

**TOWN OF FORESTPORT
SPECIAL WATER DISTRICT # 1
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 13338
December 21, 2022 @ 6:30 PM
AGENDA**

1. **CALL TO ORDER:**
2. **TOWN CLERK MINUTES:**
 - Special Water District #1 Minutes- November 16, 2022, Sent Electronically
3. **ABSTRACT:**
 - Abstract #12– Vouchers # 153-#167 in the amount of \$2,760.39
4. **WATER REPORTS:**
 - Monthly Report
5. **OLD BUSINESS:**
 - Buckhorn Update
 - Training for Glenn Ballard
6. **NEW BUSINESS BOARD:**
7. **NEW BUSINESS PUBLIC**
8. **ADJOURNMENT:**

Water

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 11/18/2022 thru 12/20/2022

Description

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
C & R Hardware - Water	W22-157	AA batteries 16pk	#####	\$18.99
C & R Hardware - Water	W22-157	3/4x1/2x17 ploy foam ws	#####	\$5.99
C & R Hardware - Water	W22-157	2@5.99 3/4x10' black foam tape	#####	\$11.98
Total for G/L Account		083204.08.000.00		\$36.96
Total for all Vouchers				\$36.96
Total for Vendor: C & R Hardware - Water				\$36.96

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Center State Propane- Water	W22-158	fixed heater-Pierce property	#####	\$249.95
Center State Propane- Water	W22-166	39.3gal@1.8626 propane-Carbone	#####	\$73.20
Total for G/L Account		083204.08.000.00		\$323.15
Total for all Vouchers				\$323.15
Total for Vendor: Center State Propane- Water				\$323.15

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Daktor, Ted - Water	W22-159	11/6-11/12/22 mileage 144@.56 c	#####	\$80.64
Daktor, Ted - Water	W22-159	11/13-11/19/22 mileage 76@.56	#####	\$42.56
Daktor, Ted - Water	W22-159	11/20-11/26/22 mileage 76@.56	#####	\$42.56
Daktor, Ted - Water	W22-159	11/27-11/30/22 mileage 48@.56	#####	\$26.88
Daktor, Ted - Water	W22-159	11/1-11/55/22 mileage 51@.56 re	#####	\$28.56
Total for G/L Account		083204.08.000.00		\$221.20
Total for all Vouchers				\$221.20
Total for Vendor: Daktor, Ted - Water				\$221.20

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Frontier - Water	W22-161	12/22 water tank level #315-392-2	#####	\$79.30
Frontier - Water	W22-160	12/22 lines between plants #315-1	#####	\$156.78

**Town Of Forestport
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New York**

Abstract of Audited Vouchers for the period: 11/18/2022 thru 12/20/2022

Description	
Total for G/L Account 083204.08.000.00	\$236.08
Total for all Vouchers	\$236.08
Total for Vendor: Frontier - Water	\$236.08

G/L Number: 083304.08.000.00	Purification CE WATER DIST			
Life Science-Water	W22-162	EPA 508 SOCs Group I&II	#####	\$60.00
Life Science-Water	W22-153	11/22 Toptal Coliform Test	#####	\$33.00 22587
Life Science-Water	W22-153	Inflationary Surcharge	#####	\$2.64 22587
Life Science-Water	W22-162	EPA 525.2 Semi-Volatile SOCs	#####	\$80.00
Life Science-Water	W22-162	EPA 508 PCB screen for SOCs	#####	\$0.00
Life Science-Water	W22-162	inflationary surcharge	#####	\$11.20
Total for G/L Account 083304.08.000.00				\$186.84
Total for all Vouchers				\$186.84
Total for Vendor: Life Science-Water				\$186.84

G/L Number: 083204.08.000.00	Source Power Pump CE WATER DIST			
Nationalgrid - Water	W22-165	12/22 pump station Irish #69649-4	#####	\$83.78
Nationalgrid - Water	W22-164	12/22 Chlorination Bldg #02330-8	#####	\$405.61
Nationalgrid - Water	W22-163	12/22 pump station Lorraine #514	#####	\$41.29
Total for G/L Account 083204.08.000.00				\$530.68
Total for all Vouchers				\$530.68
Total for Vendor: Nationalgrid - Water				\$530.68

G/L Number: 090108.08.000.00	State Retirement WATER DIST			
NYS & Local Retirement - Wat	W22-154	2023 ER Retirement Contribution	#####	\$1,069.51 22588
Total for G/L Account 090108.08.000.00				\$1,069.51
Total for all Vouchers				\$1,069.51

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 11/18/2022 thru 12/20/2022

Description

Total for Vendor: NYS & Local Retirement - Water **\$1,069.51**

G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST

Pelno, Jim - Water	W22-155	7.33hrs@17.69 plowing water site #####	\$129.67	22589
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Total for G/L Account	083204.08.000.00	\$129.67
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Total for all Vouchers **\$129.67**

Total for Vendor: Pelno, Jim - Water **\$129.67**

G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST

Rome Sentinal-Water	W22-167	2021 Water quality Report done 4/ 5/4/2022	\$8.08	
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Total for G/L Account	083204.08.000.00	\$8.08
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Total for all Vouchers **\$8.08**

Total for Vendor: Rome Sentinal-Water **\$8.08**

G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST

Verizon - Water	W22-156	ipad-water piping & hydrants sys #####	\$10.39	22590
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Verizon - Water	W22-156	Acct Monthly chrg #####	\$7.83	22590
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Total for G/L Account	083204.08.000.00	\$18.22
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Total for all Vouchers **\$18.22**

Total for Vendor: Verizon - Water **\$18.22**

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 11/18/2022 thru 12/20/2022

Description

Grand Total of all Vouchers \$2,760.39

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 November-22	
PWS Federal ID Number NY3202389		Town / City / Village Forestport (T)	
Population Served 600	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
	Pierce Well	Carbore Wells			At ENTRY POINT	DISTRIBUTION (at sample locations)	
1	X		0	2	0.46		
2	X		0	0	0.41	0.92	
3	X		30900	0	0.63		
4	X		28300	0	2.05	0.62	
5	X		0	0	1.37		
6	X		0	0	1.08		
7	X		14800	0	0.81	0.48	
8	X		46600	0	1.75		
9	X		0	0	1.82	0.98	
10	X		0	0	1.2		
11	X		0	0	0.99	0.75	
12	X		50100	0	1.22		
13	X		9100	0	1.06		
14	X		0	0	1.05	0.65	
15	X		0	0	0.9		
16	X		11000	2	0.55	0.95	
17	X		60300	0	1.72		
18	X		0	0	1.69	0.78	
19	X		0	0	2.2		
20	X		0	0	2.1		
21	X		67400	0	1.56	0.65	
22	X		0	0	1.4		
23	X		0	0	1.22	0.5	
24	X		0	0	1.05		
25	X		65500	0	1.85	0.52	
26	X		0	0	1.43		
27	X		0	0	1.2		
28	X		46700	0	0.98	0.48	
29	X		11900	0	1.2		
30	X		0	0	0.21	0.87	
31	X		0	0			
Total			442600.00	2.00	37.16	9.15	
Avg.			14753.33	0.07	1.24	0.70	

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qc)	Quarts of water used for mix (Qw)	Commercial Strength (%) of hypochlorite solution (Cs)	Strength of solution = (Cs/100)*((Qc)/(Qc+Qw))
2	4	12.5	0.04

Did an emergency occur in any part of the water system? (if yes, explain)	No
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Reported by Ted Doktor	Title Water Treatment Plant Operator
Signature <i>Ted Doktor</i>	Date 12/6/22
If NYS Certified Operator - Grade Level C	NYS Water Operator # NY0040067
	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	November-22
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PWS Federal ID Number	NY3202389	Population Served	800
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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 Coliform Positive	E.coli Positive	Free Chlorine Residual
		1 - Routine	2 - Repeat			
Booster, Irish Settlement	11/03/22	1		No	No	0.34

Sample Collector: **Ted Doktor**
 NYSDOH Certified Laboratory used: **Life Science Laboratories, Inc.**

Did a M&R violation occur during this monitoring period?	No	If "Yes," check reason(s) below:
<input type="checkbox"/>	Actual number of routine samples is fewer than required.	
<input type="checkbox"/>	Did not collect / analyze required number of repeat samples.	
<input type="checkbox"/>	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	If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information):
<input type="checkbox"/>	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).	
<input type="checkbox"/>	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).	
<input type="checkbox"/>	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 Doktor**
 NYSDOH Certified Laboratory used: **Varona Laboratory, Inc.**

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

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