

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF: March 2026

SPEDES PERMIT NO.

FACILITY NAME

FACILITY OWNER

FACILITY LOCATION

NY-0271420**Village of Red Hook****same****Red Hook, NY**

DAY	DATE	Daily Precip. in/day	VOLUME OF SEWAGE TREATED			TEMPERATURE (°F)		pH (S.U.)				Settleable Solids (mg/l)		C.B.O.D.5. (mg/l)		Suspended Solids(mg/l)	
			Inst.Max. MGD	Dly Average. MGD	Inst.Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type	Effluent Type	Influent Type	Effluent Type
	1	0.00		0.0256		55.04	51.44	6.50	6.50	7.09	7.09	2.0	<0.1				
	2	0.00		0.0232		50.72	53.6	6.58	6.58	7.06	7.06	<0.1	<0.1				
	3	0.00		0.0243		48.92	50.54	6.64	6.64	7.16	7.16	<0.1	<0.1				
	4	0.00		0.0258		50.7	52.9	6.68	6.68	7.10	7.10	1.0	<0.1				
	5	0.00		0.0266		49.4	53.24	6.54	6.54	7.06	7.06	2.0	<0.1	296	2.6	226	2.4
	6	0.00		0.0292		51.62	53.6			7.06	7.06	<0.1	<0.1				
	7	0.00		0.0263		49.82	52.16	6.59	6.59	7.15	7.15	100	<0.1				
	8	0.00		0.0358		54.1	53.78	6.50	6.50	7.09	7.09	<0.1	<0.1				
	9	0.00		0.0221		49.28	56.12	6.62	6.62	7.18	7.18	34	<0.1				
	10	0.00		0.0248		50.36	53.06	6.74	6.74	7.15	7.15	100	<0.1				
	11	0.00		0.0292		55.22	54.86	6.76	6.76	7.17	7.17	33	<0.1				
	12	0.20		0.0268		56.7	61.9	6.68	6.68	6.96	6.96	25	<0.1				
	13	0.00		0.0279		49.46	52.16	6.57	6.57	7.03	7.03	33	<0.1				
	14	0.00		0.0284		51.08	52.52	6.51	6.51	7.15	7.15	6	<0.1				
	15	0.00		0.0252		50.36	53.2	6.44	6.44	7.03	7.03	<0.1	<0.1				
	16	0.00		0.0265		54.32	54.68	6.59	6.59	7.19	7.19	<0.1	<0.1				
	17	0.00		0.0272		51.98	53.96	6.49	6.49	7.13	7.13	<0.1	<0.1				
	18	0.00		0.0232		57.56	58.4	6.76	6.76	7.10	7.10	2	<0.1				
	19	0.00		0.0267		51.26	52.16	6.61	6.61	7.09	7.09	<0.1	<0.1	243	3.3	191.2	2.2
	20	0.00		0.0323		49.1	50.18	6.49	6.49	7.10	7.10	<0.1	<0.1				
	21	0.00		0.0306		52.16	53.06	6.46	6.46	7.09	7.09	8	<0.1				
	22	0.00		0.0311		54.6	55.9	6.43	6.43	6.97	6.97	1	<0.1				
	23	0.00		0.0287		53.42	53.42	7.05	7.05	7.05	7.05	95	<0.1				
	24	0.00		0.0255		56.84	53.42	6.70	6.70	7.03	7.03	35	<0.1				
	25	0.00		0.0271		54.8	53.9	6.69	6.69	7.03	7.03	18	<0.1				
	26	0.00		0.0301		55.9	61.1	6.57	6.57	7.08	7.08	<0.1	<0.1				
	27	0.00		0.0294		53.6	54.86	6.56	6.56	7.03	7.03	5	<0.1				
	28	0.00		0.0285		51.08	52.7	6.69	6.69	7.09	7.09	2	<0.1				
	29	0.00		0.0251		55.4	57.02	6.66	6.66	6.99	6.99	72.0	<0.1				
	30	0.00		0.0257		56.66	54.68	7.52	7.52	7.11	7.11	7	<0.1				
	31	0.00		0.0267		57.38	59.36	6.62	6.62	7.00	7.00	300	<0.1				
Total Precip. 0.20			Monthly Average 0.027			Monthly Maximum Influent Effluent 57.56 61.90		Minimum 6.43	Monthly Maximum Minimum Maximum 7.52 6.96 7.19			Monthly Maximum 300.0	Monthly Maximum 0.0	30 day flow-weighted avg (1) inf.(mg/l) eff.(mg/l) 269 3.0		30 day flow-weighted avg (1) inf.(mg/l) eff.(mg/l) 209 2.3	
Max:			0.0358							30 Day Average Quantity Loading (1)				0.65	lbs/day	1	lbs/day

(1) Refer to January 1994 edition of DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES) 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 the day

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

FACILITY MAILING ADDRESS (Street, City, Zip Code)				TELEPHONE NUMBER		CHIEF OPERATOR'S NAME		CERTIFICATION GRADE
						Leslie A Coon Jr		3A
DAY	DATE	TOTAL PHOSPHORUS(mg/l)		Ultraviolet		FECAL COLIFORM		REMARKS Enter any other comments, observations, operating problems, equipment failures, etc.
		Influent Type	Effluent Type	Contact Minimum	Effluent Maximum	Effluent MF or MPN/100ml		
	1			72.0	72.0			
	2			64.8	64.8			
	3			71.1	71.1			
	4			74.0	74.0			Odor complaint linked to septic truck in area
	5			72.0	72.0		<1.0	
	6			73.0	73.0			
	7			74.0	74.0			
	8			75.0	75.0			
	9			74.0	74.0			
	10			74.0	74.0			
	11			75.0	75.0			
	12			75.0	75.0			
	13			72.0	72.0			
	14			74.0	74.0			
	15			72.0	72.0			
	16			74.0	74.0			
	17			73.0	73.0			
	18			ON	ON			
	19			ON	ON		<1	
	20			ON	ON			
	21			ON	ON			
	22			ON	ON			
	23			ON	ON			
	24			ON	ON			
	25			ON	ON			
	26			ON	ON			
	27			ON	ON			
	28			ON	ON			
	29			ON	ON			
	30			ON	ON			
	31			ON	ON			Odor complaint. Unverifiable at time of inspection. WWTP operating well.
		30 day flow-weighted avg mean(1)		Monthly		30 day geometric mean(1)		
		Influent mg/l	Effluent mg/l	Minimum(1)	Maximum(1)			
				64.8	75.0			<1
		lbs/day						

(1) Refer to January 1994 edition of DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES) for procedures to calculate loadings, arithmetic mean, geometric Mean, maximum, minimum, percent removal, etc.

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

Fixed Media Process Control										Activated Sludge Process Control						
Day	Date	NH3		DO		TKN		UOD		Recirculation Rate	Media effluent settleable solids	Mixed Liquor S.S. (MLSS)	Settleable Sludge Volume (SSV) ml/l		Return Act. Sludge (RAS)	Waste Act. Sludge (WAS)
		Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	M.G.D.	ml/l	mg/l	5 Minutes	30 minutes	M.G.D.	lbs/day
	1				12.1											
	2				14.1											
	3				13.2											
	4				12.6											
	5				11.8											
	6				12.0											
	7				11.3											
	8				11.6											
	9				10.3											
	10		0.959		10.7		3.8		17.10							
	11				10.5											
	12				12.4											
	13				10.6											
	14				10.8											
	15				10.3											
	16				10.1											
	17				11.1											
	18				13.1											
	19		<0.1		12.1		4.15		23.63							
	20				11.2											
	21				10.6											
	22				10.7											
	23				10.1											
	24				11.2											
	25				11.8											
	26				10.7											
	27				9.9											
	28				10.2											
	29				11.3											
	30				10.3											
	31				10.0											
Min:					9.9											
30 Day Average																
Quantity		Max:	0.959			Max:	4.2	Max:	23.63							
Loading (1)		lbs/day		lbs/day		lbs/day		lbs/day								

(1) Refer to January 1994 edition of *DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES)* for procedures to calculate loadings, arithmetic mean, geometric Mean, maximum, minimum, percent removal, etc

Effect on Receiving Stream

[illegible]

TRUCKED WASTE RECEIVED THIS MONTH

- 1- Septage, holding tank waste and portable toilet waste

Total

Max day

Volume (Gal.)

- 2- All other wastes

Total

Max day

- 3- Number of Part 364 haulers currently approved to transport wastes to this POTW

a. Septage, etc

b. All others

Name and amount of chemicals used in treatment process during month:

a.	gallons
b.	gallons
c.	Gallons
d.	lbs.
e.	Gallons
f.	Gallons

Amount of electrical power consumed:

a. Commercial	_____	kilowatt hours
b. Stand-by	_____	kilowatt hours

Amount of fuel consumed:

a. Natural Gas	cubic feet
b. Oil	gallons
c. Gasoline	gallons
d. Coal	tons
e. Digester Gas	cubic feet
f. propane	gallons

Sludge removal from plant:

a. amount	4000
b. solid content	
c. Volatile Solids Content	
d. Disposal Site:	Superior Sanitation

Other Solid Wastes:

a. Screenings _____

b. Grit _____

c. Ashes _____

d. _____

e. _____

f. _____

g. Disposal Site _____

Digester Gas Wasted

Labor expended:

[illegible]

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Leslie A Coon Jr.

Signature of Chief Operator or Designated Facility Representative

4/14/2026

Date _____

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF: March 2026

SPEDES PRMIT NO.		FACILITY NAME			FACILITY OWNER			FACILITY LOCATION									
NY-0271420		Village of Red Hook			same			Red Hook, NY									
DAY	DATE	Daily Precip. in/day	VOLUME OF SEWAGE TREATED			TEMPERATURE (°F)		pH (S.U.)				Settleable Solids (mg/l)		C.B.O.D.5. (mg/l)		Suspended Solids(mg/l)	
			Inst.Max. MGD	Dly Average. MGD	Inst.Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type	Effluent Type	Influent Type	Effluent Type
	1	0.00		0.010		53.6	62.06	7.61	7.61	7.85	7.85	4.0	<0.1				
	2	0.00		0.008		57.38	57.74	7.59	7.59	7.29	7.29	1	<0.1				
	3	0.00		0.007		54.14	61.7	7.57	7.57	7.22	7.22	<0.1	<0.1				
	4	0.00		0.010		52.3	53.2	7.67	7.67	7.84	7.84	15.0	<0.1				
	5	0.00		0.008		52.1	53.9	7.91	7.91	7.65	7.65	8.5	<0.1	201	5.2	276	6.4
	6	0.00		0.008		52.7	53.06	7.77	7.77	7.48	7.48	12	<0.1				
	7	0.00		0.007		55.04	55.22	7.71	7.71	7.36	7.36	12	<0.1				
	8	0.00		0.009		55.1	56.1	7.69	7.69	7.67	7.67	<0.1	<0.1				
	9	0.00		0.003		56.48	56.66	7.24	7.24	7.32	7.32	24	<0.1				
	10	0.00		0.003		55.22	57.92	7.40	7.40	7.43	7.43	2	<0.1				
	11	0.00		0.004		57.2	59	7.63	7.63	7.73	7.73	8	<0.1				
	12	0.20		0.008		58.1	59.4	7.63	7.63	7.29	7.29	7	<0.1				
	13	0.00		0.010		57.2	68.46	7.32	7.32	7.27	7.27	11	<0.1				
	14	0.00		0.011		54.86	55.4	7.60	7.60	7.27	7.27	34	<0.1				
	15	0.00		0.008		51.09	54.3	7.66	7.66	7.70	7.70	14	<0.1				
	16	0.00		0.006		55.22	59.72	7.74	7.74	7.71	7.71	11	<0.1				
	17	0.00		0.009		56.48	59.9	7.44	7.44	7.52	7.52	2.5	<0.1				
	18	0.00		0.006		54.8	57.2	7.63	7.63	7.85	7.85	3	<0.1				
	19	0.00		0.005		52.1	52.8	7.70	7.70	7.54	7.54	2.0	<0.1	179	2.5	220.5	4.8
	20	0.00		0.011		55.4	56.48	7.64	7.64	7.38	7.38	20	<0.1				
	21	0.00		0.006		56.48	56.12	7.53	7.53	7.30	7.30	25	<0.1				
	22	0.00		0.005		55.04	56.3	7.60	7.60	7.81	7.81	2	<0.1				
	23	0.00		0.009		56.84	58.1	7.46	7.46	7.28	7.28	14	<0.1				
	24	0.00		0.006		56.84	58.1	7.56	7.56	7.20	7.20	24	<0.1				
	25	0.00		0.005		55	59.1	7.39	7.39	7.67	7.67	2	<0.1				
	26	0.00		0.004		55.5	57.3	7.45	7.45	7.70	7.70	<0.1	<0.1				
	27	0.00		0.010		57.38	57.02	7.33	7.33	7.29	7.29	8	<0.1				
	28	0.00		0.007		54.8	61.7	7.30	7.30	7.34	7.34	2	<0.1				
	29	0.00		0.004		57.5	55.4	7.47	7.47	7.68	7.68	<0.1	<0.1				
	30	0.00		0.011		59.36	58.46	7.51	7.51	7.24	7.24	25	<0.1				
	31	0.00		0.009		59.9	61.16	7.31	7.31	7.17	7.17	56	<0.1				
Total Precip. 0.20		Monthly Average 0.007			Monthly Maximum Influent Effluent 59.90 68.46		Minimum 7.24	Maximum 7.91	Monthly Minimum 7.17	Maximum 7.85	Monthly Maximum 56.0	Monthly Maximum <0.1	30 day flow-weighted avg (1) inf.(mg/l) eff.(mg/l) 192 4.1		30 day flow-weighted avg (1) inf.(mg/l) eff.(mg/l) 253 5.7		
Max:		0.011									30 Day Average Quantity Loading (1)		0.22	lbs/day		0	lbs/day

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

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

FACILITY MAILING ADDRESS (Street, City, Zip Code)				TELEPHONE NUMBER		CHIEF OPERATOR'S NAME Leslie A Coon Jr		CERTIFICATION GRADE 3A	
DAY	DATE	TOTAL PHOSPHORUS(mg/l)		Ultraviolet		FECAL COLIFORM		REMARKS Enter any other comments, observations, operating problems, equipment failures, etc.	
		Influent Type	Effluent Type	Contact Minimum	Effluent Maximum	Effluent MF or MPN/100ml			
	1			69.5	100.0				
	2			32.6	100.0				
	3			34.7	100.0				
	4			64.0	100.0				
	5			71.0	100.0		<1		
	6			46.2	100.0				
	7			41.5	100.0				
	8			47.0	100.0				
	9			37.8	100.0				
	10			39.6	100.0				
	11			93.4	100.0				
	12			54.6	100.0				
	13			51.4	100.0				
	14			44.3	100.0				
	15			61.7	100.0				
	16			60.1	100.0				
	17			33.3	100.0				
	18			48.6	100.0				
	19			62.0	100.0		<1		
	20			41.0	100.0				
	21			41.0	100.0				
	22			55.0	100.0				
	23			50.9	100.0				
	24			29.6	100.0				
	25			45.2	100.0				
	26			48.0	100.0				
	27			27.6	100.0				
	28			26.0	100.0				
	29			37.0	100.0				
	30			21.5	100.0				
	31			21.3	100.0				
		30 day flow-weighted avg mean(1) Influent mg/l Effluent mg/l		Monthly Minimum(1) Maximum(1)		30 day geometric mean(1)			
				21.3 100.0		<1			
		lbs/day 							

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

Fixed Media Process Control										Activated Sludge Process Control							
Day	Date	NH3		DO		TKN		UOD		Recirculation Rate M.G.D	Media effluent settleable solids ml/l	Mixed Liquor S.S. (MLSS) mg/l	Settleable Sludge Volume (SSV) ml/l		Return Act. Sludge (RAS) M.G.D.	Waste Act. Sludge (WAS) lbs/day	
		Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent				5 Minutes	30 minutes			
	1				11.9												
	2				13.1												
	3				12.2												
	4				12.1												
	5		0.3		11.7		2.6		19.50								
	6				11.1												
	7				10.7												
	8				10.4												
	9				10.1												
	10				10.2												
	11				10.1												
	12				11.4												
	13				9.6												
	14				10.3												
	15				10.3												
	16				9.9												
	17				10.6												
	18				12.9												
	19		<0.1		11.6		3.84		21.03								
	20				11.0												
	21				10.2												
	22				10.2												
	23				9.9												
	24				10.7												
	25				11.4												
	26				11.1												
	27				9.8												
	28				10.2												
	29				11.6												
	30				10.4												
	31				10.0												
Min:					9.6												
30 Day Average Quantity		MAX:	0.3			MAX:	3.84	Max:	21.03								
Loading (1)		lbs/day		lbs/day		lbs/day		lbs/day									

(1) Refer to January 1994 edition of *DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES)* for procedures to calculate loadings, arithmetic mean, geometric Mean, maximum, minimum, percent removal, etc

Effect on Receiving Stream

[illegible]

TRUCKED WASTE RECEIVED THIS MONTH

- | | | | |
|----|---|--|---------|
| 1- | Septage, holding tank waste and portable toilet waste | | |
| | Total | | Max day |

Volume (Gal.)

- | | Total | Max day |
|---------------------|-------|---------|
| 2- All other wastes | | |

- 3- Number of Part 364 haulers currently approved to transport wastes to this POTW

a. Septage, etc

b. All others

Name and amount of chemicals used in treatment process

during month:

- | | |
|----|---------|
| a. | gallons |
| b. | gallons |
| c. | Gallons |
| d. | lbs. |
| e. | Gallons |
| f. | Gallons |

Amount of electrical power consumed:

- | | | |
|---------------|-------|----------------|
| a. Commercial | _____ | kilowatt hours |
| b. Stand-by | _____ | kilowatt hours |

Amount of fuel consumed:

- | | |
|-----------------|------------|
| a. Natural Gas | cubic feet |
| b. Oil | gallons |
| c. Gasoline | gallons |
| d. Coal, | tons |
| e. Digester Gas | cubic feet |
| f. propane | gallons |

Sludge removal from plant:

- a. amount _____
b. solid content _____
c. Volatile Solids Content _____
d. Disposal Site: _____

Other Solid Wastes:

- a. Screenings _____
- b. Grit _____
- c. Ashes _____
- d. _____
- e. _____
- f. _____
- g. Disposal Site _____

Digester Gas Wasted

Labor expended:

[illegible]

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law

Leslie A Coon Jr.

Signature of Chief Operator or Designated Facility Representative

4/14/2026

Date _____

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Permit #:
Major:

NY0271420
No

Permittee:
Permittee Address:

VILLAGE OF RED HOOK
7467 SOUTH BROADWAY
RED HOOK, NY 12571

Facility:
Facility Location:

VILLAGE OF REDHOOK WWTP
US ROUTE 9
RED HOOK, NY 12571

Permitted Feature:

01A
Internal Outfall

Discharge:

01A-M
INTERNAL OUTFALL

Report Dates & Status

Monitoring Period:

From 03/01/26 to 03/31/26

DMR Due Date:

04/28/26

Status:

NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name:
Last Name:

Karen
Smythe

Title:

Mayor

Telephone:

845-758-1081

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
00011	Temperature, water deg. fahrenheit	1 - Effluent Gross	0	--	Sample										=	61.9	15 - deg F	01/01 - Daily	GR - Grab
					Permit Req.										<=	70.0 DAILY MX	15 - deg F		
					Value NODI														
00181	Oxygen demand, ultimate	1 - Effluent Gross	0	--	Sample										=	23.63	19 - mg/L	01/30 - Monthly	GR - Grab
					Permit Req.										<=	34.0 DAILY MX	19 - mg/L		
					Value NODI														
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample					=	9.9						19 - mg/L	01/01 - Daily	GR - Grab
					Permit Req.					>=	7.0 DAILY MN						19 - mg/L		
					Value NODI														
00400	pH	1 - Effluent Gross	0	--	Sample					=	6.96				=	7.19	12 - SU	01/01 - Daily	GR - Grab
					Permit Req.					>=	6.5 MINIMUM				<=	8.5 MAXIMUM	12 - SU		
					Value NODI														
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample										=	2.3	19 - mg/L	01/30 - Monthly	GR - Grab
					Permit Req.										<=	10.0 DAILY MX	19 - mg/L		
					Value NODI														
00545	Solids, settleable	1 - Effluent Gross	0	--	Sample										<	0.1	25 - mL/L	01/01 - Daily	GR - Grab
					Permit Req.										<=	0.1 DAILY MX	25 - mL/L		
					Value NODI														
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample										=	0.959	19 - mg/L	01/30 - Monthly	GR - Grab
					Permit Req.										<=	1.81 DAILY MX	19 - mg/L		
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.027			03 - MGD								99/99 - Continuous	RC - Recorder (auto)
					Permit Req.	<=	0.05 MO AVG			03 - MGD									
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample													01/01 - Daily	GR - Grab
					Permit Req.										<=	0.03 DAILY MX	19 - mg/L		
					Value NODI											9 - Conditional Monitoring - Not Required This Period			
74055	Coliform, fecal general	1 - Effluent Gross	0	--	Sample						<	1.0	<	1.0			13 - #/100mL	01/30 - Monthly	GR - Grab
					Permit Req.						<=	200.0 30DA GEO	<=	400.0 7 DA GEO			13 - #/100mL		

					Value NODI																
Submission Note																					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.																					
Edit Check Errors																					
No errors.																					
Comments																					
Attachments																					
															Name			Type		Size	
032026VillageofRedHookWWFOR.xlsx																		xlsx		408078.0	
Report Last Saved By																					
VILLAGE OF RED HOOK																					
User:										COONJ1974											
Name:										Leslie Coon											
E-Mail:										lcoon@jcoinc.org											
Date/Time:										2026-04-14 13:42 (Time Zone: -04:00)											
Report Last Signed By																					
User:										COONJ1974											
Name:										Leslie Coon											
E-Mail:										lcoon@jcoinc.org											
Date/Time:										2026-04-14 13:43 (Time Zone: -04:00)											

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Permit

Permit #:
Major:

NY0271420
No

Permittee:
Permittee Address:

VILLAGE OF RED HOOK
7467 SOUTH BROADWAY
RED HOOK, NY 12571

Facility:
Facility Location:

VILLAGE OF REDHOOK WWTP
US ROUTE 9
RED HOOK, NY 12571

Permitted Feature:

01B
Internal Outfall

Discharge:

01B-M
INTERNAL OUTFALL

Report Dates & Status

Monitoring Period:

From 03/01/26 to 03/31/26

DMR Due Date:

04/28/26

Status:

NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name:
Last Name:

Karen
Smythe

Title:

Mayor

Telephone:

845-758-1081

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00011	Temperature, water deg. fahrenheit	1 - Effluent Gross	0	--	Sample										=	68.46	15 - deg F		01/01 - Daily	GR - Grab
					Permit Req.										<=	70.0 DAILY MX	15 - deg F			
					Value NODI															
00181	Oxygen demand, ultimate	1 - Effluent Gross	0	--	Sample										=	21.03	19 - mg/L		01/30 - Monthly	GR - Grab
					Permit Req.										<=	34.0 DAILY MX	19 - mg/L			
					Value NODI															
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample					=	9.6						19 - mg/L		01/01 - Daily	GR - Grab
					Permit Req.					>=	7.0 DAILY MN						19 - mg/L			
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample					=	7.17				=	7.85	12 - SU		01/01 - Daily	GR - Grab
					Permit Req.					>=	6.5 MINIMUM				<=	8.5 MAXIMUM	12 - SU			
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample										=	5.7	19 - mg/L		01/30 - Monthly	GR - Grab
					Permit Req.										<=	10.0 DAILY MX	19 - mg/L			
					Value NODI															
00545	Solids, settleable	1 - Effluent Gross	0	--	Sample										<	0.1	25 - mL/L		01/01 - Daily	GR - Grab
					Permit Req.										<=	0.1 DAILY MX	25 - mL/L			
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample										=	0.3	19 - mg/L		01/30 - Monthly	GR - Grab
					Permit Req.										<=	1.81 DAILY MX	19 - mg/L			
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.007			03 - MGD									99/99 - Continuous	RC - Recorder (auto)
					Permit Req.	<=	0.025 MO AVG			03 - MGD										
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample														01/01 - Daily	GR - Grab
					Permit Req.										<=	0.03 DAILY MX	19 - mg/L			
					Value NODI											9 - Conditional Monitoring - Not Required This Period				
74055	Coliform, fecal general	1 - Effluent Gross	0	--	Sample							<	1.0	<	1.0		13 - #/100mL		01/30 - Monthly	GR - Grab
					Permit Req.							<=	200.0 30DA GEO	<=	400.0 7 DA GEO		13 - #/100mL			

					Value NODI																
Submission Note																					
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.																					
Edit Check Errors																					
No errors.																					
Comments																					
Attachments																					
															Name			Type		Size	
032026VillageofRedHookWWFOR.xlsx																		xlsx		408078.0	
Report Last Saved By																					
VILLAGE OF RED HOOK																					
User:										COONJ1974											
Name:										Leslie Coon											
E-Mail:										lcoon@jcoinc.org											
Date/Time:										2026-04-14 13:46 (Time Zone: -04:00)											
Report Last Signed By																					
User:										COONJ1974											
Name:										Leslie Coon											
E-Mail:										lcoon@jcoinc.org											
Date/Time:										2026-04-14 13:46 (Time Zone: -04:00)											



AG ENVIRONMENTAL RSC, LLC

LABORATORY CERTIFICATE OF RESULTS



NYSDOH ELAP # 12081
PA DEP # 68-05705
NJDEP: NY042
CT # PH-0808

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Original Report #: 83472
LCR Issue Date: 03/12/2026

Bill-to Customer Information (C55068)**Water Source Location X55068-02**

Customer Name:	Village of Red Hook	Source Name:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWSID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Sample(s) delivered on 03/05/2026 at 04:15 PM**From COC#: 80135**

Sample#	MTX	Sample Point	Sampled Date & Time	Temp	Pres. Y/N/T	Res CI	Int	Analyze Prep Date Time	Test Method	Comment (see table)	Analyte	Results	MCL (Limits)	SMCL (Limits)
SB00063164	WW	EFFLUENT 1A	03/05/2026 08:40 AM	4.0°C G4	Y		WS	03/10/2026 10:39 AM YP	Ammonia (as N) by EPA 350.1 Method	N A-00587	Ammonia (as N)	0.959 mg/L		
SB00063163	WW-G	EFFLUENT 1A	03/05/2026 01:55 PM	4.0°C G4	T	u.v.	WS	03/05/2026 04:39 PM GP	Fecal Coliform Count by Colilert-18 Method	SL 1772746749378	Fecal Coliform	<1.0 MPN/100mL		
SB00063162	WW	EFFLUENT 1A	03/05/2026 08:40 AM	4.0°C G4	Y		WS	03/09/2026 08:30 AM KD	Total Kjeldahl Nitrogen by Hach 10242 Method	N TKN-00476	Total Kjeldahl Nitrogen	3.80 mg/L		
SB00063161	WW	EFFLUENT 1A	03/05/2026 08:40 AM	4.0°C G4	N		WS	03/09/2026 09:54 AM YP	Total Suspended Solids by SM22 2540D Method	N TS-01050	Total Suspended Solids	2.4 mg/L		
SB00063160	WW	EFFLUENT 1A	03/05/2026 08:40 AM	4.0°C G4	N		WS	03/06/2026 01:47 PM CW	Carbonaceous BOD, 5-Day by SM22 5210B	B BOD-00834	Carbonaceous BOD, 5 day	2.6 mg/L		
SB00063159	WW	INFLUENT 1A	03/05/2026 08:30 AM	4.0°C G4	N		WS	03/09/2026 09:54 AM YP	Total Suspended Solids by SM22 2540D Method	N TS-01050	Total Suspended Solids	226.0 mg/L		
SB00063158	WW	INFLUENT 1A	03/05/2026 08:30 AM	4.0°C G4	N		WS	03/06/2026 01:47 PM CW	Carbonaceous BOD, 5-Day by SM22 5210B	B BOD-00834	Carbonaceous BOD, 5 day	296 mg/L		

Comment Table: N - No Comment | SL - Seal Left on Sample | B - Blank depletion was greater than 0.2 mg/L |

Remarks: T = Sodium Thiosulfate |

This report cannot be reproduced without written permission of Sullivan County Labs. Test results are limited to those methods under which our lab is certified by ELAP. Results only relate to actual samples received. The following information is provided by the customer and not by the laboratory: Source information, matrix, sample point, sampled date/time, residual chlorine, initials, and test requested. Original Report #: 83472 Page 1 of (2)

Authorized By:

*Kylea
May*

Kylea May | *Document Control*



AG ENVIRONMENTAL, RSC, LLC.
SULLIVAN COUNTY LABS
Water sample submission form

New York State Chain-of-Custody

NON-POTABLE

COC# 80135
Cust. ID: 4847
Received: 03/05/2026 4:15 PM

Page 1 of 1

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Z19101

2026-02-19
04:14:13 PM

Bill-to Customer Information: (C55068)

Customer Name: Village of Red Hook
Address: 7467 South Broadway
Town: RED HOOK **State:** NY **Zip:** 12571
Phone: 000-000-0000
Email: treasurer@redhookvillage.gov
Fax:

Well/System Location Information

Name or PWS: Village of Red Hook WW
Address: 7467 South Broadway
Town: RED HOOK **State:** NY **Zip:** 12571
PWS-ID/SPDES: NY0271420
Contact Name: Les Coon
Phone: 8455443151

Notes:

Winter Plant 1-A Ice:

10 CRR-NY 5-1.74 of the NY State Code requires the owner of a public water system shall ensure the approved environmental laboratory performing the analyses sends laboratory results to the Dept. of Health in a manner prescribed by them. Initial here ____ if you want us to forward your results to the Dept. of Health. Note: It is your responsibility to verify that they receive it.

Customer Sample Collection Data

	Bottle Sample#	C/G	Sample Point	Date Sampled	Time Sampled	Initials Who Sampled	Test Requested - ELAP/EPA Method	Comments/ Sample Temp
1	SB00063164		Effluent 1A	3/5/26	840 A/P	WS	Ammonia (as N) by EPA 350.1 Method	4.0 64 PH 2.0
2	SB00063163	G	Effluent 1A	3/5/26	155 A/P	WS	Fecal Coliform Count by Colilert-18 Method	u.t.e.
3	SB00063162		Effluent 1A	3/5/26	840 A/P	WS	Total Kjeldahl Nitrogen by Hach 10242 Method	PH 2.0
4	SB00063161		Effluent 1A	3/5/26	840 A/P	WS	Total Suspended Solids by SM22 2540D Method	
5	SB00063160		Effluent 1A	3/5/26	840 A/P	WS	Carbonaceous BOD, 5-Day by SM22 5210B	
6	SB00063159		Influent 1A	3/5/26	830 A/P	WS	Total Suspended Solids by SM22 2540D Method	
7	SB00063158		Influent 1A	3/5/26	830 A/P	WS	Carbonaceous BOD, 5-Day by SM22 5210B	
8					A/P			
9					A/P			
10					A/P			
11					A/P			

Relinquished By:	W. Squires	Relinquished To:	[Signature]	Received Date:	3/5/26	Received Time:	1:55
Relinquished By:	[Signature]	Relinquished To:	[Signature]	Received Date:	3/5/26	Received Time:	4:15pm



AG ENVIRONMENTAL RSC, LLC

LABORATORY CERTIFICATE OF RESULTS



NYSDOH ELAP # 12081
PA DEP # 68-05705
NJDEP: NY042
CT # PH-0808

AMENDED REPORT: Replaces Original Report No.: 83473

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Amended Report #: B2912
LCR Issue Date: 04/01/2026

Bill-to Customer Information (C55068)**Water Source Location X55068-02**

Customer Name:	Village of Red Hook	Source Name:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWSID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Sample(s) delivered on 03/05/2026 at 04:15 PM

From COC#: 80138

Sample#	MTX	Sample Point	Sampled Date & Time	Temp	Pres. Y/N/T	Res CI	Int	Analyze Prep Date Time	Test Method	Comment (see table)	Analyte	Results	MCL (Limits)	SMCL (Limits)
SB00063157	WW	EFFLUENT 1B	03/05/2026 01:20 PM	5.6°C G4	Y		WS	03/10/2026 10:39 AM YP	Ammonia (as N) by EPA 350.1 Method	N A-00587	Ammonia (as N)	0.294 mg/L		
SB00063156	WW-G	EFFLUENT 1B	03/05/2026 01:20 PM	5.6°C G4	T	u.v.	WS	03/05/2026 04:39 PM GP	Fecal Coliform Count by Colilert-18 Method	SL 1772746749378	Fecal Coliform	<1.0 MPN/100mL		
SB00063155	WW	EFFLUENT 1B	03/05/2026 01:20 PM	5.6°C G4	Y		WS	03/09/2026 08:30 AM KD	Total Kjeldahl Nitrogen by Hach 10242 Method	N TKN-00476	Total Kjeldahl Nitrogen	2.60 mg/L		
SB00063154	WW	EFFLUENT 1B	03/05/2026 01:20 PM	5.6°C G4	N		WS	03/09/2026 11:29 AM YP	Total Suspended Solids by SM22 2540D Method	N TS-01051	Total Suspended Solids	6.4 mg/L		
SB00063153	WW	EFFLUENT 1B	03/05/2026 01:20 PM	5.6°C G4	N		WS	03/06/2026 01:47 PM DE	Carbonaceous BOD, 5-Day by SM22 5210B	B BOD-00834	Carbonaceous BOD, 5 day	5.2 mg/L		
SB00063152	WW	INFLUENT 1B	03/05/2026 01:30 PM	5.6°C G4	N		WS	03/09/2026 11:29 AM YP	Total Suspended Solids by SM22 2540D Method	N TS-01051	Total Suspended Solids	276.0 mg/L		
SB00063151	WW	INFLUENT 1B	03/05/2026 01:30 PM	5.6°C G4	N		WS	03/06/2026 01:47 PM DE	Carbonaceous BOD, 5-Day by SM22 5210B	B BOD-00834	Carbonaceous BOD, 5 day	201 mg/L		

Comment Table: N - No Comment | SL - Seal Left on Sample | B - Blank depletion was greater than 0.2 mg/L |

Remarks: T = Sodium Thiosulfate | Amended to display correct Value in Pres. Y/N/T Col. For sample SB00063151 -aw

This report cannot be reproduced without written permission of Sullivan County Labs. Test results are limited to those methods under which our lab is certified by ELAP. Results only relate to actual samples received. The following information is provided by the customer and not by the laboratory: Source information, matrix, sample point, Amended Report #: B2912 Page 1 of (2)

sampled date/time, residual chlorine, initials, and test requested.

Authorized By:

A handwritten signature in black ink, appearing to be 'AE' with a stylized flourish.

Allanha Wickham | *Document Control*



AG ENVIRONMENTAL, RSC, LLC.
SULLIVAN COUNTY LABS
Water sample submission form

New York State Chain-of-Custody

NON-POTABLE

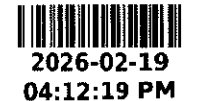
COC# 80138
Cust. ID: 4847
Received: 03/05/2026 4:15 PM



Page 1 of 1

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Z19100



2026-02-19
04:12:19 PM

Bill-to Customer Information: (C55068)

Well/System Location Information

Customer Name:	Village of Red Hook	Name or PWS:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWS-ID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Notes:

Winter Plant 1-B Ice: 5.6

10 CRR-NY 5-1.74 of the NY State Code requires the owner of a public water system shall ensure the approved environmental laboratory performing the analyses sends laboratory results to the Dept. of Health in a manner prescribed by them. Initial here _____ if you want us to forward your results to the Dept. of Health. Note: It is your responsibility to verify that they receive it.

Customer Sample Collection Data

	Bottle Sample#	C/G	Sample Point	Date Sampled	Time Sampled	Initials Who Sampled	Test Requested - ELAP/EPA Method	Comments/ Sample Temp
✓	1		Effluent 1B	3/5/26	120 A/P	WS	Ammonia (as N) by EPA 350.1 Method	2.0
✓	2	G	Effluent 1B		120 A/P		Fecal Coliform Count by Colilert-18 Method	u.v.
✓	3		Effluent 1B		120 A/P		Total Kjeldahl Nitrogen by Hach 10242 Method	2.0
✓	4		Effluent 1B		120 A/P		Total Suspended Solids by SM22 2540D Method	
✓	5		Effluent 1B		120 A/P		Carbonaceous BOD, 5-Day by SM22 5210B	
✓	6		Influent 1B		130 A/P		Total Suspended Solids by SM22 2540D Method	
✓	7		Influent 1B		130 A/P		Carbonaceous BOD, 5-Day by SM22 5210B	
	8				A/P			
	9				A/P			
	10				A/P			
	11				A/P			

Relinquished By:	W. Sullivan	Relinquished To:	JOB	Received Date:	3/5/26	Received Time:	1:36
Relinquished By:	JOB	Relinquished To:	[Signature]	Received Date:	3/5/26	Received Time:	4:15 pm



AG ENVIRONMENTAL RSC, LLC

LABORATORY CERTIFICATE OF RESULTS



NYSDOH ELAP # 12081
PA DEP # 68-05705
NJDEP: NY042
CT # PH-0808

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Original Report #: 84112
LCR Issue Date: 03/30/2026

Bill-to Customer Information (C55068)**Water Source Location X55068-02**

Customer Name:	Village of Red Hook	Source Name:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWSID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Sample(s) delivered on 03/19/2026 at 04:15 PM**From COC#: 80660**

Sample#	MTX	Sample Point	Sampled Date & Time	Temp	Pres. Y/N/T	Res CI	Int	Analyze Prep Date Time	Test Method	Comment (see table)	Analyte	Results	MCL (Limits)	SMCL (Limits)
SB00063544	WW	EFFLUENT 1A	03/19/2026 08:15 AM	7.6°C G4	Y		WS	03/20/2026 09:52 AM DE	Ammonia (as N) by EPA 350.1 Method	N A-00593	Ammonia (as N)	<0.100 mg/L		
SB00063543	WW-G	EFFLUENT 1A	03/19/2026 01:20 PM	7.6°C G4	T	U.V.	WS	03/19/2026 04:41 PM MN	Fecal Coliform Count by Colilert-18 Method	N 1773952864384	Fecal Coliform	<1.0 MPN/100mL		
SB00063542	WW	EFFLUENT 1A	03/19/2026 08:15 AM	7.6°C G4	Y		WS	03/23/2026 08:28 AM KD	Total Kjeldahl Nitrogen by Hach 10242 Method	N TKN-00480	Total Kjeldahl Nitrogen	4.15 mg/L		
SB00063541	WW	EFFLUENT 1A	03/19/2026 08:15 AM	7.6°C G4	N		WS	03/23/2026 10:03 AM CJ	Total Suspended Solids by SM22 2540D Method	N TS-01056	Total Suspended Solids	2.2 mg/L		
SB00063540	WW	EFFLUENT 1A	03/19/2026 08:15 AM	7.6°C G4	N		WS	03/20/2026 02:24 PM DE	Carbonaceous BOD, 5-Day by SM22 5210B	N CBOD-00843	Carbonaceous BOD, 5 day	3.3 mg/L		
SB00063539	WW	INFLUENT 1A	03/19/2026 08:15 AM	7.6°C G4	N		WS	03/23/2026 10:03 AM CJ	Total Suspended Solids by SM22 2540D Method	N TS-01056	Total Suspended Solids	191.2 mg/L		
SB00063538	WW	INFLUENT 1A	03/19/2026 08:15 AM	7.6°C G4	N		WS	03/20/2026 02:24 PM DE	Carbonaceous BOD, 5-Day by SM22 5210B	N CBOD-00843	Carbonaceous BOD, 5 day	243 mg/L		

Comment Table: N - No Comment |

Remarks: T = Sodium Thiosulfate | Amended to display correct Value in Pres. Y/N/T Col. -KM

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Authorized By:

*Kylea
May*

Kylea May | *Document Control*



AG ENVIRONMENTAL, RSC, LLC.
SULLIVAN COUNTY LABS
Water sample submission form

New York State Chain-of-Custody

NON-POTABLE

COC# 80660
Cust. ID: 4847
Received: 03/19/2026 4:15 PM



Page 1 of 1

Z19153



2026-02-26

02:40:56 PM

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Bill-to Customer Information: (C55068)

Well/System Location Information

Customer Name:	Village of Red Hook	Name or PWS:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWS-ID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Notes:

Winter Plant 1-A

Ice:

10 CRR-NY 5-1.74 of the NY State Code requires the owner of a public water system shall ensure the approved environmental laboratory performing the analyses sends laboratory results to the Dept. of Health in a manner prescribed by them. Initial here _____ if you want us to forward your results to the Dept. of Health. Note: It is your responsibility to verify that they receive it.

Customer Sample Collection Data

	Bottle Sample#	C/G	Sample Point	Date Sampled	Time Sampled	Initials Who Sampled	Test Requested - ELAP/EPA Method	Comments/ Sample Temp
✓	1		Effluent 1A	3-19-26	815 A/P	WS	Ammonia (as N) by EPA 350.1 Method	20 7.6 (64)
✓	2	G	Effluent 1A		120 A/P		Fecal Coliform Count by Colilert-18 Method	U.V.
✓	3		Effluent 1A		815 A/P		Total Kjeldahl Nitrogen by Hach 10242 Method	2.0
✓	4		Effluent 1A		815 A/P		Total Suspended Solids by SM22 2540D Method	
✓	5		Effluent 1A		815 A/P		Carbonaceous BOD, 5-Day by SM22 5210B	
✓	6		Influent 1A		815 A/P		Total Suspended Solids by SM22 2540D Method	
✓	7		Influent 1A		815 A/P		Carbonaceous BOD, 5-Day by SM22 5210B	
	8				A/P			
	9				A/P			
	10				A/P			
	11				A/P			

Relinquished By:	W. Squires	Relinquished To:	JOB	Received Date	3/19/26	Received Time	1:56
Relinquished By:	JOB	Relinquished To:	JB	Received Date	3/19/26	Received Time	4:15pm



AG ENVIRONMENTAL RSC, LLC

LABORATORY CERTIFICATE OF RESULTS



NYSDOH ELAP # 12081
PA DEP # 68-05705
NJDEP: NY042
CT # PH-0808

86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Original Report #: 84049
LCR Issue Date: 03/27/2026

Bill-to Customer Information (C55068)**Water Source Location X55068-02**

Customer Name:	Village of Red Hook	Source Name:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWSID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Sample(s) delivered on 03/19/2026 at 04:15 PM**From COC#: 80658**

Sample#	MTX	Sample Point	Sampled Date & Time	Temp	Pres. Y/N/T	Res CI	Int	Analyze Prep Date Time	Test Method	Comment (see table)	Analyte	Results	MCL (Limits)	SMCL (Limits)
SB00063537	WW	EFFLUENT 1B	03/19/2026 01:30 PM	10.3°C G4	Y		WS	03/20/2026 09:52 AM DE	Ammonia (as N) by EPA 350.1 Method	N A-00593	Ammonia (as N)	<0.100 mg/L		
SB00063536	WW-G	EFFLUENT 1B	03/19/2026 01:45 PM	10.3°C G4	T	u.v.	WS	03/19/2026 04:41 PM MN	Fecal Coliform Count by Colilert-18 Method	N 1773952864384	Fecal Coliform	<1.0 MPN/100mL		
SB00063535	WW	EFFLUENT 1B	03/19/2026 01:30 PM	10.3°C G4	Y		WS	03/23/2026 08:28 AM KD	Total Kjeldahl Nitrogen by Hach 10242 Method	N TKN-00480	Total Kjeldahl Nitrogen	3.84 mg/L		
SB00063534	WW	EFFLUENT 1B	03/19/2026 01:30 PM	10.3°C G4	N		WS	03/23/2026 10:03 AM CJ	Total Suspended Solids by SM22 2540D Method	N TS-01056	Total Suspended Solids	4.8 mg/L		
SB00063533	WW	EFFLUENT 1B	03/19/2026 01:30 PM	10.3°C G4	N		WS	03/20/2026 02:23 PM CW	Carbonaceous BOD, 5-Day by SM22 5210B	N CBOD-00843	Carbonaceous BOD, 5 day	2.5 mg/L		
SB00063532	WW	INFLUENT 1B	03/19/2026 01:30 PM	10.3°C G4	N		WS	03/23/2026 10:03 AM CJ	Total Suspended Solids by SM22 2540D Method	N TS-01056	Total Suspended Solids	220.5 mg/L		
SB00063531	WW	INFLUENT 1B	03/19/2026 01:30 PM	10.3°C G4	N		WS	03/20/2026 02:23 PM CW	Carbonaceous BOD, 5-Day by SM22 5210B	N CBOD-00843	Carbonaceous BOD, 5 day	179 mg/L		

Comment Table: N - No Comment |

Remarks: T = Sodium Thiosulfate |

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Authorized By:

*Kylea
May*

Kylea May | *Document Control*

AG ENVIRONMENTAL, RSC, LLC.
SULLIVAN COUNTY LABS
Water sample submission form

New York State Chain-of-Custody

NON-POTABLE

COC# 80658
Cust. ID: 4847
Received: 03/19/2026 4:15 PM



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86 Queen Mountain Road, Ferndale, New York, 12734 / Phone: 845.704.8151 / Fax: 845.414.0051

Z19152



2026-02-26
02:39:19 PM

Bill-to Customer Information: (C55068)

Well/System Location Information

Customer Name:	Village of Red Hook	Name or PWS:	Village of Red Hook WW
Address:	7467 South Broadway	Address:	7467 South Broadway
Town:	RED HOOK State: NY Zip: 12571	Town:	RED HOOK State: NY Zip: 12571
Phone:	000-000-0000	PWS-ID/SPDES:	NY0271420
Email:	treasurer@redhookvillage.gov	Contact Name:	Les Coon
Fax:		Phone:	8455443151

Notes:

Winter Plant 1-B Ice:

10 CRR-NY 5.1.74 of the NY State Code requires the owner of a public water system shall ensure the approved environmental laboratory performing the analyses sends laboratory results to the Dept. of Health in a manner prescribed by them. Initial here if you want us to forward your results to the Dept. of Health. Note: It is your responsibility to verify that they receive it.

Customer Sample Collection Data

	Bottle Sample#	C/G	Sample Point	Date Sampled	Time Sampled	Initials Who Sampled	Test Requested - ELAP/EPA Method	Comments/ Sample Temp
✓ 1	SB00063537		Effluent 1B		1:30 A/P		Ammonia (as N) by EPA 350.1 Method	2.0 10.3 (64)
✓ 2	SB00063536	G	Effluent 1B		1:45 A/P		Fecal Coliform Count by Colilert-18 Method	U.V.
✓ 3	SB00063535		Effluent 1B		1:30 A/P		Total Kjeldahl Nitrogen by Hach 10242 Method	2.0
✓ 4	SB00063534		Effluent 1B		1:30 A/P		Total Suspended Solids by SM22 2540D Method	
✓ 5	SB00063533		Effluent 1B		1:30 A/P		Carbonaceous BOD, 5-Day by SM22 5210B	
✓ 6	SB00063532		Influent 1B		1:30 A/P		Total Suspended Solids by SM22 2540D Method	
✓ 7	SB00063531		Influent 1B		1:30 A/P		Carbonaceous BOD, 5-Day by SM22 5210B	
8					A/P			
9					A/P			
10					A/P			
11					A/P			

Relinquished By:	W Sullivan	Relinquished To:	gab	Received Date:	3/19/26	Received Time:	1:56
Relinquished By:	gab	Relinquished To:	B	Received Date:	3/19/26	Received Time:	4:15pm