

**TOWN OF FORESTPORT
SPECIAL WATER DISTRICT # 1
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 13338
January 19, 2022 @ 6:30 PM
AGENDA**

1. CALL TO ORDER:

2. TOWN CLERK MINUTES:

- Special Water District #1 Minutes- December 15, 2021, Sent Electronically

3. ABSTRACT:

- Abstract # 1– Vouchers # 1-#14 in the amount of \$3,325.80

4. WATER REPORTS:

- Monthly Report

5. OLD BUSINESS:

- Buckhorn District

6. NEW BUSINESS BOARD:

7. EXECUTIVE SESSION:

8. NEW BUSINESS PUBLIC

9. ADJOURNMENT:

Water

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

Description

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Center State Propane- Water	W22-2	74.8gal@2.1163 propane-Carbone	1/5/2022	\$158.30
Center State Propane- Water	W22-9	1/2 69.6gal@2.032 propane-Hydr	#####	\$70.73
Center State Propane- Water	W22-8	120.4gal@2.0323 propane-pmp st	#####	\$244.69
Total for G/L Account		083204.08.000.00		\$473.72
Total for all Vouchers				\$473.72
Total for Vendor: Center State Propane- Water				\$473.72

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Daktor, Ted - Water	W22-3	11/26-11/30 mileage 43@.50 rds,t	1/1/2022	\$21.50
Daktor, Ted - Water	W22-3	12/1-3 mileage 25@.50 reg & run	1/1/2022	\$12.50
Daktor, Ted - Water	W22-3	12/5-11 mileage 109@.50 reg & p	1/1/2022	\$54.50
Daktor, Ted - Water	W22-3	12/12-18 mileage 42@.50 reg rou	1/1/2022	\$21.00
Daktor, Ted - Water	W22-3	12/19-25 mileage 42@.50 reg rou	1/1/2022	\$21.00
Daktor, Ted - Water	W22-3	12/26-31 mileage 42@.50 reg rou	1/1/2022	\$21.00
Total for G/L Account		083204.08.000.00		\$151.50
Total for all Vouchers				\$151.50
Total for Vendor: Daktor, Ted - Water				\$151.50

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Frontier - Water	W22-5	1/22 line between plants #315-196	1/1/2022	\$143.58
Frontier - Water	W22-4	1/22 tank level 3315-392-2022	1/1/2022	\$67.49
Total for G/L Account		083204.08.000.00		\$211.07
Total for all Vouchers				\$211.07
Total for Vendor: Frontier - Water				\$211.07

G/L Number: 083304.08.000.00		Purification CE WATER DIST		
Life Science-Water	W22-10	Total coliform 1/6/22	#####	\$30.00

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

Description	Amount
Total for G/L Account 083304.08.000.00	\$30.00
Total for all Vouchers \$30.00	
Total for Vendor: Life Science-Water \$30.00	

G/L Number: 083204.08.000.00	Source Power Pump CE WATER DIST	Amount
Nationalgrid - Water	W22-14 1/22 pmp station Irish #69649-421 1/1/2022	\$90.94
Nationalgrid - Water	W22-11 1/2 1/22 hydro pneu #06581-5700 1/1/2022	\$20.73
Nationalgrid - Water	W22-12 1/22 chlorination bldg #02330-89 1/1/2022	\$322.57
Nationalgrid - Water	W22-13 1/22 pump station Lorraine #5149 1/1/2022	\$38.15
Total for G/L Account 083204.08.000.00		\$472.39
Total for all Vouchers \$472.39		
Total for Vendor: Nationalgrid - Water \$472.39		

G/L Number: 083204.08.000.00	Source Power Pump CE WATER DIST	Amount
Pelno, Jim - Water	W22-6 12.34hrs@16.83 plowing water pr 1/1/2022	\$207.68
Total for G/L Account 083204.08.000.00		\$207.68
Total for all Vouchers \$207.68		
Total for Vendor: Pelno, Jim - Water \$207.68		

G/L Number: 083302.08.000.00	Purification EQ WATER DIST	Amount
USA Bluebook-Water	W22-7 chlorination pump w/auto prime #####	\$1,748.00
USA Bluebook-Water	W22-7 freight charge on pump #####	\$15.26
Total for G/L Account 083302.08.000.00		\$1,763.26
Total for all Vouchers \$1,763.26		
Total for Vendor: USA Bluebook-Water \$1,763.26		

G/L Number: 083204.08.000.00	Source Power Pump CE WATER DIST	Amount
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**Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

Description				
Verizon - Water	W22-1	Ipad-piping & Hydrants system 31 #####	\$16.18	22486
Total for G/L Account 083204.08.000.00			\$16.18	
Total for all Vouchers			\$16.18	
Total for Vendor: Verizon - Water			\$16.18	

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

Description

Grand Total of all Vouchers \$3,325.80

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official

Date

Authorized Official

Authorized Official

Authorized Official

Authorized Official

Authorized Official

Authorized Official

Water Systems Operation Report

MONTHLY SUBMISSION FORM

For Multiple Distribution System Chlorinated Disinfection Systems

Oneida County

Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.

185 Genesee St - 4th floor, Adirondack Bank Bldg, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net

Public Water System Name	FORESTPORT WATER DISTRICT		Reporting Month / Year	December-21	
PWS Federal ID Number	NY3202389		Town / City / Village	Forestport (T)	
Population Served	800	Service Connections	225	Number of Sources / EPs Used	3
Source Water Type	Groundwater	Treatment Used	Chlorination		

Date	Source(s) In Use (= X)		Treated Water Volume (gallons per day)	Liquid Sodium Hypochlorite Used (Quarts added)	Free Chlorine Residual (mg/l)		Other Measurements
	Piece Well	Carbon Wells			At ENTRY POINT	DISTRIBUTION (at sample locations)	
1	X		10000	2	1.15	0.48	
2	X		0	0	0.96		
3	X		0	0	0.42	0.6	
4	X		0	0	0.68		
5	X		0	0	0.72		
6	X		68600	0	0.63	1.1	
7	X		2900	0	1.2		
8	X		0	0	1.8	0.58	
9	X		0	0	1.3		
10	X		41100	0	1.2	0.64	
11	X		0	0	1.1		
12	X		28200	0	0.8		
13	X		20600	0	1.8	0.5	
14	X		0	0	1.65		
15	X		0	0	1.59	0.92	
16	X		59900	2	1.2		
17	X		0	0	2.15	0.8	
18	X		0	0	0.95		
19	X		0	0	0.82		
20	X		0	0	0.72	0.6	
21	X		59600	0	0.62		
22	X		0	0	0.4	0.82	
23	X		0	0	0.38		
24	X		0	0	0.35	0.7	
25	X		59300	0	0.7		
26	X		0	0	0.65		
27	X		0	0	0.24	0.45	
28	X		0	0	0.32		
29	X		44200	0	0.74	0.51	
30	X		15500	0	0.99		
31	X		0	0	2.19	0.48	
Total			409900.00	2.00	36.42	8.18	
Avg.			13222.58	0.07	0.98	0.66	

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qc)	Quarts of water used for mix (Qw)	Commercial Strength (%) of hypochlorite solution (Ca)	Strength of solution = (Ca/100)*((Qc)/(Qc+Qw))
2	4	12.5	0.84

Did an emergency occur in any part of the water system? (if yes, explain)	No
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Reported by	Ted Daktor	Title	Water Treatment Plant Operator
Signature	<i>Ted Daktor</i>	Date	1/4/22
If NYS Certified Operator - Grade Level	C	NYS Water Operator #	NY0640067
		Expiration Date	1/31/2023

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.
185 Genesee St - 4th floor, Adirondack Bank Bldg, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net

Water Systems Operation Report

Microbiological Samples and Free Chlorine Residual + Other Samples

MONTHLY SUBMISSION FORM

Oneida County

Public Water System Name	FORESTPORT WATER DISTRICT	Reporting Month / Year	December-21
PWS Federal ID Number	NY3202389	Population Served	800

Number of ROUTINE Coliform Samples Required	1	PER MONTH	Number of REPEAT Coliform Samples Required	
Number of ROUTINE Coliform Samples Collected	1		Number of REPEAT Coliform Samples Collected	

PLEASE SUBMIT ALL LABORATORY RESULTS WHEN RECEIVED &/or REQUIRE LABORATORY SUBMISSION TO ONEIDA COUNTY HEALTH DEPARTMENT

Sample Location (address, site #, etc...) per Approved Coliform Sample Plan	Date of Sample	Sample Type		Total Coliforms Positive	E.coli Positive	Free Chlorine Residual
		1 - Routine	2 - Repeat			
Forestport Post Office, 12180 Woodhull Rd	12/02/21	1		No	No	0.48

Sample Collector: **Ted Dakor**
 NYSDOH Certified Laboratory used: **Vivona Laboratory, Inc.**

Did a M&R violation occur during this monitoring period? No Yes *If "Yes," check reason(s) below:*

Actual number of routine samples is fewer than required.
 Did not collect / analyze required number of repeat samples.
 Did not collect / analyze for E. coli for positive Total Coliform from routine / repeat sample.

Did a MCL violation occur during this monitoring period? No Yes *If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information):*

For systems collecting less than 40 samples per month : two or more of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).
 For systems collecting 40 or more samples per month : more than 5% of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).
 The original sample was E.coli positive and at least 1 repeat sample was positive for Total Coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a Total Coliform Positive sample collection.

OTHER SAMPLES: Sample Location (address, site #, etc...) per Approved Sample Plan	Date of Sample	Sample Type (e.g. Lead / Copper, Inorganics, Nitrate)	Number of Samples Collected	Are All Results < MCL / AL? (if not indicate)

Sample Collector: **Ted Dakor**
 NYSDOH Certified Laboratory used: **Vivona Laboratory, Inc.**

Did an MCL Violation or AL exceedance occur for any other contaminant? (describe) No Yes

Comments:

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