

**TOWN OF FORESTPORT
SEWER DISTRICT # 1 MEETING
OTTER LAKE FIRE HALL
13853 State Rte. 28, Forestport, N.Y. 13338
May 18, 2022 @ 6:30 PM
AGENDA**

1. CALL TO ORDER

2. TOWN CLERK MINUTES

- Special Sewer District #1 Minutes- April 20, 2022- Sent Electronically

3. ABSTRACT:

- Abstract # 5, Voucher #36- # 44 in the amount of \$795.75

4. SEWER REPORT:

- Monthly Report

5. OLD BUSINESS BOARD:

- Bond Resolution -WWIP
- Grant Application Update

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: 4/22/2022 thru 5/17/2022

Description

G/L Number: 081304.09.000.00	Treatmt/Disposal CE SEWER DIST				
Center State Propane-Sewer	S22-36	67.7gal@2.535 propane-Lift Stati	#####	\$171.62	31527
Center State Propane-Sewer	S22-37	73.9gal@2.3764 propane-Lift Sati	#####	\$175.62	
Total for G/L Account 081304.09.000.00				\$347.24	

Total for all Vouchers \$347.24

Total for Vendor: Center State Propane-Sewer \$347.24

G/L Number: 081204.09.000.00	Sanitary Sewers CE SEWER DIST				
Daktor, Ted - Sewer	S22-38	mileage 4/1-/30/22 reg rds 160@.	5/1/2022	\$72.80	
Total for G/L Account 081204.09.000.00				\$72.80	

Total for all Vouchers \$72.80

Total for Vendor: Daktor, Ted - Sewer \$72.80

G/L Number: 081304.09.000.00	Treatmt/Disposal CE SEWER DIST				
Forestport - Highway (Sewer)	S22-39	7gal@4.069 diesel fuel-Generator	5/1/2022	\$28.48	
Total for G/L Account 081304.09.000.00				\$28.48	

Total for all Vouchers \$28.48

Total for Vendor: Forestport - Highway (Sewer) \$28.48

G/L Number: 081304.09.000.00	Treatmt/Disposal CE SEWER DIST				
Forestport - Water (Sewer)	S22-40	5/22 water bill-Sewer Plant #236	5/1/2022	\$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			
-------------------------------------	---------------------------------------	--	--	--

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 4/22/2022 thru 5/17/2022

Description				
Life Science-Sewer	S22-41	2@22. SM 5210B-2016 BOD-5 D #####		\$44.00
Life Science-Sewer	S22-41	2@10. S 2540 D-215 Total Suspe #####		\$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 - Gen	S22-43	5/22 Lift Station dutch #57649-42	5/1/2022	(\$34.09)					
Nationalgrid - Gen	S22-43	5/22 Lift Station dutch #57649-42	5/1/2022	\$34.09					
Total for G/L Account			081304.09.000.00	\$0.00					

Total for all Vouchers \$0.00

Total for Vendor: Nationalgrid - Gen \$0.00

G/L Number: 081304.09.000.00					Treatmt/Disposal CE SEWER DIST				
Nationalgrid - Sewer	S22-43	5/22 Lift Station dutch #57649-42	5/1/2022	\$34.09					
Nationalgrid - Sewer	S22-42	5/22 Sewer Plant #56849-42108	5/1/2022	\$136.64					
Total for G/L Account			081304.09.000.00	\$170.73					

Total for all Vouchers \$170.73

Total for Vendor: Nationalgrid - Sewer \$170.73

G/L Number: 081104.09.000.00					Administration CE SEWER DIST				
US Postal Service-Sewer	S22-44	1/2 Yearly PO Box #63 annual ren	5/4/2022	\$31.00					
Total for G/L Account			081104.09.000.00	\$31.00					

Total for all Vouchers \$31.00

Total for Vendor: US Postal Service-Sewer \$31.00

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 4/22/2022 thru 5/17/2022

Description

Grand Total of all Vouchers \$795.75

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

DMR Mailing ZIP CODE: 13338
 MINOR (SUBR 06)
 External Outfall

No Discharge

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2022	4/30/2022

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade	.....	.....	10.9				
00010 10 Effluent Gross	.....	.....	Req. Mon. DAILY MX	deg C	Five per Week		GRAB
Temperature, water deg. centigrade	.....	.....	12.7				
00010 G 0 Raw Sewage Influent BOD, 5-day, 20 deg. C	.....	.....	Req. Mon. DAILY MX	deg C	Five per Week		GRAB
00310 10 Effluent Gross BOD, 5-day, 20 deg. C	0.7	9	17				
	6	30DA AVG	30	mg/L	Monthly		GRAB
				
00310 G 0 Raw Sewage Influent pH	.....	.....	290				
	.....	.....	Req. Mon. 7 DA AVG	mg/L	Monthly		GRAB
00400 10 Effluent Gross pH	.....	.....	6.26				
	.....	.....	MINIMUM	SU	Five per Week		GRAB
	.....	.....	6.82				
	.....	.....	Req. Mon. MINIMUM				
00400 G 0 Raw Sewage Influent Solids, total suspended	0.9	9	22				
	6	30DA AVG	30	mg/L	Monthly		GRAB
				

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

SEE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

12/14/2015 Page 1

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 2

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

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2023	4/30/2022

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			
Solids, total suspended	70					
00530 G O	Req. Mon. 7 DA AVG	mg/L			Monthly	GRAB
Raw Sewage Influent Solids, settleable					
00545 1 O	<0.1					
Effluent Gross Solids, settleable	DAILY MX	mL/L			Five per Week	GRAB
00545 G O	58.0					
Raw Sewage Influent Flow, in conduit or thru treatment plant	Req. Mon. DAILY MX	mL/L			Five per Week	GRAB
50050 G O	0.006	.....	.....	.....	.....
Raw Sewage Influent BOD, 5-day, percent removal	94%				Continuous	Recorder (auto)
81010 K O	85					
Percent Removal Solids, suspended percent removal	MN % RMV	%			Monthly	CALCTD
81011 K O	76%					
Percent Removal	85				Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
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 Effluent MF or MPN/100 ml	REMARKS Enter any other comments, observations, operating problems, equipment failure, etc.
		Influent Type	Effluent Type	Minimum	Maximum		
1							R clean baskets
2							F
3							S
4							M
5							T
6							W
7							T
8							F
9							S
10							S
11							M
12							T
13							W
14							T
15							F
16							S
17							S
18							M
19							T
20							W
21							T
22							F
23							S
24							S
25							M
26							T
27							W
28							T
29							F
30							S
31							FED GALS

(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: Influent		Sample Type: Effluent		Sample Type: Influent		Sample Type: Effluent		Recirculation Rate M.G.D.	Media Effluent Settleable Solids m/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																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
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.

