

**TOWN OF FORESTPORT
SPECIAL WATER DISTRICT # 1
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 13338
February 16, 2022 @ 6:30 PM
AGENDA**

1. CALL TO ORDER:

2. TOWN CLERK MINUTES:

- Special Water District #1 Minutes- January 19, 2021, Sent Electronically

3. ABSTRACT:

- Abstract # 2– Vouchers # 15-#28 in the amount of \$2,084.07.

4. WATER REPORTS:

- Monthly Report

5. OLD BUSINESS:

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: 1/21/2022 thru 2/15/2022

Description

G/L Number: 083204.08.000.00

Source Power Pump CE WATER DIST

C & R Hardware - Water	W22-17	3@7.99 16.4oz propane fuel cyl-t	#####	\$23.97
C & R Hardware - Water	W22-17	brake cleaner crc 20 oz	#####	\$4.99
Total for G/L Account 083204.08.000.00				\$28.96

Total for all Vouchers \$28.96

Total for Vendor: C & R Hardware - Water \$28.96

G/L Number: 083204.08.000.00

Source Power Pump CE WATER DIST

Center State Propane- Water	W22-18	69.7gal@2.0323 propane-Pierce p	#####	\$141.65
Total for G/L Account 083204.08.000.00				\$141.65

Total for all Vouchers \$141.65

Total for Vendor: Center State Propane- Water \$141.65

G/L Number: 083404.08.000.00

Transmission/Distribution CE WATER DIST

Core & Main LP (HD Supply)-	W22-19	3@60.22 3/4" cash acme EB-45N	#####	\$180.66
Core & Main LP (HD Supply)-	W22-19	2@7.75 GSK Assy gasket & grip	#####	\$15.50
Core & Main LP (HD Supply)-	W22-19	3@62.25 5/8" MTR ball valve-no	#####	\$186.75
Core & Main LP (HD Supply)-	W22-19	3@106.92 kornhorn dul chk-no	#####	\$320.76
Total for G/L Account 083404.08.000.00				\$703.67

Total for all Vouchers \$703.67

Total for Vendor: Core & Main LP (HD Supply)-Water \$703.67

G/L Number: 083204.08.000.00

Source Power Pump CE WATER DIST

Daktor, Ted - Water	W22-20	1/22 mileage 387@.50 Rds & fix f	2/1/2022	\$193.50
Total for G/L Account 083204.08.000.00				\$193.50

Total for all Vouchers \$193.50

**Town Of Forestport
Oneida County
New York**

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

Description

Total for Vendor: Daktor, Ted - Water **\$193.50**

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

Frontier - Water	W22-21	2/22 Tank level line #315-392-20	2/1/2022	\$65.50
Frontier - Water	W22-22	2/22 line between plant #315-196-	2/1/2022	\$143.58

Total for G/L Account	083204.08.000.00	\$209.08
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Total for all Vouchers **\$209.08**

Total for Vendor: Frontier - Water **\$209.08**

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

Nationalgrid - Water	W22-23	2/22pump station Irish #69649-42	2/1/2022	\$92.87
Nationalgrid - Water	W22-24	1/2 2/22 hydro pneu #06581-5700	2/1/2022	\$23.34
Nationalgrid - Water	W22-25	2/22 chlorination bldg #02330-89	2/1/2022	\$310.63
Nationalgrid - Water	W22-26	2/22 pump station Lorraine #5144	2/1/2022	\$36.20

Total for G/L Account	083204.08.000.00	\$463.04
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Total for all Vouchers **\$463.04**

Total for Vendor: Nationalgrid - Water **\$463.04**

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

Pelno, Jim - Sewer	W22-27	19.67hrs plowing Water sites 1/2-	2/2/2022	\$134.96
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Total for G/L Account	083204.08.000.00	\$134.96
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Total for all Vouchers **\$134.96**

Total for Vendor: Pelno, Jim - Sewer **\$134.96**

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

USA Bluebook-Water	W22-15	Chessell circular charts 100ct	#####	\$67.95	22494
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Total for G/L Account	083204.08.000.00	\$67.95
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**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: 083304.08.000.00		Purification CE WATER DIST			
USA Bluebook-Water	W22-15	freight charge-charts	#####	\$9.09	22494
Total for G/L Account		083304.08.000.00		\$9.09	
Total for all Vouchers				\$77.04	
Total for Vendor: USA Bluebook-Water				\$77.04	
G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Verizon - Water	W22-16	Ipad-Water piping & hydrant syst	#####	\$16.17	22495
Total for G/L Account		083204.08.000.00		\$16.17	
Total for all Vouchers				\$16.17	
Total for Vendor: Verizon - Water				\$16.17	
G/L Number: 083104.08.000.00		Administration CE WATER DIST			
Water Billing - Petty Cash	W22-28	2ea@58. stamps roll of 100ct - W	#####	\$116.00	
Total for G/L Account		083104.08.000.00		\$116.00	
Total for all Vouchers				\$116.00	
Total for Vendor: Water Billing - Petty Cash				\$116.00	

**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 \$2,084.07

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

For Multiple Distribution System Chlorinated Disinfection Systems

MONTHLY SUBMISSION FORM

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	January-22	
PWS Federal ID Number	NY3202380		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)	Hypochlorite Used (Quarts per day)	Chlorine Residual (ppm)	Chlorine Dose (ppm)	Distribution (ppm)	Total Chlorine (ppm)
	Piece Well	Carbon Wells						
1	X		0	2		2.1		
2	X		12700	0		1.14		
3	X		50600	0		2.18	0.54	
4	X		0	0		1.2		
5	X		0	0		0.47	0.64	
6	X		0	0		0.46		
7	X		59900	0		2.2	0.48	
8	X		0	0		1.78		
9	X		0	0		1.8		
10	X		18900	0		0.72	0.56	
11	X		42500	0		1.95		
12	X		0	0		2.2	0.65	
13	X		0	0		1.31		
14	X		38900	0		0.58	0.57	
15	X		18400	0		0.81		
16	X		0	2		0.63		
17	X		29900	0		0.56	0.47	
18	X		32400	0		1.7		
19	X		0	0		1.8	0.56	
20	X		0	0		1.2		
21	X		47000	0		0.65	0.52	
22	X		14100	0		0.65		
23	X		0	0		0.4		
24	X		17900	0		1.5	0.48	
25	X		38800	0		1.2		
26	X		0	0		0.8	0.56	
27	X		0	0		0.77		
28	X		38400	0		0.71	0.52	
29	X		21800	0		0.85		
30	X		0	0		0.64		
31	X		0	0		1.99	0.5	
Total			482200.00	2.00		36.34	7.95	
Avg.			15555.00	0.06		1.17	0.26	

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qt)	Quarts of water used for mix (Qt)	Concentration (ppm) of hypochlorite (ppm)	Strength of solution = (Qt100) / (Qt200) - Qt3
2	4	12.5	8.04

Did an emergency occur in any part of the water system?
(if yes, explain)

No

Reported by:	Ted Dakton	Title:	Water Treatment Plant Operator
Signature:	Ted Dakton	Date:	2/1/22
Is NYS Certified Operator - Grade Level:	C	NYS Water Operator #:	NY0040987
Registration 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	January-22
PWS Federal ID Number	NY3202389	Population Served	600

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 Sample Plan	Date of Sample	Number of Samples		Total Coliform Positive	E.coli Positive	Free Chlorine Residual
		1 - Routine	2 - Repeat			
Campbell's Diner, 10208 State Rte 28	01/06/22	1		No	No	0.48

Sample Collector: **Paul Delaney**
 NYSDOH Certified Laboratory used: **Verona Laboratory, 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: **Paul Delaney**
 NYSDOH Certified Laboratory used: **Verona Laboratory, Inc.**

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

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Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.
 800 Park Avenue, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net

Quarterly Report for the Running Annual Average (RAA)
for Free Chlorine Residual as Reported on Bacteriological Sample Results**Forestport Water District**

NY 3207-00

1. 背景

Down Country - Water Cycle

ENTER
EACH
CHLORINE
RESIDUAL



124

Enter
Average
in Table