

**TOWN OF FORESTPORT
SPECIAL WATER DISTRICT # 1
WOODGATE FIRE HALL
12445 State Rte. 28, Woodgate, N.Y. 13494
August 17, 2022 @ 6:30 PM
AGENDA**

1. CALL TO ORDER:

2. TOWN CLERK MINUTES:

- Special Water District #1 Minutes- July 20, 2022, Sent Electronically

3. ABSTRACT:

- Abstract # 8– Vouchers # 99-#100 in the amount of \$1,195.96

4. WATER REPORTS:

- Monthly Report

5. OLD BUSINESS:

- Water District
- Water Operator

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: 7/22/2022 thru 8/16/2022

Description

| G/L Number: 083204.08.000.00 | | Source Power Pump CE WATER DIST | | |
|---|---------|---------------------------------|----------|----------------|
| C & R Hardware - Water | W22-100 | flagging tape blue 1"x300 | ##### | \$3.99 |
| C & R Hardware - Water | W22-100 | trash bag-kitchen 13g 40ct | ##### | \$15.99 |
| C & R Hardware - Water | W22-100 | seafoam motor treatment 16oz | ##### | \$12.99 |
| C & R Hardware - Water | W22-100 | rusto white invert spray | ##### | \$8.99 |
| C & R Hardware - Water | W22-101 | indoor insect fogger 3pk | 8/1/2022 | \$8.99 |
| C & R Hardware - Water | W22-101 | hose nozzle pistol aluminum tip | 8/1/2022 | \$16.99 |
| Total for G/L Account | | 083204.08.000.00 | | \$67.94 |
| Total for all Vouchers | | | | \$67.94 |
| Total for Vendor: C & R Hardware - Water | | | | \$67.94 |

| G/L Number: 083204.08.000.00 | | Source Power Pump CE WATER DIST | | |
|--|---------|-----------------------------------|----------|-----------------|
| Daktor, Ted - Water | W22-102 | mileage 89@.56 reg rds&distrib le | 8/1/2022 | \$49.84 |
| Daktor, Ted - Water | W22-102 | mielage 134@.56 till sewer bed/p | 8/1/2022 | \$75.04 |
| Daktor, Ted - Water | W22-102 | mileage 156@.56 reg rounds | 8/1/2022 | \$87.36 |
| Total for G/L Account | | 083204.08.000.00 | | \$212.24 |
| Total for all Vouchers | | | | \$212.24 |
| Total for Vendor: Daktor, Ted - Water | | | | \$212.24 |

| G/L Number: 083204.08.000.00 | | Source Power Pump CE WATER DIST | | |
|---|---------|-----------------------------------|----------|-----------------|
| Frontier - Water | W22-103 | 8/22 line between plants #315-196 | 8/1/2022 | \$143.58 |
| Frontier - Water | W22-104 | 8/22 tank level line #315-392-202 | 8/1/2022 | \$64.33 |
| Total for G/L Account | | 083204.08.000.00 | | \$207.91 |
| Total for all Vouchers | | | | \$207.91 |
| Total for Vendor: Frontier - Water | | | | \$207.91 |

| G/L Number: 083204.08.000.00 | | Source Power Pump CE WATER DIST | | |
|---|---------|---------------------------------|----------|--------|
| Nationalgrid - Water | W22-109 | 1/2 8/22 Hydro pneo #06581-570 | 8/1/2022 | \$0.25 |
| Report Date: 8/16/2022 10:18:01 AM | | Page: 1 of 3 Pages | | |

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 7/22/2022 thru 8/16/2022

| Description | | | | | |
|------------------------------|---------|-----------------------------------|----------|-------------------------|-----------------|
| Nationalgrid - Water | W22-105 | 8/22 pump station Irish #69649-42 | 8/1/2022 | \$94.28 | |
| Nationalgrid - Water | W22-106 | 8/22 chlorination bldg #02330-89 | 8/1/2022 | \$455.28 | |
| Nationalgrid - Water | W22-107 | 8/22 pump station Lorraine #5144 | 8/1/2022 | \$40.36 | |
| Total for G/L Account | | | | 083204.08.000.00 | \$590.17 |

Total for all Vouchers \$590.17

Total for Vendor: Nationalgrid - Water \$590.17

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

| | | | | | |
|------------------------------|---------|-------------------------------|----------|-------------------------|-----------------|
| Rome Sentinal-Water | W22-108 | 4wks@25.375 weekly ad-Water O | 8/1/2022 | \$101.50 | |
| Total for G/L Account | | | | 083204.08.000.00 | \$101.50 |

Total for all Vouchers \$101.50

Total for Vendor: Rome Sentinal-Water \$101.50

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

| | | | | | |
|------------------------------|--------|--|---------|-------------------------|----------------|
| Verizon - Water | W22-99 | Ipad-water piping&hydrants sys # ##### | \$16.20 | 22551 | |
| Total for G/L Account | | | | 083204.08.000.00 | \$16.20 |

Total for all Vouchers \$16.20

Total for Vendor: Verizon - Water \$16.20

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 7/22/2022 thru 8/16/2022

Description

Grand Total of all Vouchers \$1,195.96

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 | July-22 | |
| PWS Federal ID Number | NY3202389 | | 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) | Liquid Sodium Hypochlorite Used (Quarts added) | Free Chlorine Residual (mg/l) | | Other Measurements | |
|--------------|------------------------|---------------|--|--|-------------------------------|------------------------------------|--------------------|--|
| | Pierce Well | Carbose Wells | | | At ENTRY POINT | DISTRIBUTION (at sample locations) | | |
| 1 | X | | 20900 | 2 | 1.07 | 0.3 | | |
| 2 | X | | 0 | 0 | 0.95 | | | |
| 3 | X | | 24500 | 0 | 1.1 | | | |
| 4 | X | | 46900 | 0 | 1.25 | 0.29 | | |
| 5 | X | | 0 | 0 | 1.2 | | | |
| 6 | X | | 0 | 0 | 2.04 | 0.54 | | |
| 7 | X | | 87300 | 0 | 1.71 | | | |
| 8 | X | | 10900 | 0 | 1.28 | 0.48 | | |
| 9 | X | | 0 | 0 | 1.22 | | | |
| 10 | X | | 24600 | 0 | 0.95 | | | |
| 11 | X | | 45300 | 0 | 0.48 | 0.6 | | |
| 12 | X | | 0 | 0 | 0.6 | | | |
| 13 | X | | 4200 | 0 | 0.8 | 0.73 | | |
| 14 | X | | 54400 | 0 | 1.6 | | | |
| 15 | X | | 0 | 0 | 1.49 | 0.65 | | |
| 16 | X | | 0 | 2 | 0.94 | | | |
| 17 | X | | 40800 | 0 | 0.72 | | | |
| 18 | X | | 32200 | 0 | 0.21 | 0.5 | | |
| 19 | X | | 0 | 0 | 1.21 | | | |
| 20 | X | | 0 | 0 | 0.9 | 0.53 | | |
| 21 | X | | 65000 | 0 | 0.67 | | | |
| 22 | X | | 0 | 0 | 1.4 | 0.49 | | |
| 23 | X | | 0 | 0 | 1.1 | | | |
| 24 | X | | 4100 | 0 | 0.9 | | | |
| 25 | X | | 66300 | 0 | 0.55 | 0.52 | | |
| 26 | X | | 0 | 0 | 1.2 | | | |
| 27 | X | | 0 | 0 | 1.01 | 0.48 | | |
| 28 | X | | 27700 | 0 | 1.25 | | | |
| 29 | X | | 41300 | 0 | 1.29 | 0.47 | | |
| 30 | X | | 0 | 0 | 0.98 | | | |
| 31 | X | | 0 | 0 | 0.89 | | | |
| Total | | | 596400.00 | 2.00 | 32.98 | 6.58 | | |
| Avg | | | 19238.71 | 0.07 | 1.06 | 0.51 | | |

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 | 0.64 |

| | |
|---|-----------|
| Did an emergency occur in any part of the water system? (if yes, explain) | No |
|---|-----------|

| | | | |
|---|-------------------|----------------------|---------------------------------------|
| Reported by | Ted Doktor | Title | Water Treatment Plant Operator |
| Signature | <i>Ted Doktor</i> | Date | 8/2/22 |
| NY State 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 | July-22 |
| PWS Federal ID Number | NY3202389 | Population Served | 800 |

| | | | | |
|--|----------|-----------|---|--|
| 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 | | | |
| Campbell's Diner, 10208 State Rte 28 | 07/07/22 | 1 | | No | No | 0.22 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Sample Collector: **Ted Deiter**
 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:*

Actual number of routine samples is fewer than required.
 Did not collect / analyze required number of repeat samples.
 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):*

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).
 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).
 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 Deiter**
 NYSDOH Certified Laboratory used: **Verona Laboratory, Inc.**

Did an MCL Violation or AL exceedance occur for any other contaminant? (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

