

Email: [DOH-FOIL@co.ulster.ny.us](mailto:DOH-FOIL@co.ulster.ny.us)

Phone: 845-340-3009

Fax: 845-334-8337

I hereby apply to inspect/receive the following records:

Electronic records of all bacteriological water-quality testing results (including E. coli and Enterococcus) at Ulster Landing County Park, Kingston Point Beach, Saugerties Village Beach, and Marbletown Park swimming beach, from the period of 1/1/2005 to 11/21/25, including sample results (counts, modifiers, and interpretations) and sample dates. Electronic format preferred (PDF, scanned documents, CSV, or Excel).

Should I desire copies of all or part of the records, I hereby offer to pay the established fees.

Name: Owen O'Connor

PLEASE PRINT

Signature: 

Date: 11/21/25

Representing: self

Mailing Address: 143 henry st Kingston NY 12401

Telephone: 8457501728

Email: oroconnor@gmail.com

FOR DEPARTMENTAL USE ONLY

Regarding the records requested above:

☐ Records have been located:

☐ Attached for copying and processing

☐ Have been faxed/e-mailed to requestor (Date: \_\_\_\_\_ Time: \_\_\_\_\_)

☐ Requestor will be coming in to review (Date: \_\_\_\_\_ Time: \_\_\_\_\_)

☐ A complete records search has been conducted and No Records have been found

☐ More information is needed to process request. Requestor has been contacted (Date: \_\_\_\_\_ Time: \_\_\_\_\_)

☐ Denied (reason) \_\_\_\_\_

I hereby certify that a proper search has been conducted for the requested records. The records attached are correct and complete records as requested. If no records have been found, I further certify that a complete search was performed and records requested are either unable to be located or not maintained by our department.

Staff Name: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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Number of Pages: \_\_\_\_\_ @ .25 \_\_\_\_\_ per copy = \_\_\_\_\_

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Signature

Date

ADMIN REVIEW

Approved to Search: \_\_\_\_\_

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