

ANNUAL DRINKING WATER QUALITY REPORT FOR 2018

INTRODUCTION

To comply with State regulations, the Kensico Water District will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. Last year, our system exceeded the drinking water standard for total haloacetic acid concentrations in third quarter and fourth quarter. The locational running annual average for the third quarter and fourth quarters were 61.63 ppb and 68.06 ppb respectively, which exceeded the state and federal drinking water standard of 60 ppb. As we informed you at that time, our water exceeded a drinking water standard and we are working to rectified the problem. This report provides an overview of last year's water quality. Included are details about where your water comes from, what it contains, and how it compares to State standards.

If you have any questions about this report or concerning your drinking water, please contact David A. Smyth, P.E., Interim Superintendent, Town of Mount Pleasant Water and Sewer Department, at 831-1062. We want you to be informed about your drinking water. If you want to learn more, please attend any of our regularly scheduled Town Board meetings. The Town Board of the Town of Mount Pleasant serves as the Board of Commissioners for the Kensico Water District. The Board meets on the second and fourth Tuesday of each month in Town Hall at 8:30 pm. Please feel free to participate in these meetings.

WHERE DOES OUR WATER COME FROM?

In general, the sources of drinking water (both tap and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activities. Contaminants that may be present in source water include: microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants. In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations which limit the amount of certain contaminants in water provided by public water systems. The State Health Department's and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Our water is purchased from The New York City Water Board, and is drawn from the Delaware Aqueduct. The water taken from the Delaware system is not fluoridated. Prior to October 1, 2013 the district was required to provide treatment to achieve at least 99.9 percent inactivation of Giardia Lamblia cysts and 99.99 percent inactivation of enteric viruses. As of October 1, 2013, the District is required to provide additional treatment to achieve at least a 99 percent inactivation of Cryptosporidium cysts. This additional treatment has been provided through the addition of an Ultraviolet Light Disinfection System at the Commerce Street Pump Station, which was designed to achieve in excess of 99 percent inactivation of Cryptosporidium cysts. The treatment provided consists of:

Ultraviolet Light Disinfection

The Kensico Water District treats the water received from the Delaware Aqueduct at the Commerce Street Pump Station with Ultraviolet Light Disinfection in order to inactivate Cryptosporidium and Giardia.

Extended Disinfection

The Kensico Water District further disinfects the water with chlorine initially as it leaves the Commerce Street Pump Station, and again at the water storage facilities, if required, to achieve the inactivation enteric viruses. Prior to entering the distribution system the chlorine residual is again analyzed and adjusted as required to maintain a detectable level of chlorine in the distribution system in order to maintain disinfection.

Corrosion Control Treatment

In order to inhibit leaching of lead and copper from household plumbing, the finished water is treated with sodium hydroxide to adjust the pH and with a polyphosphate corrosion inhibitor. This treatment is performed to comply with the lead and copper rule.

Fluoridation

The Districts primary source, the Delaware Aqueduct System, is not fluoridated.

FACTS AND FIGURES

Our water system serves approximately 17,983 people through approximately 5138 service connections. In 2018, the Kensico Water District purchased approximately 779 million gallons of water from New York City. Approximately 555 million gallons were billed to consumers, and approximately 52 million gallons were billed to the Old Farm Hill Water District. The volume of unaccounted-for water in 2018 was approximately 224 million gallons, which represents 29 percent of the total amount of water pumped. Unaccounted-for water includes water lost due to water main breaks, hydrant flushing, street cleaning, fire fighting, sewer flushing and other un-metered water uses.

All accounts are billed on a quarterly basis. In 2018, water customers were billed at a tiered rate per 1000 gallons of water. The district has three tiers and the rates are based on consumption. For accounts with meters from 1.5 inches to 8 inches, there is also a meter charge included on each bill. The meter charge ranges from \$2.75 to \$108.00 for a 1 inch and 10 inch meter, respectively. Also, for those accounts that have either a separate sprinkler service or private fire hydrants, there is a charge that ranges from \$37.10 to \$95.00 per hydrant and \$20.00 to \$80.00 for sprinkler service. In addition to the quarterly bill, each account received a tax levy of approximately \$54.79 per \$1000 of assessed valuation, on their 2018 April tax bill.

ARE THERE CONTAMINANTS IN OUR DRINKING WATER?

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include: total coliform, turbidity, inorganic compounds, nitrate, nitrite, lead and copper, volatile organic compounds, total trihalomethanes, and synthetic organic compounds.

The table presented below depicts which compounds were detected in your drinking water. The State allows us to test for some contaminants less than once a year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

Included as a supplement to this notice is a report of analytical testing results for contaminants required to be tested for by the United States Environmental Protection Agency and the New York State Department of Health. This supplement is available to consumers of the Kensico Water District upon request.

It should be noted that all drinking water, including bottled water, may be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791) or the Westchester County Department of Health at 813-5000.

Table of Contaminants

Contaminant	Violation Yes/No	Date of Sample	Level Detected (Avg/Max) (Range)	Unit Measurement	MCLG	Regulatory Limit (MCL, TT or AL)	Likely Source of Contamination
Microbiological Contaminants							
Turbidity (Note 1)	No	2018	1.40 NTU (0.57/ 0.70) (Note 2/ Note 3) (0.90 – 1.40)	NTU	N/a	<5.0 NTU	Soil Runoff
Coliform	No	06/2018	1 Positive	n/a	0	2 or more positive samples	Naturally present in the environment.
Inorganic Contaminants							
Barium	No	05/18	0.0187	mg/l	2.0	2.0	Erosion of natural deposits.
Calcium	No	05/18	6280	ug/l	n/a	N/A	Erosion of natural deposits.
Chloride	No	05/18	12.7	mg/l	n/a	250	Naturally occurring or indicative of road salt contamination.
Chromium	No	05/18	1.0	ug/l	100	N/A	Erosion of natural deposits.
Cyanide	No	05/18	0.0032	mg/l	0.20	0.20	Discharge from plastic and fertilizers
Hardness	No	05/18	22 mg/l as CaCO3	mg/l	n/a	N/A	Erosion of natural deposits.
Magnesium	No	05/18	1450	ug/l	n/a	N/A	Erosion of natural deposits.
Manganese	No	05/18	15.0	ug/l	n/a	300	Naturally occurring.
Sodium	No	05/18	10.5	mg/l	n/a	See Health Effects (Note 7)	Erosion of natural deposits.
Sulfate	No	05/18	4.18	mg/l	n/a	250	Erosion of natural deposits.
Nickel	No	05/18	0.66	ug/l	n/a	n/a	Erosion of natural deposits.
Nitrate	No	05/18	0.124	mg/l	10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage. Erosion of natural deposits.
Zinc	No	05/18	11.8	ug/l	0	5000	Naturally occurring.
Radiological Contaminants							
Gross Alpha (Including radium-226 but excluding radon and uranium)	No	2013	0.45 (+/- 0.37)	Pci/L	0	15	Erosion of natural deposits.
Beta particles and photon activity from man-made radionuclides	No	2013	0.44 (+/- 0.42)	Pci/L	0	See Footnote 4 (Note 4)	Decay of natural deposits and man-made emissions.
Combined radium-226 and 228	No	2013	0.52 (+/- 0.43)	Pci/L	0	5	Erosion of natural deposits.
Unregulated (Inorganic) Contaminants							
Chromium (121 Lozza Drive)	No	09/14	0.29	ug/l	n/a	n/a	Naturally occurring.
Chromium (600 Marble Avenue)	No	09/14	0.93	ug/l	n/a	n/a	Naturally occurring.
Strontium (121 Lozza Drive)	No	09/14	19.6	ug/l	n/a	n/a	Naturally occurring.
Strontium (600 Marble Avenue)	No	09/14	32.0	ug/l	n/a	n/a	Naturally occurring.
Chlorate (121 Lozza Drive)	No	09/14	95.1	ug/l	n/a	n/a	Naturally occurring.
Chlorate (600 Marble Avenue)	No	09/14	82.3	ug/l	n/a	n/a	Naturally occurring.
Vanadium (600 Marble Avenue)	No	09/14	0.20	ug/l	n/a	n/a	Naturally occurring.
UCMR3 Chromium, Hexavalent (121 Lozza Drive)	No	09/14	0.042	ug/l	n/a	n/a	Naturally occurring.
UCMR3 Chromium, Hexavalent (600 Marble Avenue)	No	09/14	0.620	ug/l	n/a	n/a	Naturally occurring.
Disinfection Byproducts							
Total Trihalomethanes	No	2018	62.22 (Note 5)	ug/l	n/a	80	By-product of drinking water chlorination needed to kill harmful organisms. TTHMs are formed when source water contains large amounts of organic matter.
(Min/Max.)	No	2018	(25.86/99.14)	ug/l	n/a		
Haloacetic Acids	Yes	2018	68.06 (Note 5)	ug/l	n/a	60	By-product of drinking water chlorination needed to kill harmful organisms.
(Min/Max.)	Yes	2018	(32.2/80.19)	ug/l	n/a		

Notes:

1 – Turbidity is a measure of the cloudiness of the water. We test it because it is a good indicator of the effectiveness of our filtration system. Our highest single turbidity measurement for the year occurred in June (1.40 NTU). State regulations require that turbidity must always be below 5.0 NTU. The regulations require that 95% of the turbidity samples collected have measurements below 0.5 NTU (or below 0.3 NTU if you serve 10,000 or more people). Although June was the month when we had the fewest measurements meeting the treatment technique for turbidity, the levels recorded were within the acceptable range allowed and did not constitute a treatment technique violation.

- 2 – The level presented represents the yearly turbidity average.
- 3 – The level presented represents the maximum monthly turbidity average.
- 4 – The State considers 50 pCi/L to be the level of concern for beta particles.
- 5- The level represents the highest value of Locational Running Annual Average calculated from the data collected.
- 6- The range represents the minimum and the maximum values out of all TTHMs and HAAs data collected throughout the year.
- 7- Water containing more than 20 mg/l of sodium should not be used for drinking by people on severely restricted sodium diets. Water containing more than 270 mg/l of sodium should not be used for drinking by people on moderately restricted sodium diets.

Lead & Copper

Contaminant	Violation Yes/No	Date of Sample	Level Detected (90% value) (Range)	Unit Measurement	MCLG	Regulatory Limit (AL)	# of Samples Collected	# of Samples exceeds AL (Range)
Copper	No	07/2015	0.324 (Note 1) (.011 - .457)	mg/l	1.3	1.3	30	0
Lead	No	07/2015	1.1 (Note 2) (<LOQ-4.7)	ug/l	0	15	30	0

1 – The level presented represents the 90th percentile of the 30 sites tested. A percentile is a value on a scale of 100 that indicates the percent of a distribution that is equal to or below it. The 90th percentile is equal to or greater than 90% of the copper values detected at your water system. In this case, thirty samples were collected at your water system and the 90th percentile value was the 27th highest value (.324 mg/l). The action level for copper was not exceeded at any of the sites tested. The action level for copper is 1.3 mg/l.

2 – The level presented represents the 90th percentile of the 30 sites tested. In this case, thirty samples were collected at your water system and the 90th percentile value was the 27th highest value (1.1 ug/l). The action level for lead was not exceeded at any of the sites tested. The action level for lead is 15ug/l.

NOTE: If present, elevated levels of lead can cause serious health problems, especially for pregnant women, infants, and young children. It is possible that lead levels at your home may be higher than at other homes in the community as a result of materials used in your home's plumbing. Kensico Water District is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline (1-800-426-4791) or at <http://www.epa.gov/safewater/lead>.

Definitions:

Maximum Contaminant Level (MCL): The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.

Maximum Contaminant Level Goal (MCLG): The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Maximum Residual Disinfectant Level (MRDL): The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum Residual Disinfectant Level Goal (MRDLG): The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination.

Action Level (AL): The concentration of a contaminant, which if exceeded, triggers treatment or other requirements, which a water system must follow.

Treatment Technique (TT): A required process intended to reduce the level

of a contaminant in drinking water.

Non-Detects (ND): Laboratory analysis indicates that the constituent is not present.

Nephelometric Turbidity Unit (NTU): A measure of the clarity of water. Turbidity in excess of 5 NTU is just noticeable to the average person.

Milligrams per liter (mg/l): Corresponds to one part of liquid in one million parts of liquid (parts per million – ppm).

Micrograms per liter (ug/l): Corresponds to one part of liquid in one billion parts of liquid (parts per billion – ppb).

Nanograms per liter (ng/l): Corresponds to one part of liquid to one trillion parts of liquid (parts per trillion – ppt).

Picograms per liter (pg/l): Corresponds to one part of liquid to one quadrillion parts of liquid (parts per quadrillion – ppq).

Picocuries per liter (pCi/L): A measure of the radioactivity in water.

Millirems per year (mrem/yr): A measure of radiation absorbed by the body.

Million Fibers per Liter (MFL): A measure of the presence of asbestos fibers that, are longer than 10 micrometers.

Variance and Exemption: State or EPA permission not to meet a MCL or treatment technique under certain conditions.

<LOQ: Less than the Limit of Quantitation

n/a: not applicable, **ppb:** part per billion or microgram per liter, **ppm:** parts per million or milligram per liter, **TTHM:** (total trihalomethane) means the sum of the concentration of trichloromethane (chloroform), dibromochloromethane, bromodichloromethane and tribromomethane (bromoform).

In addition to the detected contaminants listed above, the following ten (10) inorganic contaminants were sampled for but not detected: antimony, arsenic, beryllium, cadmium, iron, mercury, nitrite, selenium, silver, and thallium. Also, the following one hundred and fourteen (114) organic contaminants were sampled for but not detected: 2,3,7,8-TCDD (Dioxin), 1,2-Dibromo-3-chloropropane, 1,2-Dibromoethane, Butachlor, 1,3-Butadiene, Metolachlor, Metribuzin, Aldrin, Chlordane, Dieldrin, Endrin, Heptachlor, Heptachlor Epoxide, Lindane, Methoxychlor, PCB's, Propachlor, Toxaphene, 2,4,5-T, 2,4-D, 2,4-Dinitrotoluene, 2,6-Dinitrotoluene, 4,4-DDE, Dalapon, Dicamba, Dinoseb, Pentachlorophenol, Picloram, Silvex, THM-Bromodichloromethane, THM-Bromoform, THM-Chloroform, THM-Dibromochloromethane, 1,1,1,2-tetrachloroethane, 1,1,1-trichloroethane, 1,1,2,2-tetrachloroethane, 1,1,2-trichloroethane, 1,1-dichloroethane, 1,1-Dichloroethene, 1,1-dichloropropene, 1,2,3-trichlorobenzene, 1,2,3-trichloropropane, 1,2,4-trichlorobenzene, 1,2,4-trimethylbenzene, 1,2 dichlorobenzene, 1,2-dichloroethane, 1,2-dichloropropane, 1,3,5-trimethylbenzene, 1,3-dichlorobenzene, 1,3-dichloropropane, 1,4-dichlorobenzene, 2,2-dichloropropane, 2-butanone(MEK), 2-chlorotoluene, 4-chlorotoluene, Acetochlor, Benzene, Bromobenzene, Bromochloromethane, Bromomethane, Carbon tetrachloride, Chlorobenzene, Chlorethane, Chloromethane, Chlorodifluoromethane, cis-1,2-dichloroethene, cis-1,3-dichloropropene, DCPA (di-acid), Dibromomethane, Dichlorodifluoromethane, EPTC, Ethylbenzene, Hexachlorobutadiene, Isopropylbenzene, Methyl iso-butyl ketone (MIBK), Methyl tert-butyl ether (MTBE), Methylene Chloride, N-butylbenzene, N-propylbenzene, Naphthalene, O-xylene, P & M-xylene, P-isopropyltoluene, SEC-butylbenzene, Styrene, TERT-butylbenzene, Tetrachloroethene, Toluene, trans-1,2-dichloroethene, trans-1,3-dichloropropene, Trichloroethene, Trichlorofluoromethane, Vinyl chloride, Alachlor, Atrazine, Benzo(a)pyrene, Bis(2-Ethylhexyl)adipate, Hexachlorobenzene, Hexachlorocyclopentadiene, Simazine, 3-Hydroxycarbofuran, Aldicarb, Aldicarb sulfone, Aldicarb sulfoxide, Carbaryl, Carbofuran, Methomyl, Molinate, Oxamyl, Glyposate, Endothall, Diquat, Nitrobenzene, Simazine, and Terbacil. The following six (6) unregulated organic contaminants were sampled for but not detected: Perfluoroheptanoic acid, Perfluorohexanesulfonic acid, Perfluorononanoic acid, Perfluorooctanesulfonic acid, Perfluorooctanoic acid and Perfluorobutanesulfonic acid. The following two (2) Radionuclides were sampled for but not detected: Tritium and Strontium 90.

WHAT DOES THIS INFORMATION MEAN?

The table shows that our system is impacted by a problem with the total running average of haloacetic acid concentrations. The duration of the violation is currently on going, measures will be implemented to reduce the formation of these acids as to return to meeting state standards. Some studies suggest that people who drank chlorinated drinking water containing disinfection by-products (including haloacetic acids) for a long periods of time (e.g., 20 to 30 years) have an increased risk for cancer. However, how long and how frequently people actually drank the water, and how much haloacetic acids the water contained is not known for certain. Therefore, the evidence from these studies is not strong enough to conclude that the observed increased risk for cancer is due to haloacetic acids, other disinfection by-products, or some other factor. We are working with the Westchester County Dept. of Health and have hired a consulting firm with expertise in water treatment whom will study our drinking water practice and provide recommendations for adjustments to our treatment procedures in order to correct this problem.

We have learned through our testing that some contaminants have been detected; however, these contaminants were detected below New York State requirements. It should be noted that the action level for lead was not exceeded in any of the thirty (30) samples collected. We are required to present the following information on lead in drinking water:

If present, elevated levels of lead can cause serious health problems, especially for pregnant women, infants, and young children. It is possible that lead levels at your home may be higher than at other homes in the community as a result of materials used in your home's plumbing. Kensico Water District is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline (1-800-426-4791) or at <http://www.epa.gov/safewater/lead>.

IS OUR WATER SYSTEM MEETING OTHER RULES THAT GOVERN OPERATIONS?

During 2018, our system was in compliance with applicable state drinking water operating, monitoring and reporting requirements.

INFORMATION ON CRYPTOSPORIDIUM

Cryptosporidium is a microbial pathogen found in surface water and groundwater under the influence of surface water. Although filtration removes Cryptosporidium, the most commonly used filtration methods cannot guarantee 100 percent removal. During 2018, as part of our routine sampling conducted by the New York City Department of Environmental Protection, 53 samples were collected at the Delaware Aqueduct chamber and analyzed for Cryptosporidium oocysts. Of these samples, 5 Cryptosporidium oocysts were detected. Current test methods do not allow us to determine if the organisms are dead or if they are capable of causing disease. Ingestion of Cryptosporidium may cause cryptosporidiosis, a gastrointestinal infection. Symptoms of infection include nausea, diarrhea, and abdominal cramps. Most healthy individuals can overcome disease within a few weeks. However, immuno-compromised people are at greater risk of developing life-threatening illness. We encourage immuno-compromised individuals to consult their health care provider regarding appropriate precautions to take to avoid infection. Cryptosporidium must be ingested to cause disease, and it may be spread through means other than drinking water.

INFORMATION ON GIARDIA

Giardia is a microbial pathogen present in varying concentrations in many surface waters and groundwater under the influence of surface water. Giardia is removed/inactivated through a combination of filtration and disinfection or by disinfection. During 2018, as part of our routine sampling conducted by the New York City Department of Environmental Protection, 53 samples were collected at the Delaware Aqueduct chamber and analyzed for Giardia cysts. Of these samples, 37 Giardia cysts were detected. Current test methods do not allow us to determine if the organisms are dead or if they are capable of causing disease. Ingestion of Giardia may cause giardiasis, an intestinal illness. People exposed to Giardia may experience mild or severe diarrhea, or in some instances no symptoms at all. Fever is rarely present. Occasionally, some individuals will have chronic diarrhea over several weeks or a month, with significant weight loss. Giardiasis can be treated with anti-parasitic medication. Individuals with weakened immune systems should consult with their health care providers about what steps would best reduce their risks of becoming infected with Giardiasis. Individuals who think that they may have been exposed to Giardiasis should contact their health care providers immediately. The Giardia parasite is passed in the feces of an infected person or animal and may contaminate water or food. Person to person transmission may also occur in day care centers or other settings where hand washing practices are poor.

For more information on Cryptosporidiosis and Giardiasis see the attached Cryptosporidiosis and Giardiasis background information and Cryptosporidiosis fact sheet.

DO I NEED TO TAKE SPECIAL PRECAUTIONS?

The Safe Drinking Water Act requires that the following educational information be included in this notice.

- (1) **Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling EPA's Safe Drinking Water Hotline (1-800-426-4791).**
- (2) **Some people may be more vulnerable to disease-causing microorganisms in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium, Giardia and other microbial pathogens are available from the Safe Drinking Water Hotline (800-426-4791).**

Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations and wildlife.
- Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban storm water runoff, industrial or domestic wastewater discharges, oil and gas production, mining or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are byproducts of industrial processes and petroleum production, and can, also come from gas stations, urban storm water runoff, and septic systems.
- Radioactive contaminants, which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water that must provide the same protection for public health.

INFORMATION ON FLUORIDE ADDITION

The water taken from the Delaware Aqueduct system is not fluoridated.

WHY SAVE WATER & HOW TO AVOID WASTING IT?

Although our system has an adequate amount of water to meet present and future demands, there are a number of reasons why it is important to conserve water:

- ✓ *Saving water saves energy and some of the costs associated with both of these necessities of life;*
- ✓ *Saving water reduces the cost of energy required to pump water and the need to construct costly new wells, pumping systems and water towers; and*
- ✓ *Saving water lessens the strain on the water system during a dry spell or drought, helping to avoid severe water use restrictions so that essential fire fighting needs are met.*

You can play a role in conserving water by becoming conscious of the amount of water your household is using, and by looking for ways to use less whenever you can. It is not hard to conserve water.

Conservation tips include:

- ✓ *Automatic dishwashers use 15 gallons for every cycle, regardless of how many dishes are loaded. So get a run for your money and load it to capacity.*
- ✓ *Turn off the tap when brushing your teeth.*
- ✓ *Check every faucet in your home for leaks. Just a slow drip can waste 15 to 20 gallons a day. Fix it up and you can save almost 6,000 gallons per year.*
- ✓ *Check your toilets for leaks by putting a few drops of food coloring in the tank, watch for a few minutes to see if the color shows up in the bowl. It is not uncommon to lose up to 100 gallons a day from one of these otherwise invisible toilet leaks. Fix it and you save more than 30,000 gallons a year.*
- ✓ *Use your water meter to detect hidden leaks. Simply turn off all taps and water-using appliances, and then check the meter after 15 minutes. If it moved, you have a leak.*

SYSTEM IMPROVEMENTS

In 2017, work on the Legion Drive Water Main was completed. At the time of the publication of this report, 92% of the new “smart” water meters which permits customers to securely monitor their daily water consumption.

In 2018 the Town will commence replacement of asbestos water mains in the District. Starting this year about 9,000 linear feet of 8 inch water main and approximately 11,500 feet of 12 inch water main will be installed in the Usonia area and on Deerfield Lane North & Laurel Lane sections within the district. These locations covered the majority of the asbestos water main breaks that have occurred in the last several years.

IN CLOSING

Thank you for allowing us to continue to provide your family with quality drinking water this year. In order to maintain a safe and dependable water supply we sometimes need to make improvements that will benefit all of our customers. The costs of these improvements may be reflected in the rate structure. Rate adjustments may be necessary in order to address these improvements. We ask that our customers help us protect our water sources, which are the heart of our community. All consumers are urged to report any suspicious activity observed in the vicinity of water system facilities to the Mount Pleasant Police at 769-1941. Please call our office if you have questions.

Contacts for more information:

Town of Mount Pleasant Water and Sewer Department, 831-1062

Westchester County Department of Health, 813-5000

New York State Department of Health, (518) 402-7713

PWS NO. 5930082

May 2019

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF PUBLIC WATER SUPPLY PROTECTION

CRYPTOSPORIDIOSIS AND GIARDIASIS BACKGROUND INFORMATION

What are Cryptosporidiosis and Giardiasis?

Cryptosporidiosis (crip-toe-spo-RID-i-o-sis) and giardiasis (gee-AR-di-a-sis) are intestinal illnesses caused by parasites which are too small to be seen by the naked eye.

Who gets Cryptosporidiosis and Giardiasis?

Anyone can get Cryptosporidiosis and giardiasis. In people who are otherwise healthy, the illnesses usually last less than two weeks. Cryptosporidiosis can be very serious for people with weak immune systems (high risk individuals) - for example, chemotherapy, dialysis or transplant patients, and people with Crohn's disease or HIV infection.

How are they spread?

People get cryptosporidiosis or giardiasis by swallowing water or food that has been contaminated with the parasite. Direct contact with feces from infected people or animals can also cause illness. It can be spread any time basic hygiene breaks down.

What are the symptoms?

For cryptosporidiosis, symptoms usually appear from 1 to 12 days after infection, with an average of 7 days. The most common sign is watery diarrhea. There may also be cramps, fever, nausea, vomiting, and loss of appetite. Symptoms of giardiasis occur from 5 to 25 days after exposure but usually within 10 days. The main symptom is mild or severe diarrhea. Fever is rarely present. In both illnesses, some people who get infected may not get sick.

How are these infections diagnosed?

These infections are diagnosed by looking at a stool sample under a microscope. Looking for Giardia is part of a routine lab test called an "O&P" (Ova and Parasites) test. However, Cryptosporidium is not a routine part of this test. Unless your doctor requests it, Cryptosporidium may be missed.

Can Giardiasis and Cryptosporidiosis be treated?

Giardia can be treated with anti-parasitic drugs. However, there is no specific treatment for cryptosporidiosis. For some patients, antibiotics may help. Anti-Diarrhea drugs which reduce the motion of the intestines may provide temporary improvement, but oral liquids or intravenous fluids may be necessary.

Should an infected person be excluded from work or school?

Generally, it is not necessary. Casual contact is unlikely to transmit the disease. Special precautions may be needed by food handlers or children enrolled in day care settings. Consult your local health department for advice in such instances.

NEW YORK STATE DEPARTMENT OF HEALTH FACT SHEET

CRYPTOSPORIDIOSIS

(crip-toe-spor-id-i-o-sis)

Information for People with Weakened Immune Systems

What Is Cryptosporidiosis?

Cryptosporidiosis is an intestinal illness caused by a microscopic parasite called Cryptosporidium.

Is Cryptosporidiosis a New Disease?

Although Cryptosporidium is not new, it was not recognized as a cause of human disease until 1976. Cryptosporidiosis was added to the list of reportable diseases in New York State in February 1994.

How Common Is Cryptosporidiosis?

The number of Cryptosporidiosis cases that occur each year is not yet well documented. Since the disease has recently been added to the list of reportable diseases, state and county health departments are now beginning to record the number and location of identified cases so that public health control measures can be developed. In 1994, 302 cases were reported to the New York State Department of Health. However, more cases may have occurred that were not detected, either because the Cryptosporidium stool test many not have been requested by the health care provider or the laboratory may have failed to use the necessary tests to identify it.

What Are The Symptoms of Cryptosporidiosis?

The most common symptom is diarrhea, which is usually watery. It is often accompanied by abdominal cramping. Nausea, vomiting, fever, headache and loss of appetite may also occur. Some people infected with Cryptosporidium may not become ill.

Who is Susceptible To Cryptosporidiosis And How Long Does The Illness Last?

All people are presumed susceptible to infection with Cryptosporidium. In healthy individuals with normal immune systems, signs and symptoms generally persist for two weeks or less. However, immunocompromised persons (those with weak immune systems) may have severe and long lasting illness. Some examples of immunocompromised people are those receiving cancer chemotherapy, kidney dialysis, steroid therapy, people with HIV/AIDS and patients with Crohn's disease.

How Long After Exposure Do Symptoms Appear?

The incubation period may range from 1 to 12 days with an average of 7 days.

Should Immunocompromised Persons Take Extra Precautions To Minimize Their Risk of Cryptosporidiosis?

Because cryptosporidiosis can be a severe disease in immunocompromised persons, such individuals should discuss the need for extra precautions with their health care provider to minimize their risk of infection. Keep in mind that contaminated drinking water is only one of a number of ways in which cryptosporidiosis can be acquired. Here are some suggested steps:

- Wash hands thoroughly after changing diapers or whenever fecal soiling occurs.
- Avoid sexual practices that may result in hand or mouth exposure to feces, such as oral/anal contact (rimming).
- Avoid direct exposure to cattle and other farm animals. If exposure cannot be avoided, wash your hands thoroughly immediately thereafter.
- Avoid swallowing water when swimming, especially in lakes, ponds or rivers. There has been one documented case of cryptosporidium transmitted to a number of people who swam in a recreational wave pool and apparently swallowed the water.
- Thoroughly wash all fruits and vegetables. Avoid drinking unpasteurized apple cider, as there has been a documented incident of cryptosporidium transmitted through fresh cider made from apples gathered in a field in which cows were grazing.

If an outbreak of waterborne Cryptosporidium is identified (none has been to date in New York), immuno compromised patients should carefully and consistently comply with all public advisories and notices issued by the local or state health department.

The four items listed below may help immunocompromised patients and their health care providers decide whether to take extra routine precautions with drinking water under normal, non-outbreak conditions:

- Boiling water for at least one minute with a rolling boil will kill Cryptosporidium.
- Properly drilled and maintained wells, which utilize underground water, are generally protected from surface contamination and are unlikely to contain Cryptosporidium cysts.
- Unless it is distilled or pasteurized, bottled water may not be any safer than tap water. Those bottling companies using properly designed and operated ground water sources have a very low likelihood of producing water containing Cryptosporidium cysts. Those companies using surface water sources have the same risk of being cryptosporidium free. Bottled water sold in New York must also include on the label whether the water comes from a well, spring or municipal source. A list of bottled waters certified for sale in New York along with their sources can be obtained from the New York State Department of Health at 1-800-458-1158.
- During an outbreak of cryptosporidiosis in Milwaukee in 1993, one study showed that less diarrhea occurred in homes using water filters with a pore size less than two microns, as compared to others using filters with large pore sizes. If home water filters are used, follow the manufacturers instructions supplied with the unit. The instructions will provide information on filter maintenance needed to prevent clogging and ensure proper filtration. Filters should be certified by the National Sanitation Foundation (NSF) or an equivalent testing agency for cyst removal.