

**TOWN OF FORESTPORT
SEWER DISTRICT # 1 MEETING
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 133338
February 16, 2022 @ 6:30 PM
AGENDA**

- 1. CALL TO ORDER**

- 2. TOWN CLERK MINUTES**
 - Special Sewer District #1 Minutes- January 19, 2021- Sent Electronically
- 3. ABSTRACT:**
 - Abstract # 2, Voucher #9- #18 in the amount of \$1,006.77
- 4. SEWER REPORT:**
 - Monthly Report
- 5. OLD BUSINESS BOARD:**
- 6. NEW BUSINESS BOARD:**
- 7. NEW BUSINESS PUBLIC:**

- 8. ADJOURNMENT:**

Sewer

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 1/21/2022 thru 2/15/2022

Description					
G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST			
Center State Propane-Sewer	S22-11	136.6gal@2.0323 propane-Sewer	#####		\$277.61
Center State Propane-Sewer	S22-10	33.6gal@2.0323 propane-Lift Stat	#####		\$68.29
Center State Propane-Sewer	S22-9	41.5gal@2.0323 propane-lift stati	2/4/2022		\$84.34
Total for G/L Account		081304.09.000.00			\$430.24
Total for all Vouchers					\$430.24
Total for Vendor: Center State Propane-Sewer					\$430.24
G/L Number: 081204.09.000.00		Sanitary Sewers CE SEWER DIST			
Daktor, Ted - Sewer	S22-12	1/22 mileage 155@.50 reg rds	2/1/2022		\$77.50
Total for G/L Account		081204.09.000.00			\$77.50
Total for all Vouchers					\$77.50
Total for Vendor: Daktor, Ted - Sewer					\$77.50
G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST			
Forestport - Water (Sewer)	S22-13	2/22 Water Bill-Sewer Plant #236	2/1/2022		\$81.50
Total for G/L Account		081304.09.000.00			\$81.50
Total for all Vouchers					\$81.50
Total for Vendor: Forestport - Water (Sewer)					\$81.50
G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST			
J Piper Consulting-Gen	S22-18	.25hrs@65. grant writing-sewer pr	2/2/2022		\$16.25
Total for G/L Account		081304.09.000.00			\$16.25
Total for all Vouchers					\$16.25
Total for Vendor: J Piper Consulting-Gen					\$16.25

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 1/21/2022 thru 2/15/2022

Description					
G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST			
Life Science-Sewer	S22-14	2@22. SM 5210B-2011 BOD-5 D #####			\$44.00
Life Science-Sewer	S22-14	2@10. SM 2540 D-2011 Total Su #####			\$20.00
Total for G/L Account		081304.09.000.00			\$64.00
Total for all Vouchers					\$64.00
Total for Vendor: Life Science-Sewer					\$64.00
G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST			
Nationalgrid - Sewer	S22-16	2/22 lift station Duch #57649-421	2/1/2022		\$38.75
Nationalgrid - Sewer	S22-15	2/22 Sewer Plant #56849-42108	2/1/2022		\$124.64
Total for G/L Account		081304.09.000.00			\$163.39
Total for all Vouchers					\$163.39
Total for Vendor: Nationalgrid - Sewer					\$163.39
G/L Number: 081204.09.000.00		Sanitary Sewers CE SEWER DIST			
Pelno, Jim - Sewer	S22-17	9.83hrs@17.69 plowing Sewer sit	2/1/2022		\$173.89
Total for G/L Account		081204.09.000.00			\$173.89
Total for all Vouchers					\$173.89
Total for Vendor: Pelno, Jim - Sewer					\$173.89

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 1/21/2022 thru 2/15/2022

Description

Grand Total of all Vouchers \$1,006.77

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 NAME: FORESTPORT (T)
 ADDRESS: PO BOX 137
 FORESTPORT, NY 13338
 FACILITY: FORESTPORT (T) WWTP
 LOCATION: RIVER STREET
 FORESTPORT, NY 13338
 ATTN: JOHN COMBS

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2022	1/31/2022

DMR Mailing ZIP CODE: 13338
 MINOR (SUBR 06)

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	*****	*****	*****	*****	*****	*****			
00010 10 Effluent Gross	*****	*****	*****	*****	*****	*****			
Temperature, water deg. centigrade	*****	*****	*****	*****	*****	*****			
00010 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****			
BOD, 5-day, 20 deg. C	0.2			0.2					GRAB
00310 10 Effluent Gross	6	9	30	30	30	45			GRAB
BOD, 5-day, 20 deg. C	30DA AVG	7 DA AVG	*****	*****	*****	7 DA AVG		Monthly	GRAB
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****			
pH	*****	*****	*****	6.41	*****	6.81			GRAB
00400 10 Effluent Gross	*****	*****	*****	6	*****	9			GRAB
pH	*****	*****	*****	MINIMUM	*****	MAXIMUM		Five per Week	GRAB
00400 G 0 Raw Sewage Influent	*****	*****	*****	6.86	*****	7.60			GRAB
Solids, total suspended	0.2			Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM		Five per Week	GRAB
00530 10 Effluent Gross	6	9	30	*****	*****	45			GRAB
	30DA AVG	7 DA AVG	30DA AVG	*****	*****	7 DA AVG		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 NAME: FORESTPORT (T)
 ADDRESS: PO BOX 137
 FORESTPORT, NY 13338
 FACILITY: FORESTPORT (T) WWTP
 LOCATION: RIVER STREET
 FORESTPORT, NY 13338
 ATTN: JOHN COMBS

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2022	1/31/2022

DMR Mailing ZIP CODE: 13338
 MINOR (SUBR 06)
 Page 2

External Outfall No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 G O Raw Sewage Influent	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Solids, settleable	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross Solids, settleable	*****	*****	*****	*****	*****	*****		Five per Week	GRAB
00545 G O Raw Sewage Influent	*****	*****	*****	*****	*****	*****		Five per Week	GRAB
Flow, in conduit or thru treatment plant	.006	*****	*****	*****	*****	*****			
50050 G O Raw Sewage Influent	.024 MO AVG	*****	*****	*****	*****	*****		Continuous	Recorder (auto)
BOD, 5-day, percent removal	*****	*****	99%	*****	*****	*****			
81010 K O Percent Removal	*****	*****	85 MN % RMV	*****	*****	*****		Monthly	CALCTD
Solids, suspended percent removal	*****	*****	98%	*****	*****	*****			
81011 K O Percent Removal	*****	*****	85 MN % RMV	*****	*****	*****		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS.

FACILITY MAILING ADDRESS (Street, City, State, Zip Code)		TELEPHONE NUMBER ()		CHIEF OPERATOR'S NAME		CERTIFICATION GRADE	
Day	Date	TOTAL PHOSPHORUS(mg/l)		CHLORINE RESIDUAL		FECAL COLIFORM	
		Influent Type	Effluent Type	Minimum	Maximum	Effluent MF or MPN/100 ml	REMARKS
1							
2							R clean buckets
3							R clean buckets
4							R clean buckets
5							R clean buckets
6							R clean buckets
7							R clean buckets
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10							R clean buckets
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26							R clean buckets
27							R clean buckets
28							R clean buckets
29							R clean buckets
30							R clean buckets
31							R clean buckets
30 day arithmetic mean (1)				Monthly Minimum (1) Maximum (1)		30 day Geometric Mean (1)	
Influent(mg/l) Effluent(mg/l)							

(1) Refer to February 2002 edition of DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES) 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 chlorine residual and fecal coliform is grab.

FIXED MEDIA PROCESS CONTROL										ACTIVATED SLUDGE PROCESS CONTROL				
Day	Date	Sample Type:		Sample Type:		Sample Type:		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				5 Minutes	30 Minutes		
1														
2														
3														
4														
5														
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28														
29														
30														
31														
30 day arithmetic mean (1)														
30 day Ave. Quantity Loading (1)														

(1) Refer to February 2002 edition of DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES) for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

