	0.27		0.102		28.2	25.3		7.1		7.9	7	< 0.1				
Sat	24	0.08		0.070		23.8	25.9		8.1		7.8	8	< 0.1				
Sun	25	0.13		0.073		23.5	26.1		8.2		7.9	25	< 0.1				
Mon	26			0.108		23.6	25.3		8.3		7.9	28	< 0.1				
Tue	27			0.112		25.5	25.2		9.1		7.9	10	< 0.1				
Wed	28			0.114		24.3	25.6		8.1		7.2	42	< 0.1				
Thu	29	0.04		0.112		25.5	25.9		6.8		7.9	25	< 0.1				
Fri	30			0.092		23.9	25.7		7.2		7.9	22	< 0.1				
Sat	31			0.060		24.2	26.3		8.1		7.7	20	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		2.95		0.097		24.9	25.4	5.4	9.1	7.0	8.0	52	< 0.1	413	<3 99	267	<4 98
												30 Day Average Quantity Loading (1)		< 2.7	lbs/day	< 3.6	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF AUGUST, 2010

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.₅ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Sun	1			0.070		25.4	24.2		8.4		7.9	29	< 0.1				
Mon	2			0.104		25.4	24.0		8.4		8.0	29	< 0.1				
Tue	3			0.114		24.6	24.9		8.3		8.2	33	< 0.1				
Wed	4			0.113		26.2	23.7		7.6		8.1	33	< 0.1	675	<3.00	287	<4.00
Thu	5	0.10		0.109		26.4	25.5		8.4		8.1	25	< 0.1				
Fri	6			0.089		26.7	24.8		6.9		8.1	15	< 0.1				
Sat	7			0.055		23.5	24.1		8.6		8.1	24	< 0.1				
Sun	8			0.063		24.2	23.9		8.4		8.1	12	< 0.1				
Mon	9			0.103		25.9	24.1		8.9		8.1	27	< 0.1				
Tue	10	0.18		0.116		24.8	24.8		7.9		8.1	4	< 0.1				
Wed	11	0.01		0.109		23.4	25.3		8.8		8.1	27	< 0.1				
Thu	12	0.02		0.110		26.0	25.1		7.7		7.8	10	< 0.1				
Fri	13			0.093		25.8	24.3		8.9		7.9	20	< 0.1				
Sat	14			0.059		23.9	24.8		8.5		8.1	35	< 0.1				
Sun	15	0.31		0.069		24.0	24.3		7.9		8.2	11	< 0.1				
Mon	16	0.74		0.106		24.8	23.6		7.2		8.1	9	< 0.1				
Tue	17	0.01		0.110		26.8	22.0		8.6		8.1	20	< 0.1				
Wed	18			0.101		24.3	23.9		7.9		8.1	35	< 0.1				
Thu	19			0.100		27.0	24.4		8.9		8.1	10	< 0.1				
Fri	20			0.087		22.5	24.1		8.1		8.1	24	< 0.1				
Sat	21			0.061		23.5	23.1		8.6		8.1	22	< 0.1				
Sun	22	3.04		0.095		25.6	23.6		8.5		8.2	17	< 0.1				
Mon	23	0.15		0.128		27.2	22.5		6.8		8.1	19	< 0.1				
Tue	24	0.12		0.120		23.9	22.9		8.1		8.1	23	< 0.1				
Wed	25	0.03		0.111		25.5	23.0		8.0		8.1	13	< 0.1				
Thu	26	0.08		0.102		24.5	23.4		7.8		8.1	36	< 0.1				
Fri	27			0.096		29.3	23.1		6.4		8.0	15	< 0.1				
Sat	28			0.061		23.0	21.6		8.4		8.1	25	< 0.1				
Sun	29			0.069		23.3	21.5		8.4		8.1	18	< 0.1				
Mon	30			0.102		24.4	23.2		7.3		8.0	14	< 0.1				
Tue	31			0.104		25.0	24.3		7.6		8.0	11	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		4.79		0.095		25.1	23.8	6.4	8.9	7.8	8.2	36	< 0.1	675	<3 99	287	<4 98
												30 Day Average Quantity Loading (1)		< 2.9	lbs/day	< 3.8	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF SEPTEMBER, 2010

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.₅ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Wed	1			0.109		27.7	24.3		9.1		8.1	19	< 0.1	630	<3.00	193	<4.00
Thu	2			0.109		26.7	25.1		6.1		8.1	11	< 0.1				
Fri	3			0.104		29.3	24.4		6.9		8.1	5	< 0.1				
Sat	4			0.070		24.0	24.9		8.5		8.2	14	< 0.1				
Sun	5			0.066		23.8	23.8		8.4		8.3	18	< 0.1				
Mon	6			0.102		24.6	21.2		6.6		8.1	16	< 0.1				
Tue	7			0.114		26.4	23.3		7.0		8.1	12	< 0.1				
Wed	8	0.01		0.115		28.6	24.2		7.4		8.0	17	< 0.1				
Thu	9			0.114		24.5	24.1		7.3		8.2	12	< 0.1				
Fri	10			0.107		25.9	23.5		7.4		8.1	20	< 0.1				
Sat	11			0.094		25.3	22.9		8.2		8.2	26	< 0.1				
Sun	12			0.081		24.4	23.0		8.7		8.0	14	< 0.1				
Mon	13	0.01		0.106		25.3	23.1		8.6		7.8	17	< 0.1				
Tue	14	0.01		0.107		29.2	23.2		6.7		8.0	10	< 0.1				
Wed	15			0.099		22.9	23.2		8.3		8.1	30	< 0.1				
Thu	16	0.35		0.103		25.8	22.3		8.5		8.1	17	< 0.1				
Fri	17	0.05		0.095		24.2	22.5		9.0		8.2	12	< 0.1				
Sat	18			0.060		23.3	22.9		8.6		8.1	35	< 0.1				
Sun	19			0.064		24.4	22.0		8.2		8.1	30	< 0.1				
Mon	20			0.097		25.0	22.1		6.5		8.0	60	< 0.1				
Tue	21			0.100		23.7	22.0		8.8		8.0	15	< 0.1				
Wed	22	0.01		0.117		27.6	22.8		9.3		8.1	33	< 0.1				
Thu	23	0.01		0.122		23.5	23.3		7.5		8.1	51	< 0.1				
Fri	24			0.102		26.0	22.9		7.6		8.1	14	< 0.1				
Sat	25			0.060		23.4	24.3		8.4		8.1	29	< 0.1				
Sun	26			0.068		22.8	22.7		8.6		8.1	22	< 0.1				
Mon	27	0.93		0.110		25.5	22.5		6.4		8.1	17	< 0.1				
Tue	28	0.29		0.121		25.0	23.0		7.9		8.1	21	< 0.1				
Wed	29			0.111		23.5	23.0		9.0		8.0	40	< 0.1				
Thu	30	2.74		0.131		24.8	22.5		8.5		8.0	23	< 0.1				

	Total Precip	Monthly Average	Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.
	4.41	0.099	25.2	23.2	6.1	9.3	7.8	8.3	60	< 0.1	630	<3	99	193	<4	98
									30 Day Average Quantity Loading (1)		< 2.8		lbs/day	< 3.7		lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF OCTOBER, 2010.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.₅ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Fri	1	2.80		0.139		22.1	22.8		8.2		7.9	32	< 0.1				
Sat	2			0.103		24.9	22.4		8.2		8.0	14	< 0.1				
Sun	3	0.01		0.069		23.0	21.6		8.6		8.0	23	< 0.1				
Mon	4	0.14		0.089		23.2	20.8		8.2		7.9	30	< 0.1				
Tue	5	0.18		0.109		23.7	21.4		5.8		8.0	18	< 0.1				
Wed	6			0.091		22.1	21.3		8.5		8.0	29	< 0.1	438	<3.00	112	<4.00
Thu	7			0.110		25.0	21.8		6.1		8.0	15	< 0.1				
Fri	8			0.105		26.6	21.6		9.7		8.1	18	< 0.1				
Sat	9			0.073		23.4	22.5		8.4		8.1	11	< 0.1				
Sun	10			0.050		22.3	20.7		8.5		8.1	17	< 0.1				
Mon	11			0.081		23.4	20.8		8.6		8.0	50	<0.1				
Tue	12	0.02		0.101		25.9	21.3		6.6		8.0	18	<0.1				
Wed	13			0.095		23.4	21.0		8.0		8.1	34	<0.1				
Thu	14	0.29		0.099		23.9	21.0		8.0		8.0	15	< 0.1				
Fri	15	0.57		0.103		24.0	21.3		7.2		8.1	28	< 0.1				
Sat	16			0.079		22.2	20.3		8.0		8.0	20	< 0.1				
Sun	17			0.055		22.3	19.4		8.7		8.2	37	< 0.1				
Mon	18			0.085		22.4	19.8		6.4		8.0	58	< 0.1				
Tue	19			0.106		23.2	20.2		8.2		7.7	12	< 0.1				
Wed	20			0.081		26.1	20.3		8.6		7.8	66	< 0.1				
Thu	21	0.01		0.102		23.1	20.8		8.3		7.7	9	< 0.1				
Fri	22			0.087		24.8	20.0		9.1		7.9	30	< 0.1				
Sat	23			0.070		21.6	20.2		8.4		7.7	19	< 0.1				
Sun	24	0.01		0.053		21.3	19.9		8.3		7.7	20	< 0.1				
Mon	25			0.085		26.5	20.4		8.3		7.7	50	< 0.1				
Tue	26	0.01		0.095		24.5	21.2		7.5		7.4	30	< 0.1				
Wed	27	0.09		0.104		25.6	22.1		7.6		7.7	22	< 0.1				
Thu	28	0.02		0.105		23.4	22.3		7.8		7.7	21	< 0.1				
Fri	29	0.01		0.101		24.5	21.5		8.2		7.8	6	< 0.1				
Sat	30	0.01		0.069		22.7	20.2		8.5		7.9	22	< 0.1				
Sun	31			0.054		22.3	19.3		8.5		7.8	30	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.
		4.17		0.089		23.7	21.0	5.8	9.7	7.4	8.2	66	< 0.1	438	<3	99	112	<4	98
												30 Day Average Quantity Loading (1)		< 2.3	lbs/day		< 3.1	lbs/day	

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF NOVEMBER, 2010.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.₅ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Mon	1			0.080		23.7	18.8		6.4		7.7	9	< 0.1				
Tue	2			0.100		21.4	19.0		8.8		7.6	12	< 0.1				
Wed	3			0.099		21.4	18.9		8.7		7.6	14	< 0.1	623	<3.00	355	<4.00
Thu	4	0.07		0.094		21.8	19.3		8.5		7.7	56	< 0.1				
Fri	5	1.37		0.103		25.1	19.9		6.9		7.7	38	< 0.1				
Sat	6			0.080		22.7	18.8		8.6		7.5	30	< 0.1				
Sun	7			0.065		21.3	18.3		8.4		7.5	20	< 0.1				
Mon	8	0.20		0.078		19.7	17.7		8.4		7.6	9	< 0.1				
Tue	9			0.099		22.3	18.6		7.8		7.6	18	< 0.1				
Wed	10			0.105		22.7	18.9		8.7		7.7	28	< 0.1				
Thu	11			0.098		23.5	19.5		7.9		7.6	30	< 0.1				
Fri	12			0.091		21.3	19.1		8.5		7.7	66	< 0.1				
Sat	13			0.077		21.0	19.1		8.3		7.7	23	< 0.1				
Sun	14			0.032		22.1	18.1		8.0		7.4	48	< 0.1				
Mon	15			0.092		24.0	18.9		7.7		7.5	7	< 0.1				
Tue	16	0.29		0.099		21.6	19.7		8.5		7.5	11	< 0.1				
Wed	17	0.76		0.104		24.2	20.3		7.1		7.6	27	< 0.1				
Thu	18			0.096		25.6	20.1		6.1		7.7	12	< 0.1				
Fri	19			0.088		21.2	19.1		8.4		7.8	40	< 0.1				
Sat	20			0.062		21.1	18.3		8.5		7.6	18	< 0.1				
Sun	21			0.069		20.7	17.6		8.5		7.7	19	< 0.1				
Mon	22			0.069		24.1	18.3		7.1		7.5	62	< 0.1				
Tue	23			0.099		26.4	19.3		6.9		7.6	25	< 0.1				
Wed	24			0.095		21.6	19.3		9.0		7.7	18	< 0.1				
Thu	25	0.04		0.099		22.3	18.9		9.1		7.7	18	< 0.1				
Fri	26	0.15		0.083		22.7	19.2		7.5		7.5	30	< 0.1				
Sat	27			0.082		22.1	18.3		8.0		7.6	25	< 0.1				
Sun	28			0.058		21.0	17.2		8.6		7.7	16	< 0.1				
Mon	29			0.075		21.0	17.8		7.2		7.6	34	< 0.1				
Tue	30	0.12		0.094		21.2	17.8		6.5		7.6	7	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.
		3.00		0.086		22.4	18.8	6.1	9.1	7.4	7.8	66	< 0.1	623	<3	99	355	<4	97
												30 Day Average Quantity Loading (1)		< 2.5		lbs/day	< 3.4		lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF DECEMBER, 2010

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Wed	1	2.44		0.098		24.8	19.0		6.0		7.5	10	< 0.1	410	<3.00	262	<4.00
Thu	2			0.091		20.7	18.7		8.0		7.8	15	< 0.1				
Fri	3			0.096		21.8	18.0		7.2		7.7	10	< 0.1				
Sat	4			0.083		19.9	17.0		8.6		7.6	23	< 0.1				
Sun	5			0.053		18.9	15.8		8.4		7.6	15	< 0.1				
Mon	6			0.074		21.3	16.4		7.3		7.7	22	< 0.1				
Tue	7			0.096		20.5	16.7		9.3		7.6	17	< 0.1				
Wed	8			0.095		19.0	17.0		6.8		7.7	7	< 0.1				
Thu	9			0.102		24.6	16.7		9.4		7.6	14	< 0.1				
Fri	10			0.104		22.0	16.4		9.0		7.7	7	< 0.1				
Sat	11			0.055		19.8	16.3		8.6		7.5	19	< 0.1				
Sun	12	2.05		0.070		20.7	15.8		7.6		7.5	24	< 0.1				
Mon	13	0.12		0.087		19.5	16.8		7.1		7.5	20	< 0.1				
Tue	14			0.092		20.8	16.1		9.8		7.6	29	< 0.1				
Wed	15			0.089		24.8	16.3		6.3		7.5	17	< 0.1				
Thu	16			0.095		19.4	17.3		7.3		7.5	25	< 0.1				
Fri	17			0.087		20.9	16.2		5.4		7.4	9	< 0.1				
Sat	18			0.053		18.0	16.2		8.5		7.5	25	< 0.1				
Sun	19			0.060		16.8	16.2		8.6		7.5	14	< 0.1				
Mon	20			0.086		24.0	15.7		6.3		7.6	28	< 0.1				
Tue	21			0.090		22.9	15.7		6.5		7.5	28	< 0.1				
Wed	22			0.098		19.6	16.0		8.0		7.6	17	< 0.1				
Thu	23			0.101		22.5	16.2		6.9		7.5	51	< 0.1				
Fri	24			0.100		20.6	16.3		8.5		7.7	40	< 0.1				
Sat	25			0.075		20.1	16.0		8.0		7.7	18	< 0.1				
Sun	26	0.30		0.058		19.9	14.7		8.3		7.8	24	< 0.1				
Mon	27	0.02		0.090		20.4	16.0		6.9		7.7	30	< 0.1				
Tue	28			0.103		20.2	17.7		5.9		7.7	39	< 0.1				
Wed	29			0.100		20.3	16.1		6.4		7.5	23	< 0.1				
Thu	30			0.110		24.2	17.5		5.5		7.8	35	< 0.1				
Fri	31			0.089		20.9	18.4		8.1		7.7	18	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		4.93		0.086		21.0	16.6	5.4	9.8	7.4	7.8	51	< 0.1	410	<3 99	262	<4 99
												30 Day Average Quantity Loading (1)		< 2.5	lbs/day	< 3.3	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF JANUARY, 2011.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Sat	1			0.085		19.3	16.7		7.8		7.5	50	< 0.1				
Sun	2	0.04		0.075		20.7	16.8		7.7		7.5	28	< 0.1				
Mon	3			0.088		20.2	16.9		5.8		7.6	14	< 0.1				
Tue	4			0.098		20.3	16.7		7.7		7.7	6	< 0.1				
Wed	5			0.105		22.0	17.0		9.7		7.6	58	< 0.1	264	<3.00	231	<4.00
Thu	6			0.087		20.5	16.4		11.0		7.8	46	< 0.1				
Fri	7	0.27		0.100		20.2	16.2		8.4		7.8	27	< 0.1				
Sat	8			0.064		21.7	14.5		7.9		7.9	24	< 0.1				
Sun	9			0.064		20.3	13.2		8.1		8.0	25	< 0.1				
Mon	10			0.084		20.6	15.2		6.7		7.7	31	< 0.1				
Tue	11	0.07		0.097		20.6	15.4		7.2		7.7	6	< 0.1				
Wed	12	0.51		0.076		19.7	15.7		8.9		7.6	27	< 0.1				
Thu	13			0.095		19.6	15.4		8.8		7.6	15	< 0.1				
Fri	14			0.099		20.9	15.1		7.1		7.5	32	< 0.1				
Sat	15			0.045		18.7	14.5		8.6		7.5	27	< 0.1				
Sun	16			0.059		20.7	16.1		7.9		7.7	46	< 0.1				
Mon	17			0.108		23.5	14.7		7.5		7.5	40	< 0.1				
Tue	18	0.54		0.096		21.8	15.5		5.9		7.5	26	< 0.1				
Wed	19	0.06		0.109		21.3	16.7		7.3		7.6	29	< 0.1				
Thu	20			0.087		24.7	17.2		6.7		7.6	25	< 0.1				
Fri	21	0.23		0.081		21.9	16.5		6.5		7.6	25	< 0.1				
Sat	22			0.078		17.9	14.8		8.0		7.7	22	< 0.1				
Sun	23			0.060		18.9	14.2		8.0		7.7	33	< 0.1				
Mon	24			0.091		18.3	13.6		7.5		7.7	19	< 0.1				
Tue	25	0.10		0.100		20.7	14.4		10.6		7.5	12	< 0.1				
Wed	26	0.25		0.076		19.4	15.0		9.0		7.5	16	< 0.1				
Thu	27	0.21		0.107		18.7	14.1		11.4		7.5	6	< 0.1				
Fri	28			0.077		22.5	15.7		5.6		7.7	22	< 0.1				
Sat	29			0.052		17.7	15.2		8.0		7.5	30	< 0.1				
Sun	30			0.063		17.5	15.6		8.6		7.6	33	< 0.1				
Mon	31			0.099		24.7	15.4		6.3		7.5	23	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		2.28		0.084		20.5	15.5	5.6	11.4	7.5	8.0	58	< 0.1	264	< 3 99	231	< 4 98
												30 Day Average Quantity Loading (1)		< 2.7	lbs/day	< 3.6	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF FEBRUARY, 2011.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Tue	1	0.27		0.092		23.6	14.6		5.7		7.5	22	< 0.1				
Wed	2	0.53		0.095		18.8	15.8		9.0		7.5	14	< 0.1				
Thu	3			0.095		18.3	15.5		9.3		7.4	27	< 0.1	363	<3.00	257	<4.00
Fri	4			0.083		22.8	15.1		6.9		7.6	36	< 0.1				
Sat	5	0.22		0.065		20.4	14.5		8.4		7.5	18	< 0.1				
Sun	6			0.060		18.2	15.0		8.7		7.4	17	< 0.1				
Mon	7	0.11		0.086		21.3	16.0		9.0		7.5	25	< 0.1				
Tue	8	0.11		0.098		17.3	16.5		8.6		7.6	23	< 0.1				
Wed	9			0.103		19.2	15.8		9.0		7.7	16	< 0.1				
Thu	10			0.090		21.7	15.8		9.2		7.6	30	< 0.1				
Fri	11			0.083		21.6	15.6		7.8		7.5	56	< 0.1				
Sat	12			0.085		17.7	14.8		8.6		7.6	30	< 0.1				
Sun	13			0.053		19.6	14.0		8.0		7.6	17	< 0.1				
Mon	14			0.076		18.5	15.9		7.5		7.5	34	< 0.1				
Tue	15			0.094		22.3	15.5		9.1		7.6	14	< 0.1				
Wed	16			0.097		17.8	15.4		8.3		7.7	15	< 0.1				
Thu	17			0.095		21.9	17.2		6.5		7.6	6	< 0.1				
Fri	18			0.087		21.9	17.4		8.5		7.6	21	< 0.1				
Sat	19			0.080		16.7	16.0		8.5		7.7	18	< 0.1				
Sun	20			0.077		16.1	13.7		8.6		7.7	21	< 0.1				
Mon	21	0.20		0.065		21.1	16.3		8.2		7.6	11	< 0.1				
Tue	22			0.096		22.2	14.6		6.2		7.6	22	< 0.1				
Wed	23			0.099		17.2	15.0		9.1		7.7	10	< 0.1				
Thu	24	0.02		0.098		21.4	15.8		7.4		7.8	13	< 0.1				
Fri	25	1.32		0.097		18.1	16.2		9.1		7.5	18	< 0.1				
Sat	26			0.080		18.0	15.6		8.4		7.6	23	< 0.1				
Sun	27	0.05		0.075		19.5	15.4		8.4		7.5	27	< 0.1				
Mon	28	0.55		0.088		20.2	16.0		6.1		7.5	25	< 0.1				

	Total Precip	Monthly Average	Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.
	3.38	0.085	19.8	15.5	5.7	9.3	7.4	7.8	56	< 0.1	363	< 3	99	257	< 4	99
30 Day Average Quantity Loading (1)											< 2.4	lbs/day		< 3.2	lbs/day	

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF MARCH, 2011.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.$_5$ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Tue	1			0.101		21.1	16.2		6.3		7.5	42	< 0.1				
Wed	2			0.103		20.7	16.4		6.0		7.7	54	< 0.1	585	4.50	156	<4.00
Thu	3			0.088		21.9	15.8		7.4		7.7	50	< 0.1				
Fri	4			0.095		20.8	15.6		6.5		7.6	20	< 0.1				
Sat	5			0.052		16.6	16.1		8.9		7.6	17	< 0.1				
Sun	6	3.03		0.084		20.8	16.7		7.8		7.6	23	< 0.1				
Mon	7	0.98		0.137		18.6	16.0		5.8		7.6	15	< 0.1				
Tue	8			0.107		21.0	16.8		6.4		7.7	20	< 0.1				
Wed	9			0.102		20.8	16.2		7.1		7.7	12	< 0.1				
Thu	10	0.9		0.114		23.1	16.6		7.4		7.7	5	< 0.1				
Fri	11	0.98		0.123		19.9	18.3		8.0		7.7	17	< 0.1				
Sat	12			0.117		15.3	17.0		8.4		7.6	21	< 0.1				
Sun	13			0.101		16.5	17.0		8.0		7.5	18	< 0.1				
Mon	14			0.090		18.6	17.0		9.0		7.8	38	< 0.1				
Tue	15			0.107		20.7	17.6		8.1		7.9	25	< 0.1				
Wed	16	0.47		0.111		22.3	17.8		7.8		7.7	13	< 0.1				
Thu	17			0.107		22.8	18.6		7.2		7.8	34	< 0.1				
Fri	18			0.107		23.8	19.3		6.9		7.7	42	< 0.1				
Sat	19			0.069		20.4	17.8		7.2		7.6	29	< 0.1				
Sun	20			0.056		19.3	16.5		8.2		7.6	24	< 0.1				
Mon	21	0.23		0.094		22.9	17.1		6.6		7.6	11	< 0.1				
Tue	22			0.092		24.9	17.2		5.8		7.5	44	< 0.1				
Wed	23	0.08		0.115		17.8	17.5		8.8		7.6	28	< 0.1				
Thu	24			0.098		19.5	18.3		7.6		7.7	48	< 0.1				
Fri	25			0.079		18.1	17.1		8.6		7.5	7	< 0.1				
Sat	26			0.085		19.0	17.2		8.6		7.7	23	< 0.1				
Sun	27			0.054		19.0	15.8		8.6		7.6	31	< 0.1				
Mon	28			0.081		19.2	16.2		8.4		7.5	40	< 0.1				
Tue	29			0.103		22.3	16.6		6.5		7.6	37	< 0.1				
Wed	30			0.087		19.7	17.2		8.7		7.7	24	< 0.1				
Thu	31	0.06		0.098		19.8	17.8		7.7		7.6	54	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		6.73		0.095		20.2	17.0	5.8	9.0	7.5	7.9	54	< 0.1	585	4.50 99	156	< 4.00 99
												30 Day Average Quantity Loading (1)		< 3.9	lbs/day	< 3.5	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF APRIL, 2011.

SPDES PERMIT NO.	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY- 0165778	Watchtower Educational Center & Hotel	Watchtower Bible and Tract Society	Patterson, Putnam County

			VOLUME OF WASTEWATER TREATED			TEMPERATURE (C°)		pH (S.U.)				SETTLEABLE SOLIDS (ml/l)		B.O.D.₅ (mg/l)		SUSPENDED SOLIDS (mg/l)	
Day	Date	Daily Precip In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type: C	Effluent Type: C	Influent Type: C	Effluent Type: C
Fri	1	0.23		0.094		21.2	17.5		6.8		7.7	11	< 0.1				
Sat	2			0.069		17.4	17.6		8.8		7.7	4	< 0.1				
Sun	3			0.051		18.0	16.7		8.5		7.7	12	< 0.1				
Mon	4	0.03		0.076		19.9	17.0		7.1		7.7	34	< 0.1				
Tue	5	0.15		0.097		22.2	18.9		8.8		7.6	23	< 0.1				
Wed	6	0.03		0.100		24.0	17.9		7.4		7.6	66	< 0.1	437	<3.00	346	<4.00
Thu	7	0.05		0.105		22.3	18.0		8.0		7.5	12	< 0.1				
Fri	8			0.102		24.3	18.5		8.6		7.8	8	< 0.1				
Sat	9			0.060		20.0	17.7		8.6		7.7	24	< 0.1				
Sun	10			0.068		20.2	18.1		8.0		7.5	20	< 0.1				
Mon	11			0.076		22.4	18.7		8.9		7.6	27	< 0.1				
Tue	12	0.70		0.097		19.9	19.4		9.0		7.6	25	< 0.1				
Wed	13	0.98		0.101		21.2	19.1		9.3		7.6	18	< 0.1				
Thu	14			0.093		22.7	18.9		8.9		7.5	14	< 0.1				
Fri	15			0.090		26.3	19.6		7.1		7.7	18	< 0.1				
Sat	16	2.52		0.055		17.9	18.6		8.4		7.8	14	< 0.1				
Sun	17	0.83		0.061		16.7	18.3		8.3		7.6	19	< 0.1				
Mon	18			0.077		18.0	17.4		7.7		7.6	25	< 0.1				
Tue	19	0.11		0.086		20.0	17.8		8.9		7.6	22	< 0.1				
Wed	20			0.084		20.9	18.0		8.5		7.7	37	< 0.1				
Thu	21			0.091		24.6	18.8		7.7		7.7	20	< 0.1				
Fri	22			0.089		24.1	18.0		5.4		7.6	12	< 0.1				
Sat	23	0.62		0.075		17.0	17.4		8.9		7.7	40	< 0.1				
Sun	24	0.03		0.064		19.7	18.5		8.3		7.5	46	< 0.1				
Mon	25			0.075		23.8	19.9		8.6		7.6	44	< 0.1				
Tue	26			0.087		23.2	20.2		6.3		7.6	17	< 0.1				
Wed	27			0.100		20.6	21.9		7.1		7.7	20	< 0.1				
Thu	28	0.27		0.119		25.1	21.7		7.3		7.7	9	< 0.1				
Fri	29			0.088		20.7	20.2		8.7		7.8	26	< 0.1				
Sat	30			0.073		18.9	19.3		8.5		7.7	22	< 0.1				
		Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l) %Rem.
		6.55		0.083		21.1	18.7	5.4	9.3	7.5	7.8	66	< 0.1	437	<3 99	346	<4 99
												30 Day Average Quantity Loading (1)		< 2.6	lbs/day	< 3.4	lbs/day

(1) Refer to February 2002 edition of *DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES)* for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional paramters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

Appendix G-2

Richard E. Ofeldt
Manager Treatment & Supply

United Water New York
360 West Nyack Road
West Nyack, NY 10994
TEL - 845.620.3345
FAX – 845.620.3311

Attn: Eulah Coulter

Dear Mr. Coulter

This is to advise you that sewer service can currently be made available to the proposed Watchtower Property Located in Warwick off County Route 84 (Long Meadow Road, Orange County, New York) using a projected maximum day of 130,000 GPD subject to the following conditions:

1) Prior to the installation of any sewer extension, hydraulic data pertinent to the project must be provided to us, for our Engineering Department review and approval.
2) Service will be provided in accordance with the terms and conditions set for the in the Agreement between Kings College Property (now know as the Watchtower Property) and South County Sewer Corp., a New York corporation with offices at 360 West Nyack Road, West Nyack, New York 10994.

Please contact me a t 845.620.3345 should you need additional information

Sincerely,

Richard E. Ofeldt

Appendix G-3

Vito Spadavecchia
Manager of Operations

UNITED WATER SOUTH COUNTY SEWER
360 West Nyack Road, West Nyack New York 10994
Tel: 845.620.3354 Fax: 845.620.3311
vito.spadavecchia@unitedwater.com

United Water
SUEZ

December 27, 2006

Mr. Andrew L Grundy, PE
Paulus, Sokolowski and Sartor
470 Nepperhan Av., Suite 220
Yonkers, NY 10701

RE: Proposed Development of former Kings College Property
Town of Warwick, NY

Dear MR Grundy;

In response to your letter of December 20th, the above mentioned property has an allotment of 130,000 gallons per day of available treatment capacity at United Water South County's Blue Lake Wastewater Plant.

It should also be noted that at the time of the treatment plant's construction no collection main was installed from the property to the plants influent manhole.

Please keep us informed of any developments in this project.

Should you have any further questions or need any further information, please feel free to contact me at (845) 620-3354 or at the email address above.

Sincerely,

Vito Spadavecchia
Manager of Operations
United Water New York