

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

1. CALL TO ORDER

2. TOWN CLERK MINUTES

- Special Sewer District #1 Minutes- October 19,2022- Sent Electronically

3. ABSTRACT:

- Abstract # 11, Voucher #73- # 80 in the amount of \$578.55

4. SEWER REPORT:

- Monthly Report

5. OLD BUSINESS BOARD:

- Sewer Rates

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: 10/21/2022 thru 11/15/2022

Description

G/L Number: 081204.09.000.00		Sanitary Sewers CE SEWER DIST		
Daktor, Ted - Sewer	S22-73	10/30-10/31/22 mileage 10@.56 r	#####	\$5.60
Daktor, Ted - Sewer	S22-73	10/23-10/29/22 mileage 30@.56 r	#####	\$16.80
Daktor, Ted - Sewer	S22-73	10/16-10/22/22 mileage 30@.56 r	#####	\$16.80
Daktor, Ted - Sewer	S22-73	10/9-10/15/22 mileage 30@.56 re	#####	\$16.80
Daktor, Ted - Sewer	S22-73	10/2-10/8/22 mileage 30@.56 reg	#####	\$16.80
Daktor, Ted - Sewer	S22-73	10/1/22 mileage 5@.56 Reg Rds	#####	\$2.80
Total for G/L Account		081204.09.000.00		\$75.60
Total for all Vouchers				\$75.60
Total for Vendor: Daktor, Ted - Sewer				\$75.60

G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST		
Forestport - Water (Sewer)	S22-74	11/22 Water bill-Sewer Plant #23	#####	\$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		
Life Science-Sewer	S22-75	Inflationary surcharge	#####	\$5.12
Life Science-Sewer	S22-75	2@22. SM 5210B-2016 BOD-5 D	#####	\$44.00
Life Science-Sewer	S22-75	2@10. SM 2540 D-2015 Total Su	#####	\$20.00
Total for G/L Account		081304.09.000.00		\$69.12
Total for all Vouchers				\$69.12
Total for Vendor: Life Science-Sewer				\$69.12

G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST		
Nationalgrid - Sewer	S22-77	11/22 Dutch Hill lift station #5764	#####	\$36.75
Nationalgrid - Sewer	S22-76	11/22 Sewer Plant #56849-42108	#####	\$191.03

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 10/21/2022 thru 11/15/2022

Description				
Total for G/L Account		081304.09.000.00		\$227.78
Total for all Vouchers				\$227.78
Total for Vendor: Nationalgrid - Sewer				\$227.78
<hr/>				
G/L Number: 081204.09.000.00		Sanitary Sewers CE SEWER DIST		
Quill - Sewer	S22-79	Hp 950XL Black ink	#####	\$45.56
Quill - Sewer	S22-78	2023 Calendar - Monthly	#####	\$18.99
Total for G/L Account		081204.09.000.00		\$64.55
Total for all Vouchers				\$64.55
Total for Vendor: Quill - Sewer				\$64.55
<hr/>				
G/L Number: 081104.09.000.00		Administration CE SEWER DIST		
Sewer Billing - Petty Cash	S22-80	roll of stamps 100ct	#####	\$60.00
Total for G/L Account		081104.09.000.00		\$60.00
Total for all Vouchers				\$60.00
Total for Vendor: Sewer Billing - Petty Cash				\$60.00

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 10/21/2022 thru 11/15/2022

Description

Grand Total of all Vouchers \$578.55

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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if NAME): FORESTPORT (T)
 ADDRESS: PO BOX 137
 FORESTPORT, NY 13338

DMR Mailing ZIP CODE: 13338
 MINOR (SUBR 08)
 External Outfall

PERMIT NUMBER: NY0236756
 DISCHARGE NUMBER: 001-M

MONITORING PERIOD: MM/DD/YYYY
 10/1/2022

PERMIT NUMBER: NY0236756
 DISCHARGE NUMBER: 001-M

MONITORING PERIOD: MM/DD/YYYY
 10/31/2022

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade	00010 10	.....	.....	.....	.....	15.7 ⁰				
Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. DAILY MX	deg C	Five per Week	GRAB	
Temperature, water deg. centigrade	00010 G 0	.....	.....	.....	.....	15.8 ⁰				
Raw Sewage Influent	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. DAILY MX	deg C	Five per Week	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0.1	0.1	.....	.....	<4				
Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	30 DA AVG	mg/L	Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.....	.....	.....	.....	230				
Raw Sewage Influent	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. 7 DA AVG	mg/L	Monthly	GRAB	
pH	SAMPLE MEASUREMENT	.....	.....	.....	.....	6.67				
Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	9 MINIMUM	SU	Five per Week	GRAB	
pH	SAMPLE MEASUREMENT	.....	.....	.....	.....	6.67				
Raw Sewage Influent	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. MAXIMUM	SU	Five per Week	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	0.1	0.1	.....	.....	<4				
Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	30 DA AVG	mg/L	Monthly	GRAB	
Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	45 7 DA AVG				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: _____

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____

TELEPHONE: _____ DATE: _____

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.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons immediately responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for gathering false information, including the possibility of fine and imprisonment for knowing violations.

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
 PERMIT NUMBER
 001-M
 DISCHARGE NUMBER

MONITORING PERIOD
 MM/DD/YYYY
 10/31/2022

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended			
00530 G O Raw Sewage Influent Solids, settleable	150	mg/L		Monthly	GRAB
00545 1 0 Effluent Gross Solids, settleable	40.1	mL/L		Five per Week	GRAB
00545 G O Raw Sewage Influent Flow, in conduit or thru treatment plant	48.0	mL/L		Five per Week	GRAB
50050 G O Raw Sewage Influent BOD, 5-day, percent removal	MGD	.....	.....		Continuous	Recorder (auto)
81010 K O Percent Removal Solids, suspended percent removal	78%	.....		Monthly	CALCTD
81011 K O Percent Removal	85 MN % RMV	.....		Monthly	CALCTD
	97%	.....		Monthly	CALCTD
	85 MN % RMV	.....		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: _____
 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED: _____
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____
 TELEPHONE: _____ DATE: _____
 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.

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

12/14/2015 Date

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF October, 2022.

FACILITY NAME

FACILITY OWNER

FACILITY LOCATION

SPDES PERMIT NO.

FACILITY LOCATION

NY-SPDES # 0236756

Day	Date	VOLUME OF WASTEWATER TREATED		TEMPERATURE (C/F)		PH (S.U.)		SETTLABLE SOLIDS (ml/l)		B.O.D. ₅ (mg/l)		SUSPENDED SOLIDS (mg/l)								
		Daily Precip 'In/day	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Influent (2)	Effluent (2)	Influent Minimum	Effluent Minimum	Influent Maximum	Effluent Maximum	Influent Type	Effluent Type	Influent Type	Effluent Type					
S	1																			
S	2																			
M	3																			
T	4																			
W	5																			
T	6																			
F	7																			
S	8																			
S	9																			
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S	29																			
S	30																			
M	31																			
Total		Precip 44mm	Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Infl.(mg/l) Eff.(mg/l) %Rem.	30 day arithmetic mean (1) Infl.(mg/l) Eff.(mg/l) %Rem.	30 day Infl.(mg/l) Eff.(mg/l) %Rem.	30 day Infl.(mg/l) Eff.(mg/l) %Rem.	30 Day Average Quantity Loading (t)	lbs/day	lbs/day

(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.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional parameters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

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		REMARKS Enter any other comments, observations, operating problems, equipment failure, etc.
		Influent Type	Effluent Type	Minimum	Maximum	MF or MPN/100 ml	Effluent	
1								
2								5/27/04 OK
3								10/26/04 OK
4								R clean basket
5								R clean basket
6								R clean basket
7								R OPEN + 2 close 3+4 Beds Sewer Samples
8								R clean basket
9								6/28/04 OK
10								6/28/04 OK
11								R clean basket
12								R clean basket
13								R clean basket
14								R clean basket
15								10/14/04 OK
16								6/23/04 OK
17								R clean basket
18								R clean basket
19								R clean basket
20								R clean basket
21								R clean basket
22								R clean basket
23								5/20/04 OK
24								4/24/04 OK
25								R clean basket
26								R clean basket
27								R clean basket
28								R clean basket
29								R clean basket
30								9/23/04 OK
31								4/30/04 OK
		30 day arithmetic mean (1)		Monthly		30 day Geometric Mean (1)		
		Influent(mg/l) Effluent(mg/l)		Minimum (1) Maximum (1)				
		lbs/day						

(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.

Day	Date	Sample Type:				Sample Type:				Sample Type:				Sample Type:				FIXED MEDIA PROCESS CONTROL				ACTIVATED SLUDGE PROCESS CONTROL									
		Influent		Effluent		Influent		Effluent		Influent		Effluent		Influent		Effluent		Recirculation Rate		Media Effluent		Mixed Liquor S.S.		Settleable Sludge Volume		Return Act. Sludge		Waste Act. Sludge			
		mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	mg/l	lbs/day	M.G.D.	M.G.D.	m/l	m/l	mg/l	mg/l	5 Minutes	30 Minutes	M.G.D.	M.G.D.	lbs/day	lbs/day		
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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.

Effect on Receiving Stream

NAME OF RECEIVING STREAM		
DATE	STATION	PARAMETER RESULT

TRUCKED WASTE RECEIVED THIS MONTH		
1. Septage, holding tank waste and portable toilet waste	Total	Max day
	Volume (gallons)	
2. All other wastes		
Volume (gallons)	Total	Max day
3. Number of Part 364 haulers currently approved to transport wastes to this POTW		
a. Septage, etc.		
b. All others		

Sludge removal from plant:

a. Amount	c.u.yds
b. Solid Content	%
c. Volatile Solids Content	%
d. Disposal Site	

Other Solid Wastes

a. Screenings	cubic feet
b. Grit	cubic feet
c. Ashes	tons
d.	
e.	
f.	
g. Disposal Site	
h. Digester Gas Wasted	cubic feet

Name and amount of chemicals used in treatment process during month:

a. Chlorine	lbs.
b.	lbs.
c.	lbs.
d.	lbs.
e.	lbs.
f.	lbs.

Amount of electrical power consumed:

a. Commercial	kilowatt hours
b. Stand-by	kilowatt hours

Amount of fuel consumed:

a. Natural Gas	cubic feet
b. Oil	gallons
c. Gasoline	gallons
d. Coal	tons
e. Digester Gas	cubic feet
f. Propane	gallons

Labor Expended:

POSITION NAME	NUMBER FULL TIME	NUMBER PART TIME	TOTAL HOURS

I certify under penalty of the law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Led Dakter
Signature of Principal Executive Officer or Authorized Agent

11/1/2002
Date

