

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

**1. CALL TO ORDER:**

**2. TOWN CLERK MINUTES:**

- Special Water District #1 Minutes- February 16, 2022, Sent Electronically

**3. ABSTRACT:**

- Abstract # 3– Vouchers # 29-#44 in the amount of \$4,446.03.

**4. WATER REPORTS:**

- Monthly Report

**5. OLD BUSINESS:**

**6. NEW BUSINESS BOARD:**

- Annual Drinking Water Report

**7. NEW BUSINESS PUBLIC**

**8. ADJOURNMENT:**



Water

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 2/18/2022 thru 3/15/2022**

Description				
<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Center State Propane- Water	W22-31	86.1gal@2.214 propane-pump stati	2/8/2022	\$190.63
Center State Propane- Water	W22-32	32.7gal@2.214 propane-Pierce pr	#####	\$72.40
Center State Propane- Water	W22-33	116.5gal@2.214 propane-Carbone	#####	\$257.93
Center State Propane- Water	W22-34	1/2 83.1gal@2.214 propane-Hydr	#####	\$91.99
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$612.95</b>
<b>Total for all Vouchers</b>				<b>\$612.95</b>
<b>Total for Vendor: Center State Propane- Water</b>				<b>\$612.95</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Core & Main LP (HD Supply)-	W22-35	yearly Autoread software-Water	#####	\$2,437.43
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$2,437.43</b>
<b>Total for all Vouchers</b>				<b>\$2,437.43</b>
<b>Total for Vendor: Core &amp; Main LP (HD Supply)-Water</b>				<b>\$2,437.43</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Daktor, Ted - Water	W22-36	mileage 313@.50 2/1-2/28/22 rds	3/1/2022	\$156.50
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$156.50</b>
<b>Total for all Vouchers</b>				<b>\$156.50</b>
<b>Total for Vendor: Daktor, Ted - Water</b>				<b>\$156.50</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Frontier - Water	W22-38	3/22 line between plants #315-196	3/1/2022	\$143.58
Frontier - Water	W22-37	3/22 tank level #315-392-2022	3/1/2022	\$65.43
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$209.01</b>
<b>Total for all Vouchers</b>				<b>\$209.01</b>

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 2/18/2022 thru 3/15/2022**

Description					
<b>Total for Vendor: Frontier - Water</b>					<b>\$209.01</b>
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<b>G/L Number: 083304.08.000.00</b>		<b>Purification CE WATER DIST</b>			
Life Science-Water	W22-39	total coliform/e.coli SM20,21-23	#####		\$33.00
<b>Total for G/L Account 083304.08.000.00</b>					<b>\$33.00</b>
<hr/>					
<b>Total for all Vouchers</b>					<b>\$33.00</b>
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<b>Total for Vendor: Life Science-Water</b>					<b>\$33.00</b>
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<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>			
Nationalgrid - Water	W22-40	1/2 3/22 hydro pneu #06581-5700	3/1/2022		\$22.41
Nationalgrid - Water	W22-41	3/22 Chlorination #02330-89006	3/1/2022		\$305.17
Nationalgrid - Water	W22-42	3/22 pump station Lorraine #5144	3/1/2022		\$36.36
Nationalgrid - Water	W22-43	3/22 pump station Irish #69649-42	3/1/2022		\$85.61
<b>Total for G/L Account 083204.08.000.00</b>					<b>\$449.55</b>
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<b>Total for all Vouchers</b>					<b>\$449.55</b>
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<b>Total for Vendor: Nationalgrid - Water</b>					<b>\$449.55</b>
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<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>			
Pelno, Jim - Water	W22-44	18hrs@17.69 plowing Water sites	3/2/2022		\$318.42
Pelno, Jim - Water	W22-29	Plowing Water sites-fix 2/22 vouc	2/2/2022	22504	\$213.00
<b>Total for G/L Account 083204.08.000.00</b>					<b>\$531.42</b>
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<b>Total for all Vouchers</b>					<b>\$531.42</b>
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<b>Total for Vendor: Pelno, Jim - Water</b>					<b>\$531.42</b>
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<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>			
Verizon - Water	W22-30	Ipad-Water piping & hydrant sys	#####		\$16.17      22505
<b>Total for G/L Account 083204.08.000.00</b>					<b>\$16.17</b>

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 2/18/2022 thru 3/15/2022**

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**Description**

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<b>Total for all Vouchers</b>	<b>\$16.17</b>
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<b>Total for Vendor: Verizon - Water</b>	<b>\$16.17</b>
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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 2/18/2022 thru 3/15/2022**

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**Description**

**Grand Total of all Vouchers      \$4,446.03**

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

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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 Period	February-22	
PWS Federal ID Number	NY30230		Reporting Period	February (1)	
Population Served	500	Number of Connections	75	Number of Connections EPA Dead	3
Source Water Type	Groundwater	Surface Water	Chlorination		

Date	Source(s) in Use (X)		Population Served (gallons per day)	Total Chlorine Applied (gallons per day)	Chlorine Residual (mg/L)		Other Measurements	
	Pressure Well	Surface Water			At service point	At treatment plant		
1	X		56500	2	0.82			
2	X		0	0	2.09	0.53		
3	X		0	0	1.25			
4	X		9600	0	0.7	0.48		
5	X		46600	0	0.52			
6	X		0	0	0.49			
7	X		0	0	1.5	0.47		
8	X		0	0	1.8			
9	X		53100	0	2.15	0.52		
10	X		0	0	1.8			
11	X		0	0	2.04	0.45		
12	X		49000	0	1.09			
13	X		4900	0	1.32			
14	X		0	0	0.77	0.5		
15	X		54100	0	1.81			
16	X		0	2	1.64	0.62		
17	X		0	0	1.22			
18	X		29100	0	0.6	0.57		
19	X		21100	0	0.58			
20	X		0	0	0.62			
21	X		4500	0	1.82	0.82		
22	X		52400	0	1.95			
23	X		0	0	2.15	0.81		
24	X		0	0	1.4			
25	X		54500	0	0.94	0.72		
26	X		0	0	0.85			
27	X		0	0	0.73			
28	X		6200	0	0.89	0.6		
29	X			0				
30	X			0				
31	X			0				
Total			441000	0	1.7	0.5		
Avg.			167143	0.0	1.7	0.5		

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qt)	Quarts of water used for mix (Qt)	Chlorine Residual (mg/L)	Chlorine Applied (gallons per day)
2	4	12.5	0.81

Did an emergency occur in any part of the water system? (if yes, explain)	No
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Reported by	Ted Decker	Title	Water Treatment Plant Operator
Signature	<i>Ted Decker</i>	Date	3/2/22
NY State Certified Operator - Grade Level	2	Reporting Period	1/31/2022

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	<b>FORESTPORT WATER DISTRICT</b>	Reporting Month / Year	<b>February-22</b>
PWS Federal ID Number	<b>NYS02386</b>	Population Served	<b>800</b>

Number of ROUTINE Coliform Samples Required	<b>1</b>	PER MONTH	Number of REPEAT Coliform Samples Required	
Number of ROUTINE Coliform Samples Collected	<b>1</b>		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			
Irish Settlement Booster Station	02/10/22	1		No	No	0.54

Sample Collector: \_\_\_\_\_  
 NYSDOH Certified Laboratory used: \_\_\_\_\_

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	Test Results - MCL / ALT (if not specified)

Sample Collector: \_\_\_\_\_  
 NYSDOH Certified Laboratory used: \_\_\_\_\_

Did an MCL Violation or ALI exceedance occur for any other contaminants? (describe)  No

Comments:

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.  
 800 Park Avenue, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net





