



Robert P. Astorino
County Executive

Sherlita Amler, M.D.
Commissioner of Health

August 8, 2012

Mr. Benjamin Minard Jr.
Board of Directors – Kuder Island Colony, Inc.
P.O. Box 766
Rye, NY 10580

RE: Inspection Report

Dear Mr. Minard,

On July 19, 2012, an inspection was conducted by Westchester County Health Department staff based on a complaint regarding sanitary conditions, potable water, and to determine the extent of mosquito activity on Hen Island, Rye, NY.

In order to evaluate mosquito activity, traps had been set up on July 16th through 18th 2012 to collect sample pools of mosquitos for identification. Most of the home sites were found to be free from potential breeding areas. There were no containers littered around the islands that are the preferred breeding locations for WNV vectors. Staff did note several of the homes had either cisterns in disrepair and/or inadequate coverings for their cisterns. Mosquito larvae were observed in these locations. All cisterns in good condition with adequate coverings were found to be free from mosquito larvae.

On July 31, 2012 we received lab results confirming that one pool of *Culex pipiens-retuans* mosquitoes collected from Hen Island on July 17, 2012 tested positive for West Nile Virus. This species prefers stagnant water found in manmade containers and tree holes for breeding. So far this year we have identified a total of 17 West Nile Virus positive pools of mosquitoes in southern Westchester County including some located on the mainland in Rye and Mamaroneck.

In light of this information the Department is requiring that:

- All cisterns on the island are equipped with properly installed, tight fitting covers.
- Residents are made aware of the need to eliminate standing water on their properties.



- A representative or representatives of the Board of Directors accompany an Inspector from this Department to conduct a re-inspection of the Island in an effort to point out potential mosquito breeding sites and how to address their abatement.

The Department will set up the date for the re-inspection within the next two weeks. Our office will contact your attorney to set up the date and time of the inspection.

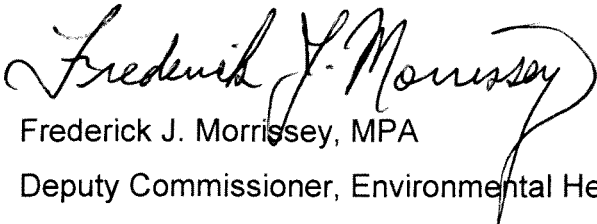
The Department additionally recommends that the following precautions be taken by residents of the community:

- Avoid the outdoors in the early evening when mosquitoes are active and feeding. Use insect repellents when outdoors during these times, following the repellent directions. Adults can apply onto their own hands insect repellents with up to 30 percent DEET and then rub the repellent onto their children. Products containing DEET are not recommended for use on children under two months old.
- Wear long pants, long-sleeved shirts and socks when outdoors in areas where and at times when mosquitoes are feeding.
- Check around the property for cans, containers, ceramic pots and discard or turn over.
- Check and remove standing water from tarps, boats, children's toys, pools, wheelbarrows, play houses, etc.

There were no other findings requiring further action by this Department.

Should you have any questions regarding this notice, please do not hesitate to contact our offices at 813-5126 during normal business hours.

Sincerely,



Frederick J. Morrissey, MPA
Deputy Commissioner, Environmental Health Services

Attachments

cc: Doug French, Mayor, City of Rye NY
Ira Goldenberg, Esq
Raymond Tartaglione

WESTCHESTER COUNTY DEPARTMENT OF HEALTH BUREAU OF PUBLIC HEALTH PROTECTION GENERAL INSPECTION FORM

COMPLAINT NO. _____

LOCATION (C) (T) (V)	FACILITY	PROGRAM CODE
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Eye *Island*

PREMISE NAME: *Hen Island* TEL. NO. _____ DATE *7/19/2012*
 PREMISE ADDRESS: *Eye, NY*

OWNER/OPERATOR NAME: _____ TEL. NO. _____ TIME AR. *10:00 AM* TIME LV. *1:00 PM*
 OWNER/OPERATOR ADDRESS: _____

<input type="checkbox"/>	REGULAR	FINDINGS <i>Inspectors J. Ruggiero, M. Boda and M. Smith conducted a full inspection/survey of Hen Island. First section of the island was the North Island. Inspection of all homes showed most property owners are covering their cisterns. Some are completely covered and others are covered with screening and wood. We found two (2) homes #'s 2 & 14. Number 14 had a cistern with a home-made cover that left the ends open. Mosquito larvae was present in the tank. No other standing water was found at the house. House # 2 at the far end of the North island we found uncovered containers used</i>		
<input type="checkbox"/>	FOLLOW-UP			
<input type="checkbox"/>	COMPLAINT			
<input checked="" type="checkbox"/>	INVESTIGATION			
<input type="checkbox"/>	OTHER INSPECTION			
<input type="checkbox"/>	FIELD CONF.			
<input type="checkbox"/>	TRAINING REC'D			
<input type="checkbox"/>	PHE			
<input type="checkbox"/>	MEETING			
<input type="checkbox"/>	LEGAL APP			
<input type="checkbox"/>	NOT INSPECTED			
<input type="checkbox"/>	VOL. DESTROY'D			
<input type="checkbox"/>	EMBARGO			
<input type="checkbox"/>	CONDEMNED			
SIGNATURE OF PERSON IN CHARGE		TITLE	SIGNATURE OF INSPECTOR	
NAME OF PERSON IN CHARGE (PRINT)			TITLE	

	UNSATISF. 1ST VISIT
	N.C.F.A.
	CONTINUED UNSATISF.
	MINOR REMOVED
	MAJOR REMOVED
	ALL REMOVED
	FOOD
	WATER
	UTENSIL SWAB
	FROZEN DESSERT
	LEAD
	SEWAGE
	AIR
	AVC
	ASBESTOS
	STOOL
	OTHER

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION
GENERAL INSPECTION FORM

COMPLAINT NO. _____

LOCATION (C) (T) (V) <i>Rye</i>	FACILITY <i>Island</i>	PROGRAM CODE <i>285</i>
PREMISE NAME: <i>Hen Island</i>	TEL. NO. _____	DATE <i>7/19/2012</i>
PREMISE ADDRESS: <i>Rye, NY</i>	_____	

OWNER/OPERATOR NAME: _____ TEL. NO. _____
 OWNER/OPERATOR ADDRESS: _____
 TIME AR. *10:00 AM* TIME LV. *1:00 PM*

	REGULAR	FINDINGS		
	FOLLOW-UP	<p><i>to catch rain water from the gutters. Mosquito Larval was present in one of the containers. Wood Cisterns in rear of house found in poor condition i.e. holes and no lids present. Visual inspection on the inside of cisterns could not be done due to the height and structural condition. NO pooling or standing water observed on the North Island. Some gutters were inspected on random homes. NO standing water was observed in any of the gutters inspected.</i></p>	RATING	UNSATISF. 1ST VISIT
	COMPLAINT			N.C.F.A.
<input checked="" type="checkbox"/>	INVESTIGATION			CONTINUED UNSATISF.
	OTHER INSPECTION			MINOR REMOVED
	FIELD CONF.			MAJOR REMOVED
	TRAINING REC'D			ALL REMOVED
	PHE			
	MEETING			
	LEGAL APP			
	NOT INSPECTED			
	VOL DESTROY'D	<p><i>Inspection of the South Island which has fewer homes reveal no pooling or standing water present. Houses # 33 and</i></p>	SAMPLES	FOOD
	EMBARGO			WATER
	CONDEMNED			UTENSIL SWAB
				FROZEN DESSERT
				LEAD
				SEWAGE
				AIR
		AVC		
		ASBESTOS		
		STOOL		
		OTHER		

SIGNATURE OF PERSON IN CHARGE _____ TITLE _____
 NAME OF PERSON IN CHARGE (PRINT) _____
 SIGNATURE OF INSPECTOR *John Chuggaro* TITLE *Sanitarian*

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION
GENERAL INSPECTION FORM

COMPLAINT NO. _____

LOCATION (C/T/V)	FACILITY	PROGRAM CODE
Rye	Island	285

PREMISE NAME: Hen Island TEL NO. _____ DATE 7/19/2012
 PREMISE ADDRESS: Rye, NY

OWNER/OPERATOR NAME: _____ TEL NO. _____
 OWNER/OPERATOR ADDRESS: _____ TIME AR. 10:00 Am TIME LV. 1:00 Pm

REGULAR	FINDINGS	RATING
<input type="checkbox"/>	<p>34 we found mosquito larvae present in open containers around the exterior of the homes. Containers were also being used to collect rain water. Other homes on the island found okay. Remaining island (middle) we found no problems. Only four (4) homes present. All containers used to catch rain water were found covered/sealed. No pooling or standing water observed. Signs were left on all homes regarding; non potable water not for drinking.</p>	UNSATISF. 1ST VISIT
<input type="checkbox"/>		N.C.F.A.
<input checked="" type="checkbox"/>		CONTINUED UNSATISF.
<input type="checkbox"/>		MINOR REMOVED
<input type="checkbox"/>		MAJOR REMOVED
<input type="checkbox"/>		ALL REMOVED
<input type="checkbox"/>		FOOD
<input type="checkbox"/>		WATER
<input type="checkbox"/>		UTENSIL SWAB
<input type="checkbox"/>		FROZEN DESSERT
<input type="checkbox"/>	LEAD	
<input type="checkbox"/>	SEWAGE	
<input type="checkbox"/>	AIR	
<input type="checkbox"/>	AVC	
<input type="checkbox"/>	ASBESTOS	
<input type="checkbox"/>	STOOL	
<input type="checkbox"/>	OTHER	

SIGNATURE OF PERSON IN CHARGE _____ TITLE _____
 NAME OF PERSON IN CHARGE (PRINT) _____
 SIGNATURE OF INSPECTOR John C Ruggiero TITLE Sanitarian

Field Activity Report
Bureau of Environmental Quality

SHEET 1 OF 2

NAME: Hen Island

ADDRESS: NYE, NY

MAILING ADDRESS:

P.O. BOX POST OFFICE ZIP CODE

TELEPHONE:

PERSON IN CHARGE OR INTERVIEWED:

NAME AND TITLE

DATE: 7/19/12 TYPE FACILITY: Private

TIME ARRIVED: 9:00 am TIME LEFT: 12:00 pm

INSPECTION

- ORG. ROUTINE
- ORG. COMPLAINT
- ORG. REQUEST
- COMPLIANCE
- COMPLAINT COMP.
- FINAL
- GROUP ILLNESS
- CONSTRUCTION
- REINSPECTION
- FIELD, SAMPLING ONLY
- FIELD CONFERENCE
- OTHER (EXPLAIN BELOW)

Inspection w/ Mark Boda and John Ruggiero - WCDOT P/HP

FINDINGS: In response to a complaint received by this Department regarding, potable water, wash water and mosquitoes an inspection was conducted at Hen Island. At time of inspection no evidence of a sewer or septic discharge was noted, and no sewage or septic odors were detected on the island. Several signs were previously distributed by WCDOT, warning that water collected from cisterns is non-potable, were observed throughout Island. New signs were left at each cottage at time of inspection, stating that water from cisterns

INSPECTOR: Matthew Smith INSPECTOR TELE: 913-5141

PERSON IN CHARGE OR INTERVIEWED: I acknowledge receipt of a copy of this Field Activity Report.

SIGNATURE: TITLE:

DATE: 7/19/12

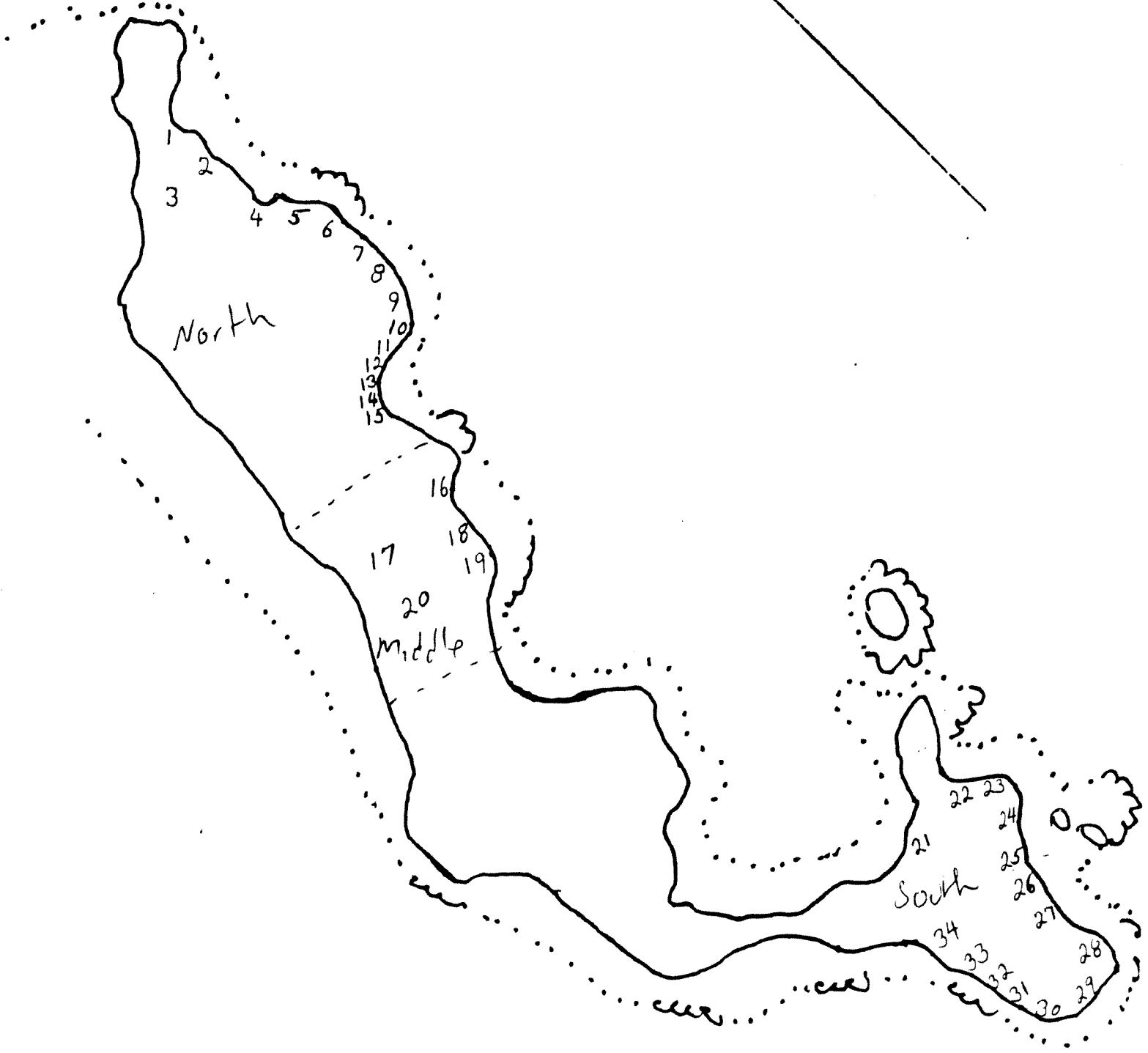
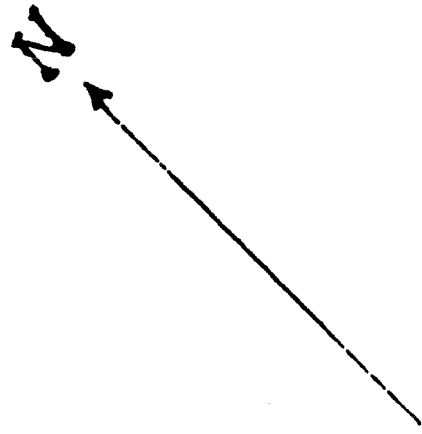
SHEET 2 OF 2

NAME: Hen Island

was "Non-Potable". Except for a few cisterns observed, all had ~~were~~ sealed or had proper covering to prevent mosquitoes from breeding. At time of inspection three (3) composting toilets were observed to be installed. All three (3) composting toilets appear to be installed and maintained so as not cause any discharge and or odors. ~~Compost~~ Cottage 19 was the only cottage occupied with composting toilet at time of inspection. No odors were detected in close proximity to unit. Excess water from unit is being collected in sealed plastic containers to be taken off island. Due to limited access to all cottages it could not be determined exactly ~~number~~ ^{how many} of compost toilets that have been installed.

INSPECTOR / TITLE: Matthew Smith Sr. Sanit TELEPHONE: 813-5741

MILTON HARBOR



HEN ISLAND

DYE N.Y.