

**TOWN OF FORESTPORT  
SPECIAL WATER DISTRICT # 1  
FORESTPORT TOWN HALL  
10275 State Rte. 28, Forestport, N.Y. 13338  
January 18, 2023  
AGENDA**

1. **CALL TO ORDER:**
2. **TOWN CLERK MINUTES:**
  - Special Water District #1 Minutes- December 21, 2022, Sent Electronically
3. **ABSTRACT:**
  - Abstract #1– Vouchers # 1-#15 in the amount of \$2,188.04
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: 1/1/2023 thru 1/17/2023**

**Description**

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
C & R Hardware - Water	W23-3	5@.69 key ID tags	#####	\$3.45
C & R Hardware - Water	W23-3	WD40 E-Z reach flex straw	#####	\$13.99
C & R Hardware - Water	W23-3	brake cleaner CRC 20oz	#####	\$5.99
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$23.43</b>
<b>Total for all Vouchers</b>				<b>\$23.43</b>
<b>Total for Vendor: C &amp; R Hardware - Water</b>				<b>\$23.43</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Center State Propane- Water	W23-4	130.6gal@1.8086 propane-pump s	#####	\$236.20
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$236.20</b>
<b>Total for all Vouchers</b>				<b>\$236.20</b>
<b>Total for Vendor: Center State Propane- Water</b>				<b>\$236.20</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Daktor, Ted - Water	W23-5	mileage 72@.56 12/24-31/22 Reg	1/1/2023	\$40.32
Daktor, Ted - Water	W23-5	mileage 26@.56 12/1-3/22 reg rds	1/1/2023	\$14.56
Daktor, Ted - Water	W23-5	mileage 78@.56 12/4-10/22 reg rd	1/1/2023	\$43.68
Daktor, Ted - Water	W23-5	mileage 88@.56 12/11-17/22 RR	1/1/2023	\$49.28
Daktor, Ted - Water	W23-5	mileage 94@.56 12/18-24/22 RR,	1/1/2023	\$52.64
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$200.48</b>
<b>Total for all Vouchers</b>				<b>\$200.48</b>
<b>Total for Vendor: Daktor, Ted - Water</b>				<b>\$200.48</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>		
Frontier - Water	W23-7	1/23 tank level #315-392-2022	1/1/2023	\$87.24
Frontier - Water	W23-6	1/23 line between plants 315-196-	1/1/2023	\$77.48

**Town Of Forestport  
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New York**

**Abstract of Audited Vouchers for the period: 1/1/2023 thru 1/17/2023**

Description		
Total for G/L Account	083204.08.000.00	\$164.72
Total for all Vouchers		\$164.72
Total for Vendor: Frontier - Water		\$164.72

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Life Science-Water	W23-8	Total coliform/E.coli SM20,21-23	#####	\$33.00
Life Science-Water	W23-8	inflationary surcharge	#####	\$2.64
Total for G/L Account	083204.08.000.00	\$35.64		
Total for all Vouchers				\$35.64
Total for Vendor: Life Science-Water				\$35.64

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Nationalgrid - Water	W23-9	1/23 pump station Lorraine #5144	1/1/2023	\$40.91
Nationalgrid - Water	W23-10	1/23 Chlorination bild #02330-89	1/1/2023	\$342.75
Nationalgrid - Water	W23-11	1/23 pump station Irish #69649-42	1/1/2023	\$92.39
Nationalgrid - Water	W23-14	1/2 1/23 hydro pneu #06581-5700	1/1/2023	\$44.78
Total for G/L Account	083204.08.000.00	\$520.83		
Total for all Vouchers				\$520.83
Total for Vendor: Nationalgrid - Water				\$520.83

G/L Number: 083104.08.000.00		Administration CE WATER DIST		
Network Oriented Solutions -	W23-12	2023 WaterWorks software maint	#####	\$627.00
Total for G/L Account	083104.08.000.00	\$627.00		
Total for all Vouchers				\$627.00
Total for Vendor: Network Oriented Solutions - Water				\$627.00

G/L Number: 090408.08.000.00		Workers Comp WATER DIST		
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**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 1/1/2023 thru 1/17/2023**

Description					
Oneida Cnty W Comp-Water	W23-15	2023 Workers Compensation shar	1/9/236	\$54.54	
<b>Total for G/L Account</b>				<b>090408.08.000.00</b>	<b>\$54.54</b>
<b>Total for all Vouchers</b>					<b>\$54.54</b>
<b>Total for Vendor: Oneida Cnty W Comp-Water</b>					<b>\$54.54</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>			
Pelno, Jim - Water	W23-1	15.66hrs@17.69 plow water sites	1/1/2023	\$277.03	22601
<b>Total for G/L Account</b>				<b>083204.08.000.00</b>	<b>\$277.03</b>
<b>Total for all Vouchers</b>					<b>\$277.03</b>
<b>Total for Vendor: Pelno, Jim - Water</b>					<b>\$277.03</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>			
Verizon - Water	W23-2	Acct Monthly charge	#####	\$7.83	22602
Verizon - Water	W23-2	Ipad Water piping & hydrants sys	#####	\$10.34	22602
<b>Total for G/L Account</b>				<b>083204.08.000.00</b>	<b>\$18.17</b>
<b>Total for all Vouchers</b>					<b>\$18.17</b>
<b>Total for Vendor: Verizon - Water</b>					<b>\$18.17</b>

<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>			
Yorkville Battery -Water	W23-13	Battery Charger - Water	#####	\$30.00	
<b>Total for G/L Account</b>				<b>083204.08.000.00</b>	<b>\$30.00</b>
<b>Total for all Vouchers</b>					<b>\$30.00</b>
<b>Total for Vendor: Yorkville Battery -Water</b>					<b>\$30.00</b>

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 1/1/2023 thru 1/17/2023**

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**Description**

**Grand Total of all Vouchers      \$2,188.04**

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.

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Authorized Official

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Date

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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	<b>FORESTPORT WATER DISTRICT</b>		Reporting Month / Year	<b>December-22</b>	
PWS Federal ID Number	<b>NY3202389</b>		Town / City / Village	<b>Forestport (T)</b>	
Population Served	<b>800</b>	Service Connections	<b>225</b>	Number of Sources / EPs Used	<b>3</b>
Source Water Type	<b>Groundwater</b>	Treatment Used	<b>Chlorination</b>		

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	Carbon Wells				At ENTRY POINT	DISTRIBUTION (at sample locations)		
1	X		0	2		0.65			
2	X		41800	0		1.33	0.5		
3	X		0	0		1.12			
4	X		0	0		0.58			
5	X		0	0		1.17	0.48		
6	X		57900	0		1.25			
7	X		0	0		1.37	0.75		
8	X		0	0		1.5			
9	X		0	0		2.05	0.91		
10	X		62900	0		2.2			
11	X		0	0		2.1			
12	X		0	0		1.61	0.72		
13	X		0	0		1.55			
14	X		47100	0		1.5	0.6		
15	X		15100	0		1.35			
16	X		0	2		1.2	0.59		
17	X		13900	0		1.02			
18	X		5900	0		0.98			
19	X		0	0		0.8	0.49		
20	X		0	0		0.72			
21	X		37700	0		0.69	0.64		
22	X		22100	0		0.69			
23	X		0	0		1.26	0.6		
24	X		0	0		0.9			
25	X		19500	0		0.85			
26	X		44700	0		0.88	0.58		
27	X		0	0		0.7			
28	X		0	0		0.28	0.59		
29	X		101500	0		0.4			
30	X		0	0		0.39	0.55		
31	X		0	0		0.57			
Total			470100.00	2.00		33.66	8.00		
Avg.			15164.52	0.07		1.09	0.82		

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	0.04

Did an emergency occur in any part of the water system? (if yes, explain)	<b>No</b>	
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Reported by	<b>Ted Doktor</b>	Title	<b>Water Treatment Plant Operator</b>		
Signature	<i>Ted Doktor</i>	Date	<b>1/4/23</b>		
# NYS Certified Operator - Grade Level	<b>C</b>	NYS Water Operator #	<b>NY0040067</b>	Expiration Date	<b>1/31/2023</b>

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>December-22</b>
PWS Federal ID Number	<b>NY3202389</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			
Forestport Postal Service, 12180 Woodhull Rd	12/08/22	1		No	No	1.09

Sample Collector: **Ted Doktor**  
 NYSDOH Certified Laboratory used: **Life Science Laboratories, Inc.**

Did a M&R violation occur during this monitoring period?	<b>No</b>	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?	<b>No</b>	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: **Ted Doktor**  
 NYSDOH Certified Laboratory used: **Verona laboratory, Inc.**

Did an MCL Violation or AL exceedance occur for any other contaminant? (describe)	<b>No</b>
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



(To be used in conjunction with quarterly report)

for Free Chlorine Residual as Reported on Bacteriological Sample Results

**Forestport Water District**

NY3202389

**1. PAPER WORKSHEET**

Dawn Campbell - Water Clerk

ENTER EACH CHLORINE RESIDUAL

1.00
0
0.545

Enter  
Average  
in Table

