

**TOWN OF FORESTPORT  
REGULAR TOWN BOARD MEETING AGENDA  
OTTER LAKE FIRE HALL**

**13853 State Rte. 28, Forestport, N.Y. 13338**

**May 17, 2023**

**CALL TO ORDER:**

**ABSTRACTS:**

**Water District #1:** Abstract#5, Vouchers #66-#77 in the amount of \$1,050.84

**Buckhorn Water District #2:** Abstract#5, Vouchers #17-#21 in the amount of \$343.66

**Sewer District #1:** Abstract#5, Vouchers #39-#46 in the amount of \$35,502.78

**General:** Abstract #5, Vouchers #211- #264 in the amount of \$24,110.67

**Highway:** Abstract # 5, Vouchers #145 - #183 in the amount of \$30,115.25

**Planning Board Escrow:** Abstract # 5, Vouchers #4 - #5 in the amount of \$100.00

**TOWN CLERK MINUTES (MOTION TO APPROVE):** All minutes sent electronically:

- April 19, 2023: Public Hearing- Local Law #3
- April 19, 2023: Public Hearing- Local Law #4
- April 19, 2023: Public Hearing- Road Closures
- April 19, 2023: Regular Town Board Meeting

**MONTHLY REPORTS:**

**Water District # 1 Report**

**Buckhorn Water Report**

**2022 Water Reports**

**Sewer Report**

**Town Clerk Report**

**Justice Report**

**Planning Report**

**Dog Report**

**Supervisor Report**

**NOCCOG:**

**OLD BUSINESS BOARD:**

- Lucas- Water
- WWIP
- Summer Rec
- Camp Nazareth
- Groomer
- Master Plan
- Planning Board of Appeals
- Secretary for PBA



**NEW BOARD BUSINESS:**

- Summer Maintenance helper
- Memorial Day Ceremony
- Kirkland Road

**NEW BUSINESS (PUBLIC):**

**ADJOURNMENT:**



Water

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

**Description**

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

|                |        |                                         |         |
|----------------|--------|-----------------------------------------|---------|
| Amazon - Water | W23-68 | college ruled paper 100 sheet 6bo ##### | \$11.21 |
|----------------|--------|-----------------------------------------|---------|

|                              |                         |                |
|------------------------------|-------------------------|----------------|
| <b>Total for G/L Account</b> | <b>083204.08.000.00</b> | <b>\$11.21</b> |
|------------------------------|-------------------------|----------------|

|                               |                |
|-------------------------------|----------------|
| <b>Total for all Vouchers</b> | <b>\$11.21</b> |
|-------------------------------|----------------|

|                                         |                |
|-----------------------------------------|----------------|
| <b>Total for Vendor: Amazon - Water</b> | <b>\$11.21</b> |
|-----------------------------------------|----------------|

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

|                     |        |                                  |          |         |
|---------------------|--------|----------------------------------|----------|---------|
| Daktor, Ted - Water | W23-69 | mileage 5/30/23 13@.56-reg rds   | 5/1/2023 | \$7.28  |
| Daktor, Ted - Water | W23-69 | mileage 5/1/23 13@.56-reg rds    | 5/1/2023 | \$7.28  |
| Daktor, Ted - Water | W23-69 | mileage 5/2-5/8/23 81@.56-reg rd | 5/1/2023 | \$45.36 |
| Daktor, Ted - Water | W23-69 | mileage 5/9-5/15/23 96@.56-reg r | 5/1/2023 | \$53.76 |
| Daktor, Ted - Water | W23-69 | mileage 5/23-5/29/23 98@.56-reg  | 5/1/2023 | \$54.88 |
| Daktor, Ted - Water | W23-69 | mileage 5/16-5/22/23 96@.56-reg  | 5/1/2023 | \$53.76 |

|                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| <b>Total for G/L Account</b> | <b>083204.08.000.00</b> | <b>\$222.32</b> |
|------------------------------|-------------------------|-----------------|

|                               |                 |
|-------------------------------|-----------------|
| <b>Total for all Vouchers</b> | <b>\$222.32</b> |
|-------------------------------|-----------------|

|                                              |                 |
|----------------------------------------------|-----------------|
| <b>Total for Vendor: Daktor, Ted - Water</b> | <b>\$222.32</b> |
|----------------------------------------------|-----------------|

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

|                  |        |                                   |          |          |
|------------------|--------|-----------------------------------|----------|----------|
| Frontier - Water | W23-71 | 5/23 tank level #315-392-2022     | 5/1/2023 | \$85.22  |
| Frontier - Water | W23-70 | 5/23 line between plants #315-196 | 5/1/2023 | \$156.78 |

|                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| <b>Total for G/L Account</b> | <b>083204.08.000.00</b> | <b>\$242.00</b> |
|------------------------------|-------------------------|-----------------|

|                               |                 |
|-------------------------------|-----------------|
| <b>Total for all Vouchers</b> | <b>\$242.00</b> |
|-------------------------------|-----------------|

|                                           |                 |
|-------------------------------------------|-----------------|
| <b>Total for Vendor: Frontier - Water</b> | <b>\$242.00</b> |
|-------------------------------------------|-----------------|

**G/L Number: 083304.08.000.00      Purification CE WATER DIST**

|                    |        |                           |       |         |       |
|--------------------|--------|---------------------------|-------|---------|-------|
| Life Science-Water | W23-66 | 4/23 Totall Coliform test | ##### | \$35.64 | 22644 |
|--------------------|--------|---------------------------|-------|---------|-------|

|                              |                         |                |
|------------------------------|-------------------------|----------------|
| <b>Total for G/L Account</b> | <b>083304.08.000.00</b> | <b>\$35.64</b> |
|------------------------------|-------------------------|----------------|

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                          |         |
|--------------------------------------|---------|
| Total for all Vouchers               | \$35.64 |
| Total for Vendor: Life Science-Water | \$35.64 |

|                                        |        |                                        |          |          |  |
|----------------------------------------|--------|----------------------------------------|----------|----------|--|
| <b>G/L Number: 083204.08.000.00</b>    |        | <b>Source Power Pump CE WATER DIST</b> |          |          |  |
| Nationalgrid - Water                   | W23-74 | 1/2 5/23 hydro pneu #06581-5700        | 5/1/2023 | \$20.20  |  |
| Nationalgrid - Water                   | W23-72 | 5/23 pump station Irish #69649-42      | 5/1/2023 | \$92.62  |  |
| Nationalgrid - Water                   | W23-73 | 5/23 pump station Lorraine #5144       | 5/1/2023 | \$41.66  |  |
| Nationalgrid - Water                   | W23-75 | 5/23 chlorination bldg #02330-89       | 5/1/2023 | \$338.41 |  |
| Total for G/L Account                  |        | 083204.08.000.00                       |          | \$492.89 |  |
| Total for all Vouchers                 |        |                                        |          | \$492.89 |  |
| Total for Vendor: Nationalgrid - Water |        |                                        |          | \$492.89 |  |

|                                       |        |                                        |          |        |  |
|---------------------------------------|--------|----------------------------------------|----------|--------|--|
| <b>G/L Number: 083204.08.000.00</b>   |        | <b>Source Power Pump CE WATER DIST</b> |          |        |  |
| Rome Sentinal-Water                   | W23-76 | 2022 annual Drinking Quality rep-      | 5/2/2023 | \$5.95 |  |
| Total for G/L Account                 |        | 083204.08.000.00                       |          | \$5.95 |  |
| Total for all Vouchers                |        |                                        |          | \$5.95 |  |
| Total for Vendor: Rome Sentinal-Water |        |                                        |          | \$5.95 |  |

|                                           |        |                                     |          |         |  |
|-------------------------------------------|--------|-------------------------------------|----------|---------|--|
| <b>G/L Number: 083104.08.000.00</b>       |        | <b>Administration CE WATER DIST</b> |          |         |  |
| US Postal Service-Water                   | W23-77 | 1/3 PO Box #63 Annual Rent          | 5/3/2023 | \$22.67 |  |
| Total for G/L Account                     |        | 083104.08.000.00                    |          | \$22.67 |  |
| Total for all Vouchers                    |        |                                     |          | \$22.67 |  |
| Total for Vendor: US Postal Service-Water |        |                                     |          | \$22.67 |  |

|                                     |        |                                        |       |         |       |
|-------------------------------------|--------|----------------------------------------|-------|---------|-------|
| <b>G/L Number: 083204.08.000.00</b> |        | <b>Source Power Pump CE WATER DIST</b> |       |         |       |
| Verizon - Water                     | W23-67 | Acct Monthly charge                    | ##### | \$7.83  | 22645 |
| Verizon - Water                     | W23-67 | Ipad-Water piping & Hydrant syte       | ##### | \$10.33 | 22645 |

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                       |                  |         |
|-----------------------------------|------------------|---------|
| Total for G/L Account             | 083204.08.000.00 | \$18.16 |
| Total for all Vouchers            |                  | \$18.16 |
| Total for Vendor: Verizon - Water |                  | \$18.16 |

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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**Description**

**Grand Total of all Vouchers      \$1,050.84**

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**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

Buckhorn Water

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

**Description**

**G/L Number: 083204.12.000.00      Source Power Pump CE BUCKHOR WATER DISTRICT**

|                           |        |                                |       |         |
|---------------------------|--------|--------------------------------|-------|---------|
| C & R Hardware - Buckhorn | B23-17 | WD40 smart straw 12oz          | ##### | \$7.99  |
| C & R Hardware - Buckhorn | B23-17 | 3@.69 key ID tags w/split ring | ##### | \$2.07  |
| C & R Hardware - Buckhorn | B23-17 | 1-1/2" split key ring bulk     | ##### | \$1.79  |
| C & R Hardware - Buckhorn | B23-17 | 8" adjustable clamp light      | ##### | \$15.99 |
| C & R Hardware - Buckhorn | B23-17 | 200A bulb light 200W frost A23 | ##### | \$2.99  |
| C & R Hardware - Buckhorn | B23-17 | 200A/CL bulb clear 200W A21    | ##### | \$2.99  |
| C & R Hardware - Buckhorn | B23-17 | 4@3.49 key 1092 M1             | ##### | \$13.96 |

**Total for G/L Account    083204.12.000.00      \$47.78**

**Total for all Vouchers      \$47.78**

**Total for Vendor: C & R Hardware - Buckhorn      \$47.78**

**G/L Number: 083204.12.000.00      Source Power Pump CE BUCKHOR WATER DISTRICT**

|                     |        |                                 |          |         |
|---------------------|--------|---------------------------------|----------|---------|
| Daktor, Ted - Water | B23-18 | 4/23 mileage 70@.56 5/2-5/8/23  | 5/1/2023 | \$39.20 |
| Daktor, Ted - Water | B23-18 | 4/23 mileage 70@.56 5/9-5/15/23 | 5/1/2023 | \$39.20 |
| Daktor, Ted - Water | B23-18 | 4/23 mileage 70@.56 5/16-5/22/2 | 5/1/2023 | \$39.20 |
| Daktor, Ted - Water | B23-18 | 4/23 mileage 70@.56 5/23-5/29/2 | 5/1/2023 | \$39.20 |
| Daktor, Ted - Water | B23-18 | 4/23 mileage 10@.56 5/30/23     | 5/1/2023 | \$5.60  |
| Daktor, Ted - Water | B23-18 | 4/23 mileage 10@.56 5/1/23      | 5/1/2023 | \$5.60  |

**Total for G/L Account    083204.12.000.00      \$168.00**

**Total for all Vouchers      \$168.00**

**Total for Vendor: Daktor, Ted - Water      \$168.00**

**G/L Number: 083204.12.000.00      Source Power Pump CE BUCKHOR WATER DISTRICT**

|                        |        |                                |          |         |
|------------------------|--------|--------------------------------|----------|---------|
| National Grid-Buckhorn | B23-19 | 5/23 Buckhorn water #80437-731 | 5/1/2023 | \$99.26 |
|------------------------|--------|--------------------------------|----------|---------|

**Total for G/L Account    083204.12.000.00      \$99.26**

**Total for all Vouchers      \$99.26**

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                              |        |                                 |          |         |
|--------------------------------------------------------------------------|--------|---------------------------------|----------|---------|
| Total for Vendor: National Grid-Buckhorn                                 |        |                                 |          | \$99.26 |
| G/L Number: 083204.12.000.00 Source Power Pump CE BUCKHOR WATER DISTRICT |        |                                 |          |         |
| Rome Sentinal-Water                                                      | B23-20 | 2022 Annual Drinking Water qual | 5/2/2023 | \$5.96  |
| Total for G/L Account 083204.12.000.00                                   |        |                                 |          | \$5.96  |
| Total for all Vouchers                                                   |        |                                 |          | \$5.96  |
| Total for Vendor: Rome Sentinal-Water                                    |        |                                 |          | \$5.96  |

|                                                                       |        |                            |          |         |
|-----------------------------------------------------------------------|--------|----------------------------|----------|---------|
| G/L Number: 083104.12.000.00 Administration CE BUCKHOR WATER DISTRICT |        |                            |          |         |
| US Postal Service-Water                                               | B23-21 | 1/3 PO Box #63 annual rent | 5/3/2023 | \$22.66 |
| Total for G/L Account 083104.12.000.00                                |        |                            |          | \$22.66 |
| Total for all Vouchers                                                |        |                            |          | \$22.66 |
| Total for Vendor: US Postal Service-Water                             |        |                            |          | \$22.66 |

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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**Description**

**Grand Total of all Vouchers      \$343.66**

**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**

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**Authorized Official**

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Sewer

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

**Description**

**G/L Number: 081204.09.000.00 Sanitary Sewers CE SEWER DIST**

|                                               |        |                            |          |                |
|-----------------------------------------------|--------|----------------------------|----------|----------------|
| Amazon - Sewer                                | S23-40 | UPS battery SLA1000 12V    | 5/3/2023 | \$29.99        |
| Amazon - Sewer                                | S23-40 | shipping & Handling charge | 5/3/2023 | \$0.18         |
| <b>Total for G/L Account 081204.09.000.00</b> |        |                            |          | <b>\$30.17</b> |

**Total for all Vouchers \$30.17**

**Total for Vendor: Amazon - Sewer \$30.17**

**G/L Number: 081304.09.000.00 Treatmt/Disposal CE SEWER DIST**

|                                               |        |                                         |       |                |
|-----------------------------------------------|--------|-----------------------------------------|-------|----------------|
| C & R Hardware - Sewer                        | S23-41 | 2ea@1.49 snapoff knife large 3/4" ##### |       | \$2.98         |
| C & R Hardware - Sewer                        | S23-41 | sump pump hose 1 1/4"x24                | ##### | \$19.99        |
| <b>Total for G/L Account 081304.09.000.00</b> |        |                                         |       | <b>\$22.97</b> |

**Total for all Vouchers \$22.97**

**Total for Vendor: C & R Hardware - Sewer \$22.97**

**G/L Number: 081204.09.000.00 Sanitary Sewers CE SEWER DIST**

|                                               |        |                                  |          |                |
|-----------------------------------------------|--------|----------------------------------|----------|----------------|
| Daktor, Ted - Sewer                           | S23-42 | mileage 5/16-5/22/23 35@.56 reg  | 5/1/2023 | \$19.60        |
| Daktor, Ted - Sewer                           | S23-42 | mileage 5/1/23 5@.56 reg reds    | 5/1/2023 | \$2.80         |
| Daktor, Ted - Sewer                           | S23-42 | mileage 5/9-5/15/23 35@.56 reg r | 5/1/2023 | \$19.60        |
| Daktor, Ted - Sewer                           | S23-42 | mileage 5/23-5/29/23 35@.56 reg  | 5/1/2023 | \$19.60        |
| Daktor, Ted - Sewer                           | S23-42 | mileage 5/30/23 5@.56 reg reds   | 5/1/2023 | \$2.80         |
| Daktor, Ted - Sewer                           | S23-42 | mileage 5/2-5/8/23 35@.56 reg re | 5/1/2023 | \$19.60        |
| <b>Total for G/L Account 081204.09.000.00</b> |        |                                  |          | <b>\$84.00</b> |

**Total for all Vouchers \$84.00**

**Total for Vendor: Daktor, Ted - Sewer \$84.00**

**G/L Number: 081304.09.000.00 Treatmt/Disposal CE SEWER DIST**

|                        |        |                                |          |             |       |
|------------------------|--------|--------------------------------|----------|-------------|-------|
| Dodson & Assoc - Sewer | S23-39 | Prof Serv-from 9/26/22 WWTP u  | #####    | \$20,000.00 | 31612 |
| Dodson & Assoc - Sewer | S23-40 | prof serv-9/22/22 WWTP upgrade | 5/5/2023 | \$15,000.00 | 31612 |

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                              |                  |             |
|------------------------------------------|------------------|-------------|
| Total for G/L Account                    | 081304.09.000.00 | \$35,000.00 |
| Total for all Vouchers                   |                  | \$35,000.00 |
| Total for Vendor: Dodson & Assoc - Sewer |                  | \$35,000.00 |

|                                              |                  |                                  |          |         |
|----------------------------------------------|------------------|----------------------------------|----------|---------|
| G/L Number: 081304.09.000.00                 |                  | Treatmt/Disposal CE SEWER DIST   |          |         |
| Forestport - Water (Sewer)                   | S23-43           | 5/23 water bill-Sewer Plant #236 | 5/1/2023 | \$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                   | S23-46           | Inflationary Surcharge         | ##### | \$5.12  |
| Life Science-Sewer                   | S23-46           | 2@10. SM 2540 D-2015 Total Su  | ##### | \$20.00 |
| Life Science-Sewer                   | S23-46           | 2@22. SM 5210B-2016 BOD-5 D    | ##### | \$44.00 |
| 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                   | S23-44           | 5/23 Sewer Plant #56849-42108  | 5/1/2023 | \$192.35 |
| Total for G/L Account                  | 081304.09.000.00 |                                |          | \$192.35 |
| Total for all Vouchers                 |                  |                                |          | \$192.35 |
| Total for Vendor: Nationalgrid - Sewer |                  |                                |          | \$192.35 |

|                              |        |                              |          |         |
|------------------------------|--------|------------------------------|----------|---------|
| G/L Number: 081104.09.000.00 |        | Administration CE SEWER DIST |          |         |
| US Postal Service-Sewer      | S23-45 | 1/3 PO Box #63 Annual Rent   | 5/3/2023 | \$22.67 |

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                               |                  |         |
|-------------------------------------------|------------------|---------|
| Total for G/L Account                     | 081104.09.000.00 | \$22.67 |
| Total for all Vouchers                    |                  | \$22.67 |
| Total for Vendor: US Postal Service-Sewer |                  | \$22.67 |

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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**Description**

**Grand Total of all Vouchers      \$35,502.78**

**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**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

General

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

**Description**

**G/L Number: 013554.01.000.00      Assessor CE GEN FD**

|                                                  |         |                             |       |                 |
|--------------------------------------------------|---------|-----------------------------|-------|-----------------|
| Amazon - Gen                                     | G23-220 | DELLA 14000 BTU Air Conditi | ##### | \$449.96        |
| <b>Total for G/L Account    013554.01.000.00</b> |         |                             |       | <b>\$449.96</b> |

**G/L Number: 016204.01.000.00      Buildings CE GEN FD**

|                                                  |         |                                  |          |                 |
|--------------------------------------------------|---------|----------------------------------|----------|-----------------|
| Amazon - Gen                                     | G23-264 | 15gal spot sprayer - plants      | #####    | \$99.98         |
| Amazon - Gen                                     | G23-219 | 2bx@14.44 swiffer wetjet heavy d | 5/3/2023 | \$28.88         |
| <b>Total for G/L Account    016204.01.000.00</b> |         |                                  |          | <b>\$128.86</b> |

**G/L Number: 071104.01.000.00      Parks CE GEN FD**

|                                                  |         |                         |       |                |
|--------------------------------------------------|---------|-------------------------|-------|----------------|
| Amazon - Gen                                     | G23-221 | 5x8 American Flag       | ##### | \$37.99        |
| Amazon - Gen                                     | G23-221 | 3x5 New York State Flag | ##### | \$21.99        |
| Amazon - Gen                                     | G23-221 | 3x5 POW MIA flag        | ##### | \$17.09        |
| <b>Total for G/L Account    071104.01.000.00</b> |         |                         |       | <b>\$77.07</b> |

**G/L Number: 073104.01.000.00      Youth Programs CE GEN FD**

|                                                  |         |                                  |       |                 |
|--------------------------------------------------|---------|----------------------------------|-------|-----------------|
| Amazon - Gen                                     | G23-263 |                                  | ##### | \$0.00          |
| Amazon - Gen                                     | G23-263 | 2ea@40.99 school house snacks 5  | ##### | \$81.98         |
| Amazon - Gen                                     | G23-263 | 4ea@17.21 capri sun-water 40ct p | ##### | \$68.84         |
| <b>Total for G/L Account    073104.01.000.00</b> |         |                                  |       | <b>\$150.82</b> |

**Total for all Vouchers      \$806.71**

**Total for Vendor: Amazon - Gen      \$806.71**

**G/L Number: 016204.01.000.00      Buildings CE GEN FD**

|                                                  |         |                               |          |                 |        |
|--------------------------------------------------|---------|-------------------------------|----------|-----------------|--------|
| Benson, Matt-Gen                                 | G23-211 | 7.5hrs@25. Bldg & Grds helper | 5/1/2023 | \$187.50        | 110369 |
| <b>Total for G/L Account    016204.01.000.00</b> |         |                               |          | <b>\$187.50</b> |        |

**Total for all Vouchers      \$187.50**

**Total for Vendor: Benson, Matt-Gen      \$187.50**

**G/L Number: 016204.01.000.00      Buildings CE GEN FD**

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                   |         |                                   |       |                |
|-----------------------------------------------|---------|-----------------------------------|-------|----------------|
| C & R Hardware - Gen                          | G23-223 | gal eggshell paint - Town hall    | ##### | \$35.99        |
| C & R Hardware - Gen                          | G23-222 | 3bag@5.99 play sand .4cuft        | ##### | \$17.97        |
| C & R Hardware - Gen                          | G23-223 | 2@5.99 1.5" paint brush           | ##### | \$11.98        |
| C & R Hardware - Gen                          | G23-223 | 6@1.69 9" econmy paint tray liner | ##### | \$10.14        |
| C & R Hardware - Gen                          | G23-223 | goo-gone remover 8oz              | ##### | \$4.99         |
| C & R Hardware - Gen                          | G23-223 | roller covers 9" 6pk              | ##### | \$10.99        |
| C & R Hardware - Gen                          | G23-223 | NYS paint care fee                | ##### | \$0.95         |
| <b>Total for G/L Account 016204.01.000.00</b> |         |                                   |       | <b>\$93.01</b> |

**Total for all Vouchers \$93.01**

**Total for Vendor: C & R Hardware - Gen \$93.01**

**G/L Number: 014104.01.000.00 Town Clerk CE GEN FD**

|                                               |         |                               |          |                |
|-----------------------------------------------|---------|-------------------------------|----------|----------------|
| Card Service-Gen                              | G23-224 | Acrobat ProDc program - Tracy | 5/3/2023 | \$21.74        |
| <b>Total for G/L Account 014104.01.000.00</b> |         |                               |          | <b>\$21.74</b> |

**G/L Number: 086644.01.000.00 Codes Enforcement CE GEN FD**

|                                               |         |                       |          |               |
|-----------------------------------------------|---------|-----------------------|----------|---------------|
| Card Service-Gen                              | G23-224 | Apple I-cloud - codes | 5/3/2023 | \$9.99        |
| <b>Total for G/L Account 086644.01.000.00</b> |         |                       |          | <b>\$9.99</b> |

**G/L Number: 089894.01.000.00 Community Services GEN FD**

|                                               |         |                                  |          |                 |
|-----------------------------------------------|---------|----------------------------------|----------|-----------------|
| Card Service-Gen                              | G23-224 | Town website fee 4/27/23-4/26/24 | 5/3/2023 | \$199.00        |
| <b>Total for G/L Account 089894.01.000.00</b> |         |                                  |          | <b>\$199.00</b> |

**Total for all Vouchers \$230.73**

**Total for Vendor: Card Service-Gen \$230.73**

**G/L Number: 016704.01.000.00 Central Print/Mail GEN FD**

|                      |         |                               |       |         |
|----------------------|---------|-------------------------------|-------|---------|
| Ed & Ed Business-Gen | G23-225 | 947copies@.0319 1color Town C | ##### | \$30.21 |
| Ed & Ed Business-Gen | G23-225 | 1299copies@.01045 B & W Tow   | ##### | \$13.57 |
| Ed & Ed Business-Gen | G23-225 | logistics surcharge           | ##### | \$3.93  |
| Ed & Ed Business-Gen | G23-225 | 163copies@.0429 2color Town C | ##### | \$6.99  |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                               |         |                                   |          |                   |
|---------------------------------------------------------------------------|---------|-----------------------------------|----------|-------------------|
| Ed & Ed Business-Gen                                                      | G23-225 | 101copies@.0539 3color Town C     | #####    | \$5.44            |
| <b>Total for G/L Account 016704.01.000.00</b>                             |         |                                   |          | <b>\$60.14</b>    |
| <b>G/L Number: 080204.01.000.00 Planning CE GEN FD</b>                    |         |                                   |          |                   |
| Ed & Ed Business-Gen                                                      | G23-261 | min 135copies@.133 color-plan/c   | 5/9/2023 | \$17.96           |
| Ed & Ed Business-Gen                                                      | G23-261 | Logistics surcharge               | 5/9/2023 | \$1.96            |
| Ed & Ed Business-Gen                                                      | G23-261 | min 440copies@.0228 B & W-pla     | 5/9/2023 | \$10.03           |
| <b>Total for G/L Account 080204.01.000.00</b>                             |         |                                   |          | <b>\$29.95</b>    |
| <b>Total for all Vouchers</b>                                             |         |                                   |          | <b>\$90.09</b>    |
| <b>Total for Vendor: Ed &amp; Ed Business-Gen</b>                         |         |                                   |          | <b>\$90.09</b>    |
| <b>G/L Number: 014104.01.000.00 Town Clerk CE GEN FD</b>                  |         |                                   |          |                   |
| Edmunds GovTech-Gen                                                       | G23-226 | clek 1 maintenance period 7/1/23- | 5/1/2023 | \$832.76          |
| <b>Total for G/L Account 014104.01.000.00</b>                             |         |                                   |          | <b>\$832.76</b>   |
| <b>Total for all Vouchers</b>                                             |         |                                   |          | <b>\$832.76</b>   |
| <b>Total for Vendor: Edmunds GovTech-Gen</b>                              |         |                                   |          | <b>\$832.76</b>   |
| <b>G/L Number: 090608.01.000.00 Medical Insurance (Town Share) GEN FD</b> |         |                                   |          |                   |
| Excellus - Gen                                                            | G23-227 | 6/23 Town EE health ins share     | #####    | \$2,563.02        |
| Excellus - Gen                                                            | G23-227 | 6/23 Town ER health ins share     | #####    | \$6,061.68        |
| <b>Total for G/L Account 090608.01.000.00</b>                             |         |                                   |          | <b>\$8,624.70</b> |
| <b>Total for all Vouchers</b>                                             |         |                                   |          | <b>\$8,624.70</b> |
| <b>Total for Vendor: Excellus - Gen</b>                                   |         |                                   |          | <b>\$8,624.70</b> |
| <b>G/L Number: 016204.01.000.00 Buildings CE GEN FD</b>                   |         |                                   |          |                   |
| Forestport - Highway (Gen)                                                | G23-228 | 4/23 39.3gal@2.859 unleaded gas   | 5/1/2023 | \$112.36          |
| <b>Total for G/L Account 016204.01.000.00</b>                             |         |                                   |          | <b>\$112.36</b>   |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                   |         |                                   |          |          |
|---------------------------------------------------------------|---------|-----------------------------------|----------|----------|
| Total for all Vouchers                                        |         |                                   |          | \$112.36 |
| Total for Vendor: Forestport - Highway (Gen)                  |         |                                   |          | \$112.36 |
| G/L Number: 016204.01.000.00 Buildings CE GEN FD              |         |                                   |          |          |
| Forestport - Sewer-(Gen)                                      | G23-230 | 6/23 Sewer Bill - 11953 River St  | #####    | \$159.00 |
| Forestport - Sewer-(Gen)                                      | G23-231 | 6/23 Sewer Bill-12216 Woodhull    | #####    | \$159.00 |
| Total for G/L Account 016204.01.000.00                        |         |                                   |          | \$318.00 |
| G/L Number: 071404.01.000.00 Playgrounds/Recreation CE GEN FD |         |                                   |          |          |
| Forestport - Sewer-(Gen)                                      | G23-229 | 6/23 Sewer Bill - Scouten Field   | #####    | \$159.00 |
| Total for G/L Account 071404.01.000.00                        |         |                                   |          | \$159.00 |
| Total for all Vouchers                                        |         |                                   |          | \$477.00 |
| Total for Vendor: Forestport - Sewer-(Gen)                    |         |                                   |          | \$477.00 |
| G/L Number: 016204.01.000.00 Buildings CE GEN FD              |         |                                   |          |          |
| Forestport - Water (Gen)                                      | G23-233 | 5/23 water bill #229-11953 River  | 5/1/2023 | \$22.00  |
| Forestport - Water (Gen)                                      | G23-232 | 5/23 water bill #184-12216 Wood   | 5/1/2023 | \$22.00  |
| Forestport - Water (Gen)                                      | G23-235 | 5/23 water bill #300-Town Hall    | 5/1/2023 | \$244.50 |
| Total for G/L Account 016204.01.000.00                        |         |                                   |          | \$288.50 |
| G/L Number: 051324.01.000.00 Hwy Garage Bldg CE GEN FD        |         |                                   |          |          |
| Forestport - Water (Gen)                                      | G23-236 | 5/23 water bill #251-Hwy Barn     | 5/1/2023 | \$379.22 |
| Total for G/L Account 051324.01.000.00                        |         |                                   |          | \$379.22 |
| G/L Number: 071404.01.000.00 Playgrounds/Recreation CE GEN FD |         |                                   |          |          |
| Forestport - Water (Gen)                                      | G23-234 | 5/23 water bill #235-Scouten Fiel | 5/1/2023 | \$37.50  |
| Total for G/L Account 071404.01.000.00                        |         |                                   |          | \$37.50  |
| Total for all Vouchers                                        |         |                                   |          | \$705.22 |
| Total for Vendor: Forestport - Water (Gen)                    |         |                                   |          | \$705.22 |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

**Description**

**G/L Number: 016504.01.000.00      Central Communications CE GEN FD**

|                                                  |         |                                  |          |                 |
|--------------------------------------------------|---------|----------------------------------|----------|-----------------|
| Frontier - General                               | G23-238 | 5/23 Town Hall #315-392-2801     | 5/1/2023 | \$569.13        |
| Frontier - General                               | G23-237 | 5/23 Assessors office #315-392-5 | 5/1/2023 | \$150.71        |
| <b>Total for G/L Account    016504.01.000.00</b> |         |                                  |          | <b>\$719.84</b> |

**G/L Number: 051324.01.000.00      Hwy Garage Bldg CE GEN FD**

|                                                  |         |                             |          |                 |
|--------------------------------------------------|---------|-----------------------------|----------|-----------------|
| Frontier - General                               | G23-239 | 5/23 Hwy Barn #315-392-2623 | 5/1/2023 | \$180.47        |
| <b>Total for G/L Account    051324.01.000.00</b> |         |                             |          | <b>\$180.47</b> |

**Total for all Vouchers      \$900.31**

**Total for Vendor: Frontier - General      \$900.31**

**G/L Number: 016704.01.000.00      Central Print/Mail GEN FD**

|                                                  |         |                                  |          |                 |
|--------------------------------------------------|---------|----------------------------------|----------|-----------------|
| GreatAmerica Fin-Gen                             | G23-240 | 5/23 copier lease paymt-Town Hal | 5/3/2023 | \$138.99        |
| <b>Total for G/L Account    016704.01.000.00</b> |         |                                  |          | <b>\$138.99</b> |

**Total for all Vouchers      \$138.99**

**Total for Vendor: GreatAmerica Fin-Gen      \$138.99**

**G/L Number: 013304.01.000.00      Tax Collector CE GEN FD**

|                                                  |         |                                       |  |                   |
|--------------------------------------------------|---------|---------------------------------------|--|-------------------|
| Info-Matic, Inc., - Gen                          | G23-242 | info Tax Annual support 7/2023- ##### |  | \$1,378.13        |
| Info-Matic, Inc., - Gen                          | G23-242 | Annual Maintenance support 7/20 ##### |  | \$507.15          |
| <b>Total for G/L Account    013304.01.000.00</b> |         |                                       |  | <b>\$1,885.28</b> |

**Total for all Vouchers      \$1,885.28**

**Total for Vendor: Info-Matic, Inc., - Gen      \$1,885.28**

**G/L Number: 071802.01.000.00      Special Recreation Facilities EQ GEN FD**

|                                                  |         |                                |          |                 |
|--------------------------------------------------|---------|--------------------------------|----------|-----------------|
| Jay-K Lumber - Gen                               | G23-241 | dewalt 20V coil roofing nailer | 4/3/2023 | \$429.99        |
| <b>Total for G/L Account    071802.01.000.00</b> |         |                                |          | <b>\$429.99</b> |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                          |         |                                   |          |            |        |
|----------------------------------------------------------------------|---------|-----------------------------------|----------|------------|--------|
| Total for all Vouchers                                               |         |                                   |          | \$429.99   |        |
| Total for Vendor: Jay-K Lumber - Gen                                 |         |                                   |          | \$429.99   |        |
| G/L Number: 071804.01.000.00 Special Recreation Facilities CE GEN FD |         |                                   |          |            |        |
| Life Science Lab-Gen                                                 | G23-212 | 4/23 Total Coliform test-Dutch Hi | #####    | \$35.64    | 110370 |
| Total for G/L Account 071804.01.000.00                               |         |                                   |          | \$35.64    |        |
| Total for all Vouchers                                               |         |                                   |          | \$35.64    |        |
| Total for Vendor: Life Science Lab-Gen                               |         |                                   |          | \$35.64    |        |
| G/L Number: 016204.01.000.00 Buildings CE GEN FD                     |         |                                   |          |            |        |
| Nationalgrid - Gen                                                   | G23-245 | 1/2 5/23 Hydro garage #06581-57   | 5/1/2023 | \$20.21    |        |
| Nationalgrid - Gen                                                   | G23-243 | 5/23 Town Hall #04649-42112       | 5/1/2023 | \$568.14   |        |
| Nationalgrid - Gen                                                   | G23-246 | 5/23 Twin Bridges #39480-44007    | 5/1/2023 | \$22.86    |        |
| Total for G/L Account 016204.01.000.00                               |         |                                   |          | \$611.21   |        |
| G/L Number: 051324.01.000.00 Hwy Garage Bldg CE GEN FD               |         |                                   |          |            |        |
| Nationalgrid - Gen                                                   | G23-244 | 5/23 Hwy Barn #04849-42109        | 5/1/2023 | \$769.58   |        |
| Total for G/L Account 051324.01.000.00                               |         |                                   |          | \$769.58   |        |
| G/L Number: 051824.01.000.00 Street Lighting CE GEN FD               |         |                                   |          |            |        |
| Nationalgrid - Gen                                                   | G23-213 | 5/23 Street Lighting #96552-9210  | 5/1/2023 | \$1,348.17 | 110371 |
| Total for G/L Account 051824.01.000.00                               |         |                                   |          | \$1,348.17 |        |
| G/L Number: 071404.01.000.00 Playgrounds/Recreation CE GEN FD        |         |                                   |          |            |        |
| Nationalgrid - Gen                                                   | G23-262 | 5/23 scouten field #98284-09006   | 5/1/2023 | \$22.86    |        |
| Total for G/L Account 071404.01.000.00                               |         |                                   |          | \$22.86    |        |
| G/L Number: 071804.01.000.00 Special Recreation Facilities CE GEN FD |         |                                   |          |            |        |
| Nationalgrid - Gen                                                   | G23-248 | 5/23 Dutch Hill Ballfield #69249- | 5/1/2023 | \$30.72    |        |
| Total for G/L Account 071804.01.000.00                               |         |                                   |          | \$30.72    |        |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

**Description**

**G/L Number: 073104.01.000.00      Youth Programs CE GEN FD**

|                    |         |                               |          |         |
|--------------------|---------|-------------------------------|----------|---------|
| Nationalgrid - Gen | G23-247 | 5/23 Woodgate Bldg #46049-411 | 5/1/2023 | \$20.20 |
|--------------------|---------|-------------------------------|----------|---------|

|                              |                         |  |  |                |
|------------------------------|-------------------------|--|--|----------------|
| <b>Total for G/L Account</b> | <b>073104.01.000.00</b> |  |  | <b>\$20.20</b> |
|------------------------------|-------------------------|--|--|----------------|

|  |  |                               |  |                   |
|--|--|-------------------------------|--|-------------------|
|  |  | <b>Total for all Vouchers</b> |  | <b>\$2,802.74</b> |
|--|--|-------------------------------|--|-------------------|

|                                             |  |  |  |                   |
|---------------------------------------------|--|--|--|-------------------|
| <b>Total for Vendor: Nationalgrid - Gen</b> |  |  |  | <b>\$2,802.74</b> |
|---------------------------------------------|--|--|--|-------------------|

**G/L Number: 073104.01.000.00      Youth Programs CE GEN FD**

|                            |         |                                  |          |          |        |
|----------------------------|---------|----------------------------------|----------|----------|--------|
| North Country Baseball-Gen | G23-214 | 14kids@68 without sibling discou | 5/1/2023 | \$952.00 | 110372 |
|----------------------------|---------|----------------------------------|----------|----------|--------|

|                            |         |                                 |          |          |        |
|----------------------------|---------|---------------------------------|----------|----------|--------|
| North Country Baseball-Gen | G23-214 | 5kids@60. with sibling discount | 5/1/2023 | \$300.00 | 110372 |
|----------------------------|---------|---------------------------------|----------|----------|--------|

|                              |                         |  |  |                   |  |
|------------------------------|-------------------------|--|--|-------------------|--|
| <b>Total for G/L Account</b> | <b>073104.01.000.00</b> |  |  | <b>\$1,252.00</b> |  |
|------------------------------|-------------------------|--|--|-------------------|--|

|  |  |                               |  |                   |  |
|--|--|-------------------------------|--|-------------------|--|
|  |  | <b>Total for all Vouchers</b> |  | <b>\$1,252.00</b> |  |
|--|--|-------------------------------|--|-------------------|--|

|                                                     |  |  |  |                   |  |
|-----------------------------------------------------|--|--|--|-------------------|--|
| <b>Total for Vendor: North Country Baseball-Gen</b> |  |  |  | <b>\$1,252.00</b> |  |
|-----------------------------------------------------|--|--|--|-------------------|--|

**G/L Number: 010104.01.000.00      Town Board CE GEN FD**

|                       |         |                                 |       |        |        |
|-----------------------|---------|---------------------------------|-------|--------|--------|
| O'Connor Printing-Gen | G23-215 | Set-up & Proof on busines cards | ##### | \$5.00 | 110373 |
|-----------------------|---------|---------------------------------|-------|--------|--------|

|                       |         |                                 |       |         |        |
|-----------------------|---------|---------------------------------|-------|---------|--------|
| O'Connor Printing-Gen | G23-215 | Business cards-Glenyce V. 500ct | ##### | \$90.00 | 110373 |
|-----------------------|---------|---------------------------------|-------|---------|--------|

|                              |                         |  |  |                |  |
|------------------------------|-------------------------|--|--|----------------|--|
| <b>Total for G/L Account</b> | <b>010104.01.000.00</b> |  |  | <b>\$95.00</b> |  |
|------------------------------|-------------------------|--|--|----------------|--|

|  |  |                               |  |                |  |
|--|--|-------------------------------|--|----------------|--|
|  |  | <b>Total for all Vouchers</b> |  | <b>\$95.00</b> |  |
|--|--|-------------------------------|--|----------------|--|

|                                                |  |  |  |                |  |
|------------------------------------------------|--|--|--|----------------|--|
| <b>Total for Vendor: O'Connor Printing-Gen</b> |  |  |  | <b>\$95.00</b> |  |
|------------------------------------------------|--|--|--|----------------|--|

**G/L Number: 014104.01.000.00      Town Clerk CE GEN FD**

|                             |         |                                |          |         |
|-----------------------------|---------|--------------------------------|----------|---------|
| Oneida Cnty Town Clerk Asso | G23-249 | 2023 Oneida Cnty Town Clerk As | 5/1/2023 | \$25.00 |
|-----------------------------|---------|--------------------------------|----------|---------|

|                              |                         |  |  |                |
|------------------------------|-------------------------|--|--|----------------|
| <b>Total for G/L Account</b> | <b>014104.01.000.00</b> |  |  | <b>\$25.00</b> |
|------------------------------|-------------------------|--|--|----------------|

|  |  |                               |  |                |
|--|--|-------------------------------|--|----------------|
|  |  | <b>Total for all Vouchers</b> |  | <b>\$25.00</b> |
|--|--|-------------------------------|--|----------------|

|                                                       |  |  |  |                |
|-------------------------------------------------------|--|--|--|----------------|
| <b>Total for Vendor: Oneida Cnty Town Clerk Assoc</b> |  |  |  | <b>\$25.00</b> |
|-------------------------------------------------------|--|--|--|----------------|

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                      |         |                                 |          |                 |
|--------------------------------------------------|---------|---------------------------------|----------|-----------------|
| <b>G/L Number: 013304.01.000.00</b>              |         | <b>Tax Collector CE GEN FD</b>  |          |                 |
| Paschke, Shirleen - Gen                          | G23-250 | mileage 63@.56 return tax roll  | 5/1/2023 | \$35.28         |
| Paschke, Shirleen - Gen                          | G23-250 | mileage 63@.56 pick up tax roll | 5/1/2023 | \$35.28         |
| Paschke, Shirleen - Gen                          | G23-250 | mileage 560@.56 35trips to bank | 5/1/2023 | \$313.60        |
| <b>Total for G/L Account</b>                     |         | <b>013304.01.000.00</b>         |          | <b>\$384.16</b> |
| <b>Total for all Vouchers</b>                    |         |                                 |          | <b>\$384.16</b> |
| <b>Total for Vendor: Paschke, Shirleen - Gen</b> |         |                                 |          | <b>\$384.16</b> |

|                                                 |         |                                |       |                |
|-------------------------------------------------|---------|--------------------------------|-------|----------------|
| <b>G/L Number: 016204.01.000.00</b>             |         | <b>Buildings CE GEN FD</b>     |       |                |
| Personnel Concepts-Gen                          | G23-260 | Shipping & Handling chrg       | ##### | \$5.95         |
| Personnel Concepts-Gen                          | G23-260 | Laminate poster                | ##### | \$10.00        |
| Personnel Concepts-Gen                          | G23-260 | 2023 NY & Federal Labor Law po | ##### | \$9.95         |
| <b>Total for G/L Account</b>                    |         | <b>016204.01.000.00</b>        |       | <b>\$25.90</b> |
| <b>Total for all Vouchers</b>                   |         |                                |       | <b>\$25.90</b> |
| <b>Total for Vendor: Personnel Concepts-Gen</b> |         |                                |       | <b>\$25.90</b> |

|                                          |         |                               |       |                 |
|------------------------------------------|---------|-------------------------------|-------|-----------------|
| <b>G/L Number: 014102.01.000.00</b>      |         | <b>Town Clerk EQ GEN FD</b>   |       |                 |
| Quill - General                          | G23-251 | Brother MFC L 12710DW printer | ##### | \$242.57        |
| <b>Total for G/L Account</b>             |         | <b>014102.01.000.00</b>       |       | <b>\$242.57</b> |
| <b>Total for all Vouchers</b>            |         |                               |       | <b>\$242.57</b> |
| <b>Total for Vendor: Quill - General</b> |         |                               |       | <b>\$242.57</b> |

|                                     |         |                                |          |                 |
|-------------------------------------|---------|--------------------------------|----------|-----------------|
| <b>G/L Number: 016204.01.000.00</b> |         | <b>Buildings CE GEN FD</b>     |          |                 |
| Rauscher Bros. - Gen                | G23-252 | 4/23 Town Hall dumpster pickup | 5/1/2023 | \$115.00        |
| <b>Total for G/L Account</b>        |         | <b>016204.01.000.00</b>        |          | <b>\$115.00</b> |

|                                     |         |                                  |          |          |
|-------------------------------------|---------|----------------------------------|----------|----------|
| <b>G/L Number: 051324.01.000.00</b> |         | <b>Hwy Garage Bldg CE GEN FD</b> |          |          |
| Rauscher Bros. - Gen                | G23-252 | 4/23 Hwy Barn dumpster pickup    | 5/1/2023 | \$115.00 |

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                        |         |                                            |          |          |
|--------------------------------------------------------------------|---------|--------------------------------------------|----------|----------|
| Total for G/L Account                                              |         | 051324.01.000.00                           |          | \$115.00 |
| Total for all Vouchers                                             |         |                                            |          | \$230.00 |
| Total for Vendor: Rauscher Bros. - Gen                             |         |                                            |          | \$230.00 |
| G/L Number: 090608.01.000.00 Medical Insurance (Town Share) GEN FD |         |                                            |          |          |
| Ritter, Mark - Gen                                                 | G23-253 | 5/23 Medicare Reimbursement                | 5/1/2023 | \$69.10  |
| Total for G/L Account                                              |         | 090608.01.000.00                           |          | \$69.10  |
| Total for all Vouchers                                             |         |                                            |          | \$69.10  |
| Total for Vendor: Ritter, Mark - Gen                               |         |                                            |          | \$69.10  |
| G/L Number: 013554.01.000.00 Assessor CE GEN FD                    |         |                                            |          |          |
| Rome Sentinel Co - Gen                                             | G23-255 | lgl notice-tentative assessment roll ##### |          | \$32.50  |
| Total for G/L Account                                              |         | 013554.01.000.00                           |          | \$32.50  |
| G/L Number: 014104.01.000.00 Town Clerk CE GEN FD                  |         |                                            |          |          |
| Rome Sentinel Co - Gen                                             | G23-254 | pub notice-Office of Aging inform #####    |          | \$14.18  |
| Total for G/L Account                                              |         | 014104.01.000.00                           |          | \$14.18  |
| Total for all Vouchers                                             |         |                                            |          | \$46.68  |
| Total for Vendor: Rome Sentinel Co - Gen                           |         |                                            |          | \$46.68  |
| G/L Number: 090608.01.000.00 Medical Insurance (Town Share) GEN FD |         |                                            |          |          |
| Rubyor, MaryAnn L.                                                 | G23-256 | 5/23 Medicare Reimbursement                | 5/1/2023 | \$69.10  |
| Total for G/L Account                                              |         | 090608.01.000.00                           |          | \$69.10  |
| Total for all Vouchers                                             |         |                                            |          | \$69.10  |
| Total for Vendor: Rubyor, MaryAnn L.                               |         |                                            |          | \$69.10  |
| G/L Number: 016504.01.000.00 Central Communications CE GEN FD      |         |                                            |          |          |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                    |         |                                   |                  |                 |
|--------------------------------|---------|-----------------------------------|------------------|-----------------|
| Spectrum-Gen                   | G23-216 | Internet Service Town Hall 4/24-5 | #####            | \$187.97 110374 |
| Total for G/L Account          |         |                                   | 016504.01.000.00 | \$187.97        |
| Total for all Vouchers         |         |                                   |                  | \$187.97        |
| Total for Vendor: Spectrum-Gen |         |                                   |                  | \$187.97        |

**G/L Number: 002610.01.000.00      Fines, Forfeits of Bail GEN FD**

|                                            |         |                                   |                  |                   |
|--------------------------------------------|---------|-----------------------------------|------------------|-------------------|
| State Controller-Justice                   | G23-217 | 3/23 Fines & Fees-State Controlle | #####            | \$1,520.00 110375 |
| Total for G/L Account                      |         |                                   | 002610.01.000.00 | \$1,520.00        |
| Total for all Vouchers                     |         |                                   |                  | \$1,520.00        |
| Total for Vendor: State Controller-Justice |         |                                   |                  | \$1,520.00        |

**G/L Number: 085104.01.000.00      Community Beautification GEN FD**

|                                                  |         |                                  |                  |          |
|--------------------------------------------------|---------|----------------------------------|------------------|----------|
| Swartout Construction Co - Ge                    | G23-257 | porta pot Otter Lake 4/1-4/30/23 | 5/1/2023         | \$145.00 |
| Total for G/L Account                            |         |                                  | 085104.01.000.00 | \$145.00 |
| Total for all Vouchers                           |         |                                  |                  | \$145.00 |
| Total for Vendor: Swartout Construction Co - Gen |         |                                  |                  | \$145.00 |

**G/L Number: 014104.01.000.00      Town Clerk CE GEN FD**

|                                    |         |                                 |                  |          |
|------------------------------------|---------|---------------------------------|------------------|----------|
| Terry, Tracy-Gen                   | G23-258 | mileage 288@.56 Town Clerk con  | 5/1/2023         | \$161.28 |
| Terry, Tracy-Gen                   | G23-258 | mileage 112@.56 4/13-5/9/23 ban | 5/1/2023         | \$62.72  |
| Total for G/L Account              |         |                                 | 014104.01.000.00 | \$224.00 |
| Total for all Vouchers             |         |                                 |                  | \$224.00 |
| Total for Vendor: Terry, Tracy-Gen |         |                                 |                  | \$224.00 |

**G/L Number: 016804.01.000.00      Data Processing CE GEN FD**

|                     |         |                                   |          |          |
|---------------------|---------|-----------------------------------|----------|----------|
| Total Solutions-Gen | G23-259 | 8@12.50 microsoft 365 bus std 6/  | 5/3/2023 | \$100.00 |
| Total Solutions-Gen | G23-259 | 5@6. microsoft 365 bus basic 6/1- | 5/3/2023 | \$30.00  |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                          |         |                                    |          |                   |        |
|----------------------------------------------------------------------|---------|------------------------------------|----------|-------------------|--------|
| Total Solutions-Gen                                                  | G23-259 | microsoft 365 apps for bus 6/1-6/3 | 5/3/2023 | \$8.25            |        |
| Total Solutions-Gen                                                  | G23-259 | 6/1-6/30/23 Tech Support           | 5/3/2023 | \$950.00          |        |
| <b>Total for G/L Account</b>                                         |         | <b>016804.01.000.00</b>            |          | <b>\$1,088.25</b> |        |
| <b>Total for all Vouchers</b>                                        |         |                                    |          | <b>\$1,088.25</b> |        |
| <b>Total for Vendor: Total Solutions-Gen</b>                         |         |                                    |          | <b>\$1,088.25</b> |        |
| <b>G/L Number: 016204.01.000.00 Buildings CE GEN FD</b>              |         |                                    |          |                   |        |
| Verizon-Gen                                                          | G23-218 | Acct monthly charge                | #####    | \$7.83            | 110376 |
| Verizon-Gen                                                          | G23-218 | Jackpack bill #315-271-7502        | #####    | \$10.32           | 110376 |
| <b>Total for G/L Account</b>                                         |         | <b>016204.01.000.00</b>            |          | <b>\$18.15</b>    |        |
| <b>G/L Number: 016504.01.000.00 Central Communications CE GEN FD</b> |         |                                    |          |                   |        |
| Verizon-Gen                                                          | G23-218 | Bldg & Grds cell bill #315-335-74  | #####    | \$26.57           | 110376 |
| Verizon-Gen                                                          | G23-218 | Acct Monthly charge                | #####    | \$7.83            | 110376 |
| <b>Total for G/L Account</b>                                         |         | <b>016504.01.000.00</b>            |          | <b>\$34.40</b>    |        |
| <b>G/L Number: 050104.01.000.00 Highway Administration CE GEN FD</b> |         |                                    |          |                   |        |
| Verizon-Gen                                                          | G23-218 | Hwy Super cell bill #315-335-760   | #####    | \$24.35           | 110376 |
| Verizon-Gen                                                          | G23-218 | Acct monthly charge                | #####    | \$7.84            | 110376 |
| <b>Total for G/L Account</b>                                         |         | <b>050104.01.000.00</b>            |          | <b>\$32.19</b>    |        |
| <b>G/L Number: 086644.01.000.00 Codes Enforcement CE GEN FD</b>      |         |                                    |          |                   |        |
| Verizon-Gen                                                          | G23-218 | Acct monthly bilss #315-795-035    | #####    | \$7.84            | 110376 |
| Verizon-Gen                                                          | G23-218 | Codes cell bill #315-795-0358      | #####    | \$60.33           | 110376 |
| <b>Total for G/L Account</b>                                         |         | <b>086644.01.000.00</b>            |          | <b>\$68.17</b>    |        |
| <b>Total for all Vouchers</b>                                        |         |                                    |          | <b>\$152.91</b>   |        |
| <b>Total for Vendor: Verizon-Gen</b>                                 |         |                                    |          | <b>\$152.91</b>   |        |

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**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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**Description**

**Grand Total of all Vouchers      \$24,110.67**

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**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

Hwy

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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**Description**

**G/L Number: 051324.03.000.00**

**Hwy Garage Bldg CE HWY FD**

|             |         |                             |          |         |
|-------------|---------|-----------------------------|----------|---------|
| ARAMARK-Hwy | H23-147 | 4/19/23 Hwy Super Uniforms  | #####    | \$44.34 |
| ARAMARK-Hwy | H23-148 | 4/26/23 Hwy Super Uniforms  | #####    | \$44.34 |
| ARAMARK-Hwy | H23-149 | 5/3/23 Hwy Super Uniforms   | 5/3/2023 | \$44.34 |
| ARAMARK-Hwy | H23-150 | 5/10/23 Hwy Super Un iforms | #####    | \$44.34 |

|                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| <b>Total for G/L Account</b> | <b>051324.03.000.00</b> | <b>\$177.36</b> |
|------------------------------|-------------------------|-----------------|

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|                               |                 |
|-------------------------------|-----------------|
| <b>Total for all Vouchers</b> | <b>\$177.36</b> |
|-------------------------------|-----------------|

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|                                      |                 |
|--------------------------------------|-----------------|
| <b>Total for Vendor: ARAMARK-Hwy</b> | <b>\$177.36</b> |
|--------------------------------------|-----------------|

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**G/L Number: 051304.03.000.00**

**Machinery CE HWY FD**

|                               |         |                                    |       |           |
|-------------------------------|---------|------------------------------------|-------|-----------|
| Boonville Napa Auto Parts - H | H23-153 | Ford Tractor-18MO wty Battery      | ##### | \$154.06  |
| Boonville Napa Auto Parts - H | H23-153 | ford tractor-core depsoit          | ##### | \$27.00   |
| Boonville Napa Auto Parts - H | H23-153 | ford tractor-core depsoit          | ##### | (\$27.00) |
| Boonville Napa Auto Parts - H | H23-154 | Trk#7-2@153. rear brake rotor-20   | ##### | \$306.00  |
| Boonville Napa Auto Parts - H | H23-155 | Trk#5-3@15.99 stone guard black    | ##### | \$47.97   |
| Boonville Napa Auto Parts - H | H23-156 | Trk#7-engine oil filter-2020 picku | ##### | \$2.54    |
| Boonville Napa Auto Parts - H | H23-156 | Trk#7-3@24.99 5W30 oil-2020 pi     | ##### | \$74.97   |
| Boonville Napa Auto Parts - H | H23-157 | Tractor-pwr steering fl-gal        | ##### | \$22.02   |
| Boonville Napa Auto Parts - H | H23-151 | sawzall-12P blade set              | ##### | \$31.99   |

|                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| <b>Total for G/L Account</b> | <b>051304.03.000.00</b> | <b>\$639.55</b> |
|------------------------------|-------------------------|-----------------|

**G/L Number: 051424.03.000.00**

**Snow Removal CE HWY FD**

|                               |         |                                  |       |          |
|-------------------------------|---------|----------------------------------|-------|----------|
| Boonville Napa Auto Parts - H | H23-152 | Water Trk-2@17.69 clamp          | ##### | \$35.38  |
| Boonville Napa Auto Parts - H | H23-158 | Water Trk-V-belt                 | ##### | \$20.99  |
| Boonville Napa Auto Parts - H | H23-159 | Water Trk-2@28.54 v-belt         | ##### | \$57.08  |
| Boonville Napa Auto Parts - H | H23-157 | Water trk-3@126.81 2yr wty batte | ##### | \$380.43 |

|                              |                         |                 |
|------------------------------|-------------------------|-----------------|
| <b>Total for G/L Account</b> | <b>051424.03.000.00</b> | <b>\$493.88</b> |
|------------------------------|-------------------------|-----------------|

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|                               |                   |
|-------------------------------|-------------------|
| <b>Total for all Vouchers</b> | <b>\$1,133.43</b> |
|-------------------------------|-------------------|

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|----------------------------------------------------------|-------------------|
| <b>Total for Vendor: Boonville Napa Auto Parts - Hwy</b> | <b>\$1,133.43</b> |
|----------------------------------------------------------|-------------------|

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**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                            |         |                                       |          |          |
|----------------------------------------|---------|---------------------------------------|----------|----------|
| G/L Number: 051304.03.000.00           |         | Machinery CE HWY FD                   |          |          |
| C & R Hardware - Hwy                   | H23-161 | all trks-NYS paint care fee           | 4/7/2023 | \$0.95   |
| C & R Hardware - Hwy                   | H23-161 | all trks-voc rusty metal primer       | 4/7/2023 | \$59.99  |
| C & R Hardware - Hwy                   | H23-161 | all trks-4@3.99 filter air purlator 1 | 4/7/2023 | \$15.96  |
| C & R Hardware - Hwy                   | H23-162 | Trk#5-2@1.90 Misc nuts & bolts-       | 5/1/2023 | \$3.80   |
| C & R Hardware - Hwy                   | H23-161 | all trks-paint thinner gal            | 4/7/2023 | \$16.99  |
| C & R Hardware - Hwy                   | H23-162 | Trk#5-pk automobile light bulbs-2     | 5/1/2023 | \$3.99   |
| C & R Hardware - Hwy                   | H23-162 | Trk#5-2@.29 Misc nuts & bolts-2       | 5/1/2023 | \$2.32   |
| C & R Hardware - Hwy                   | H23-161 | all trks-4@2.39 2 1/2" wood bristl    | 4/7/2023 | \$9.56   |
| C & R Hardware - Hwy                   | H23-161 | all trks-9" promo roller cover 2pc    | 4/7/2023 | \$3.99   |
| C & R Hardware - Hwy                   | H23-161 | all trks-4" paint roller cover 6pk    | 4/7/2023 | \$8.99   |
| C & R Hardware - Hwy                   | H23-163 | Trk#7-2@2.10 misc nuts & bolts-       | 5/2/2023 | \$4.20   |
| Total for G/L Account                  |         | 051304.03.000.00                      | \$130.74 |          |
| G/L Number: 051424.03.000.00           |         | Snow Removal CE HWY FD                |          |          |
| C & R Hardware - Hwy                   | H23-160 | plows-2259.99 rust tough clear ba     | 4/4/2023 | \$119.98 |
| C & R Hardware - Hwy                   | H23-164 | broom-shark ball valve 1/2"           | 5/2/2023 | \$21.99  |
| C & R Hardware - Hwy                   | H23-164 | broom-1/2 copper repair coupling      | 5/2/2023 | \$0.99   |
| C & R Hardware - Hwy                   | H23-160 | plows-2@.95 NYS paint care fee        | 4/4/2023 | \$1.90   |
| Total for G/L Account                  |         | 051424.03.000.00                      | \$144.86 |          |
| Total for all Vouchers                 |         |                                       | \$275.60 |          |
| Total for Vendor: C & R Hardware - Hwy |         |                                       | \$275.60 |          |
| G/L Number: 051324.03.000.00           |         | Hwy Garage Bldg CE HWY FD             |          |          |
| Cintas Corp-Hwy                        | H23-165 | hard surface disinfec svc             | 5/2/2023 | \$8.45   |
| Cintas Corp-Hwy                        | H23-165 | 1x3 plastic bandage med               | 5/2/2023 | \$14.78  |
| Cintas Corp-Hwy                        | H23-165 | burn relief packet 6pk                | 5/2/2023 | \$18.06  |
| Cintas Corp-Hwy                        | H23-165 | fingertip bandage med                 | 5/2/2023 | \$16.30  |
| Total for G/L Account                  |         | 051324.03.000.00                      | \$57.59  |          |
| Total for all Vouchers                 |         |                                       | \$57.59  |          |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                             |                                   |                              |       |            |
|-------------------------------------------------------------------------|-----------------------------------|------------------------------|-------|------------|
| Total for Vendor: Cintas Corp-Hwy                                       |                                   |                              |       | \$57.59    |
| G/L Number: 051424.03.000.00      Snow Removal CE HWY FD                |                                   |                              |       |            |
| Clinton Tractor & Implement - H23-182                                   | Broom - coil kit                  | #####                        |       | \$553.86   |
| Total for G/L Account 051424.03.000.00                                  |                                   |                              |       | \$553.86   |
| Total for all Vouchers                                                  |                                   |                              |       | \$553.86   |
| Total for Vendor: Clinton Tractor & Implement - Hwy                     |                                   |                              |       | \$553.86   |
| G/L Number: 051304.03.000.00      Machinery CE HWY FD                   |                                   |                              |       |            |
| Cook Brother Truck Parts-Hwy H23-166                                    | all trks-2@143.12 relay valve     | #####                        |       | \$286.24   |
| Cook Brother Truck Parts-Hwy H23-166                                    | all trks-2@12.92 1/2"x32" adapter | #####                        |       | \$25.84    |
| Cook Brother Truck Parts-Hwy H23-167                                    | Trk#1-Bodt - up ind - 2015 intl   | 4/3/2023                     |       | \$26.06    |
| Cook Brother Truck Parts-Hwy H23-168                                    | any trk-AD9-purge air valve       | #####                        |       | \$59.32    |
| Total for G/L Account 051304.03.000.00                                  |                                   |                              |       | \$397.46   |
| Total for all Vouchers                                                  |                                   |                              |       | \$397.46   |
| Total for Vendor: Cook Brother Truck Parts-Hwy                          |                                   |                              |       | \$397.46   |
| G/L Number: 090608.03.000.00      Medical Insurance (Town Share) HWY FD |                                   |                              |       |            |
| Excellus - Hwy                                                          | H23-169                           | 6/23 ER health ins-Hwy Clerk | ##### | \$650.00   |
| Total for G/L Account 090608.03.000.00                                  |                                   |                              |       | \$650.00   |
| Total for all Vouchers                                                  |                                   |                              |       | \$650.00   |
| Total for Vendor: Excellus - Hwy                                        |                                   |                              |       | \$650.00   |
| G/L Number: 051104.03.000.00      General Repairs CE HWY FD             |                                   |                              |       |            |
| Gorman Brothers-Hwy                                                     | H23-170                           | 14.15tn@108.85 Duro Patch    | ##### | \$1,540.23 |
| Total for G/L Account 051104.03.000.00                                  |                                   |                              |       | \$1,540.23 |
| Total for all Vouchers                                                  |                                   |                              |       | \$1,540.23 |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                              |                            |                            |       |                   |
|----------------------------------------------------------|----------------------------|----------------------------|-------|-------------------|
| <b>Total for Vendor: Gorman Brothers-Hwy</b>             |                            |                            |       | <b>\$1,540.23</b> |
| <b>G/L Number: 051304.03.000.00</b>                      | <b>Machinery CE HWY FD</b> |                            |       |                   |
| Halpin's Fuel Service, Inc.-Hwy                          | H23-171                    | 1750gal@3.599 on-rd Diesel | ##### | \$6,298.25        |
| Halpin's Fuel Service, Inc.-Hwy                          | H23-183                    | 537.3gal@2.849 gasoline    | ##### | \$1,530.77        |
| <b>Total for G/L Account 051304.03.000.00</b>            |                            |                            |       | <b>\$7,829.02</b> |
| <b>Total for all Vouchers</b>                            |                            |                            |       | <b>\$7,829.02</b> |
| <b>Total for Vendor: Halpin's Fuel Service, Inc.-Hwy</b> |                            |                            |       | <b>\$7,829.02</b> |

|                                                    |                            |                                   |          |                 |
|----------------------------------------------------|----------------------------|-----------------------------------|----------|-----------------|
| <b>G/L Number: 051304.03.000.00</b>                | <b>Machinery CE HWY FD</b> |                                   |          |                 |
| Haun Welding Supply - Hwy                          | H23-172                    | 30days@.40 1cyl 0080 Oxygen       | 5/1/2023 | \$12.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 90days@.40 3cyl 0220 Oxygen       | 5/1/2023 | \$36.00         |
| Haun Welding Supply - Hwy                          | H23-173                    | 2@62. cylinder leases 5/3/23-5/2/ | 5/1/2023 | \$124.00        |
| Haun Welding Supply - Hwy                          | H23-172                    | credit-60days@.40 2 prepaid lease | 5/1/2023 | (\$24.00)       |
| Haun Welding Supply - Hwy                          | H23-172                    | 30days@.40 1cyl 0110 2.5%co2,     | 5/1/2023 | \$12.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 120days@.25 4cyl days beyond 3    | 5/1/2023 | \$30.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 30days@.40 1cyl 0390 Acetylene    | 5/1/2023 | \$12.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 30days@.40 1cyl 0300 Acetylene    | 5/1/2023 | \$12.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 60days@.40 2cyl 0140 Acetylene    | 5/1/2023 | \$24.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 30days@.40 1cyl 0075 Acetylene    | 5/1/2023 | \$12.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 30days@.40 1cyl 0220 25%co2 in    | 5/1/2023 | \$12.00         |
| Haun Welding Supply - Hwy                          | H23-172                    | 9ea@.40 cyl maint & requalificati | 5/1/2023 | \$3.60          |
| <b>Total for G/L Account 051304.03.000.00</b>      |                            |                                   |          | <b>\$265.60</b> |
| <b>Total for all Vouchers</b>                      |                            |                                   |          | <b>\$265.60</b> |
| <b>Total for Vendor: Haun Welding Supply - Hwy</b> |                            |                                   |          | <b>\$265.60</b> |

|                                     |                            |                                    |       |          |
|-------------------------------------|----------------------------|------------------------------------|-------|----------|
| <b>G/L Number: 051304.03.000.00</b> | <b>Machinery CE HWY FD</b> |                                    |       |          |
| Lawson Products, Inc. - Hwy         | H23-174                    | shipping & Handling charge         | ##### | \$75.57  |
| Lawson Products, Inc. - Hwy         | H23-174                    | all trks-4@38.39 1-4 flat face meg | ##### | \$153.56 |
| Lawson Products, Inc. - Hwy         | H23-174                    | all trks-4@50.31 1-3/16-12 flat fa | ##### | \$201.24 |

**Town Of Forestport  
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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                          |         |                                          |                 |
|------------------------------------------------------|---------|------------------------------------------|-----------------|
| Lawson Products, Inc. - Hwy                          | H23-174 | all trks-2@58.38 1-3/16-12 flat fa ##### | \$116.76        |
| Lawson Products, Inc. - Hwy                          | H23-174 | ll trks-50@8.6698 3/8 gates mega #####   | \$433.49        |
| <b>Total for G/L Account</b>                         |         | <b>051304.03.000.00</b>                  | <b>\$980.62</b> |
| <b>Total for all Vouchers</b>                        |         |                                          | <b>\$980.62</b> |
| <b>Total for Vendor: Lawson Products, Inc. - Hwy</b> |         |                                          | <b>\$980.62</b> |

**G/L Number: 051304.03.000.00      Machinery CE HWY FD**

|                                                     |         |                                           |                 |
|-----------------------------------------------------|---------|-------------------------------------------|-----------------|
| Matt Nimey Buick GMC - Hw                           | H23-175 | Trk#7-brake pad kit - 2020 Pickup #####   | \$161.05        |
| Matt Nimey Buick GMC - Hw                           | H23-176 | Trk#7-2@143.36 rear brake rotors 5/2/2023 | \$286.72        |
| <b>Total for G/L Account</b>                        |         | <b>051304.03.000.00</b>                   | <b>\$447.77</b> |
| <b>Total for all Vouchers</b>                       |         |                                           | <b>\$447.77</b> |
| <b>Total for Vendor: Matt Nimey Buick GMC - Hwy</b> |         |                                           | <b>\$447.77</b> |

**G/L Number: 051304.03.000.00      Machinery CE HWY FD**

|                                          |         |                                       |                   |
|------------------------------------------|---------|---------------------------------------|-------------------|
| Max Tires - Hwy                          | H23-177 | labor to install all #####            | \$350.00          |
| Max Tires - Hwy                          | H23-177 | 2@75. 8.25x22.5 used budd whee #####  | \$150.00          |
| Max Tires - Hwy                          | H23-177 | 2@185. 8.25x22.5 new budd whe #####   | \$370.00          |
| Max Tires - Hwy                          | H23-177 | 4@300. 11R22.5 dr4.3recap & cas ##### | \$1,200.00        |
| Max Tires - Hwy                          | H23-177 | 2@762.425/65R22.5 yokohama 5 #####    | \$1,524.00        |
| Max Tires - Hwy                          | H23-177 | 6@4. brass stems #####                | \$24.00           |
| <b>Total for G/L Account</b>             |         | <b>051304.03.000.00</b>               | <b>\$3,618.00</b> |
| <b>Total for all Vouchers</b>            |         |                                       | <b>\$3,618.00</b> |
| <b>Total for Vendor: Max Tires - Hwy</b> |         |                                       | <b>\$3,618.00</b> |

**G/L Number: 051304.03.000.00      Machinery CE HWY FD**

|                              |         |                                    |                   |
|------------------------------|---------|------------------------------------|-------------------|
| Mohawk LTD-Hwy               | H23-178 | freight charge #####               | \$25.00           |
| Mohawk LTD-Hwy               | H23-178 | 2@1065.59 55gal drum 15W40 m ##### | \$2,131.18        |
| <b>Total for G/L Account</b> |         | <b>051304.03.000.00</b>            | <b>\$2,156.18</b> |

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                  |         |                                       |          |            |            |  |
|----------------------------------------------|---------|---------------------------------------|----------|------------|------------|--|
| Total for all Vouchers                       |         |                                       |          |            | \$2,156.18 |  |
| Total for Vendor: Mohawk LTD-Hwy             |         |                                       |          |            | \$2,156.18 |  |
| G/L Number: 051104.03.000.00                 |         | General Repairs CE HWY FD             |          |            |            |  |
| Newman Traffic Signs - Hwy                   | H23-179 | 6@33.71 6 ton weight limit signs      | #####    | \$202.26   |            |  |
| Newman Traffic Signs - Hwy                   | H23-179 | freight charge on signs               | #####    | \$32.33    |            |  |
| Total for G/L Account                        |         | 051104.03.000.00                      |          | \$234.59   |            |  |
| Total for all Vouchers                       |         |                                       |          |            | \$234.59   |  |
| Total for Vendor: Newman Traffic Signs - Hwy |         |                                       |          |            | \$234.59   |  |
| G/L Number: 090608.03.000.00                 |         | Medical Insurance (Town Share) HWY FD |          |            |            |  |
| NYS Teamsters H & H - Hwy                    | H23-145 | 4/23 Hwy ER health ins share          | #####    | \$6,457.88 | 254908     |  |
| NYS Teamsters H & H - Hwy                    | H23-145 | 4/23 Hwy EE health ins share          | #####    | \$717.48   | 254908     |  |
| Total for G/L Account                        |         | 090608.03.000.00                      |          | \$7,175.36 |            |  |
| Total for all Vouchers                       |         |                                       |          |            | \$7,175.36 |  |
| Total for Vendor: NYS Teamsters H & H - Hwy  |         |                                       |          |            | \$7,175.36 |  |
| G/L Number: 050104.03.000.00                 |         | Highway Administration CE HWY FD      |          |            |            |  |
| Quill - Hwy                                  | H23-180 | Brother TN670 Black toner             | #####    | \$84.41    |            |  |
| Total for G/L Account                        |         | 050104.03.000.00                      |          | \$84.41    |            |  |
| Total for all Vouchers                       |         |                                       |          |            | \$84.41    |  |
| Total for Vendor: Quill - Hwy                |         |                                       |          |            | \$84.41    |  |
| G/L Number: 051104.03.000.00                 |         | General Repairs CE HWY FD             |          |            |            |  |
| To The Top Tree Care-Gen                     | H23-181 | 6trees removal - White Lake Stree     | 5/9/2023 | \$2,500.00 |            |  |
| Total for G/L Account                        |         | 051104.03.000.00                      |          | \$2,500.00 |            |  |

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                        |         |                                 |       |            |        |
|--------------------------------------------------------------------|---------|---------------------------------|-------|------------|--------|
| Total for all Vouchers                                             |         |                                 |       | \$2,500.00 | .      |
| Total for Vendor: To The Top Tree Care-Gen                         |         |                                 |       | \$2,500.00 |        |
| <b>G/L Number: 051324.03.000.00      Hwy Garage Bldg CE HWY FD</b> |         |                                 |       |            |        |
| Verizon-Hwy                                                        | H23-146 | Hwy Foreman cell boill #315335- | ##### | \$30.34    | 254909 |
| Verizon-Hwy                                                        | H23-146 | Acct monthly charge             | ##### | \$7.83     | 254909 |
| Total for G/L Account 051324.03.000.00                             |         |                                 |       | \$38.17    |        |
| Total for all Vouchers                                             |         |                                 |       | \$38.17    |        |
| Total for Vendor: Verizon-Hwy                                      |         |                                 |       | \$38.17    |        |

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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Description

Grand Total of all Vouchers      \$30,115.25

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

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Authorized Official

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Authorized Official

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Authorized Official

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Authorized Official

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Authorized Official

Planning Board Escrow

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

| Description                                                                                 |        |                                 |       |                |
|---------------------------------------------------------------------------------------------|--------|---------------------------------|-------|----------------|
| <b>G/L Number: 080904.17.014.00      Admin CE Planning Escrow Copies/fax</b>                |        |                                 |       |                |
| Forestport, Town Of - Esc                                                                   | PB23-4 | D Frank V#2023-1 bus permit-ph  | ##### | \$5.00         |
| <b>Total for G/L Account    080904.17.014.00</b>                                            |        |                                 |       | <b>\$5.00</b>  |
| <b>G/L Number: 080904.17.016.00      Admin CE Planning Escrow Mailing/postage/envelopes</b> |        |                                 |       |                |
| Forestport, Town Of - Esc                                                                   | PB23-4 | D Frank V#2023-1 bus permit-ma  | ##### | \$14.08        |
| <b>Total for G/L Account    080904.17.016.00</b>                                            |        |                                 |       | <b>\$14.08</b> |
| <b>G/L Number: 080904.17.017.00      Admin CE Planning Escrow Ads</b>                       |        |                                 |       |                |
| Forestport, Town Of - Esc                                                                   | PB23-4 | D Frank V#2023-1 bus permit-adv | ##### | \$12.02        |
| <b>Total for G/L Account    080904.17.017.00</b>                                            |        |                                 |       | <b>\$12.02</b> |
| <b>G/L Number: 080904.17.018.00      Admin CE Planning Escrow checks written</b>            |        |                                 |       |                |
| Forestport, Town Of - Esc                                                                   | PB23-4 | D Frank V#2023-1 bus permit-che | ##### | \$2.00         |
| <b>Total for G/L Account    080904.17.018.00</b>                                            |        |                                 |       | <b>\$2.00</b>  |
| <b>Total for all Vouchers</b>                                                               |        |                                 |       | <b>\$33.10</b> |
| <b>Total for Vendor: Forestport, Town Of - Esc</b>                                          |        |                                 |       | <b>\$33.10</b> |
| <b>G/L Number: 080904.17.000.00      Admin CE Planning Escrow</b>                           |        |                                 |       |                |
| Frank, Don J - Plan Esc                                                                     | PB23-5 | D.Frank V#2023-1 Bus Permit-ref | ##### | \$66.90        |
| <b>Total for G/L Account    080904.17.000.00</b>                                            |        |                                 |       | <b>\$66.90</b> |
| <b>Total for all Vouchers</b>                                                               |        |                                 |       | <b>\$66.90</b> |
| <b>Total for Vendor: Frank, Don J - Plan Esc</b>                                            |        |                                 |       | <b>\$66.90</b> |

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 4/21/2023 thru 5/15/2023**

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**Description**

**Grand Total of all Vouchers      \$100.00**

**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**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**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 |  | <b>FORESTPORT WATER DISTRICT</b> |  | Reporting Month / Year |  | <b>April-23</b>       |  |
| NY State Permit Number   |  | <b>NY3202389</b>                 |  | Town / City / Village  |  | <b>Forestport (T)</b> |  |
| Operation Type           |  | <b>Surface Water</b>             |  | Service Connections    |  | <b>225</b>            |  |
| Source Water Type        |  | <b>Groundwater</b>               |  | Treatment Used         |  | <b>Chlorination</b>   |  |

| Well ID | Source(s) in Use (X) |              | Treated Water Volume (gallons per day) | Liquid Sodium Hypochlorite Used (Quarts added) |  | Free Chlorine Residual (mg/l) |                                    | Other Measurements |  |
|---------|----------------------|--------------|----------------------------------------|------------------------------------------------|--|-------------------------------|------------------------------------|--------------------|--|
|         | Public Wells         | Carbon Wells |                                        |                                                |  | At ENTRY POINT                | DISTRIBUTION (at sample locations) |                    |  |
| 1       | X                    |              | 0                                      | 2                                              |  |                               |                                    |                    |  |
| 2       | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 3       | X                    |              | 185400                                 | 0                                              |  | 0.47                          | 0.53                               |                    |  |
| 4       | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 5       | X                    |              | 0                                      | 0                                              |  | 0.22                          | 0.5                                |                    |  |
| 6       | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 7       | X                    |              | 0                                      | 0                                              |  | 1.21                          | 0.44                               |                    |  |
| 8       | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 9       | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 10      | X                    |              | 0                                      | 0                                              |  | 1.9                           | 0.35                               |                    |  |
| 11      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 12      | X                    |              | 0                                      | 0                                              |  | 1.2                           | 0.38                               |                    |  |
| 13      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 14      | X                    |              | 43600                                  | 0                                              |  | 0.8                           | 0.32                               |                    |  |
| 15      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 16      | X                    |              | 0                                      | 2                                              |  |                               |                                    |                    |  |
| 17      | X                    |              | 47200                                  | 0                                              |  | 1.22                          | 0.42                               |                    |  |
| 18      | X                    |              | 12800                                  | 0                                              |  |                               |                                    |                    |  |
| 19      | X                    |              | 0                                      | 0                                              |  | 1.4                           | 1.04                               |                    |  |
| 20      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 21      | X                    |              | 50900                                  | 0                                              |  | 1.16                          | 0.6                                |                    |  |
| 22      | X                    |              | 4800                                   | 0                                              |  |                               |                                    |                    |  |
| 23      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 24      | X                    |              | 0                                      | 0                                              |  | 1.5                           | 0.55                               |                    |  |
| 25      | X                    |              | 59100                                  | 0                                              |  |                               |                                    |                    |  |
| 26      | X                    |              | 0                                      | 0                                              |  | 2.09                          | 0.94                               |                    |  |
| 27      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 28      | X                    |              | 0                                      | 0                                              |  | 1.28                          | 0.75                               |                    |  |
| 29      | X                    |              | 49300                                  | 0                                              |  |                               |                                    |                    |  |
| 30      | X                    |              | 12100                                  | 0                                              |  |                               |                                    |                    |  |
| 31      | X                    |              | 0                                      | 0                                              |  |                               |                                    |                    |  |
| 32      |                      |              | 445200.00                              | 2.00                                           |  | 14.45                         | 6.82                               |                    |  |
| 33      |                      |              | 15006.45                               | 0.07                                           |  | 1.20                          | 0.57                               |                    |  |

Chlorine Mix Ratio

| Quarts of Hypochlorite Solution per 100 Gallons of Water | Quarts of Water used for mix (Qw) | Commercial Strength (% of hypochlorite solution) (Cs) | Strength of solution = (Cs/100) / ((Cs)/(Cs+Qw)) |
|----------------------------------------------------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------------|
| 2                                                        | 4                                 | 12.5                                                  | 0.04                                             |

|                                                                           |           |  |
|---------------------------------------------------------------------------|-----------|--|
| Did an emergency occur in any part of the water system? (If yes, explain) | <b>No</b> |  |
|---------------------------------------------------------------------------|-----------|--|

|                     |                  |                      |                                       |
|---------------------|------------------|----------------------|---------------------------------------|
| Reported by         | <b>Ted Dakin</b> | Title                | <b>Water Treatment Plant Operator</b> |
| Signature           | <i>Ted Dakin</i> | Date                 | <b>5/2/23</b>                         |
| NY State Operator # | <b>C</b>         | NYS Water Operator # | <b>NY0040067</b>                      |
| Expiration Date     |                  | Expiration Date      | <b>1/31/2025</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

|                                             |  |           |  |
|---------------------------------------------|--|-----------|--|
| Reporting Month / Year                      |  | April-23  |  |
| WCSA ID Number                              |  | NY3202389 |  |
| Population Served                           |  | 500       |  |
| ROUTINE Coliform Samples Required           |  | PER MONTH |  |
| ROUTINE Coliform Samples Collected          |  | 1         |  |
| Number of REPEAT Coliform Samples Required  |  |           |  |
| Number of REPEAT Coliform Samples Collected |  |           |  |

PLEASE SUBMIT ALL LABORATORY RESULTS WHEN RECEIVED &/or REQUIRE LABORATORY SUBMISSION TO ONEIDA COUNTY HEALTH DEPARTMENT

| Location (Address site is not per Approved Coliform Sample Plan) | Date of Sample | Sample Type |            | Total Coliform Positive | E. coli Positive | Free Chlorine Residual |
|------------------------------------------------------------------|----------------|-------------|------------|-------------------------|------------------|------------------------|
|                                                                  |                | 1 - Routine | 2 - Repeat |                         |                  |                        |
| Campbells Diner, 10208 State Rte 28                              | 04/06/23       | 1           |            | No                      | No               | 0.42                   |
|                                                                  |                |             |            |                         |                  |                        |
| Dutch Hill Ballfield (unchlorinated water)                       | 04/06/23       | 1           |            | No                      | No               | none                   |
|                                                                  |                |             |            |                         |                  |                        |
|                                                                  |                |             |            |                         |                  |                        |
|                                                                  |                |             |            |                         |                  |                        |
|                                                                  |                |             |            |                         |                  |                        |

Sample Collector: **Tim Darrow**  
 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: |
| <input type="checkbox"/> Actual number of routine samples is fewer than required.<br><input type="checkbox"/> Did not collect / analyze required number of repeat samples.<br><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).<br><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).<br><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 Chemicals (e.g., Lead, Copper, Inorganics, Nitrate) | 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: **Tim Darrow**  
 NYSDOH Certified Laboratory used: **Verona Laboratory, Inc.**

|                                                                 |    |
|-----------------------------------------------------------------|----|
| Did a MCL violation 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



(To be used in conjunction with quarterly report)

**Quarterly Report for the Running Annual Average (RAA)**

**System / Treatment Plant:**

PWS ID#:

**Number of Samples Required:**

**Prepared by:**

ENTER  
EACH  
CHLORINE  
RESIDUAL

|      |
|------|
| 0.42 |
| 0    |
| 0    |
| 0    |

Enter  
Average  
in Table



| Water Systems Operation Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                 |            |                                  | MONTHLY SUBMISSION FORM |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
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| For Single Distribution System - Systems with Chlorine and other treatment (e.g. UV, Filtration)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                 |            |                                  | Onelda County           |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Instructions: Complete form and submit to the Onelda County Health Department within 10 days of the close of the reporting period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                 |            |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| 185 Genesee Street, 4th Floor, Utica, NY 13501 - Fax: 315-798-6486 - email: ochdwater@ocgov.net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                 |            |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Town of Forestport Buckhorn Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                 |            | Reporting Month / Year           |                         | April-23        |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| NY 3221818                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                 |            | Town / City / Village            |                         | FORESTPORT NY   |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Service Connection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                 |            | Number of Connections / CPM Used |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Well</th> <th>Flow (GPM)</th> <th>Chlorine (mg/L)</th> <th>Flow (GPM)</th> <th>Chlorine (mg/L)</th> <th>Flow (GPM)</th> <th>Chlorine (mg/L)</th> </tr> </thead> <tbody> <tr><td>Well</td><td></td><td>0.29</td><td></td><td>0.35</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.3</td><td></td><td>0.36</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.27</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.28</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.3</td><td></td><td>0.26</td><td></td><td></td></tr> <tr><td>Well</td><td>0.5</td><td>0.35</td><td></td><td>0.26</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.44</td><td></td><td>0.28</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.45</td><td></td><td>0.27</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.44</td><td></td><td>0.24</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.48</td><td></td><td>0.22</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.4</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.36</td><td></td><td>0.26</td><td></td><td></td></tr> <tr><td>Well</td><td>0.5</td><td>0.3</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.27</td><td></td><td>0.24</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.27</td><td></td><td>0.23</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.28</td><td></td><td>0.24</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.28</td><td></td><td>0.26</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.32</td><td></td><td>0.24</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.36</td><td></td><td>0.26</td><td></td><td></td></tr> <tr><td>Well</td><td>0.5</td><td>0.33</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.31</td><td></td><td>0.23</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.32</td><td></td><td>0.28</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.34</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.35</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.33</td><td></td><td>0.23</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.3</td><td></td><td>0.24</td><td></td><td></td></tr> <tr><td>Well</td><td>0.5</td><td>0.29</td><td></td><td>0.26</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.3</td><td></td><td>0.25</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.28</td><td></td><td>0.23</td><td></td><td></td></tr> <tr><td>Well</td><td></td><td>0.29</td><td></td><td>0.26</td><td></td><td></td></tr> </tbody> </table> |            |                 |            |                                  |                         |                 | Well      | Flow (GPM) | Chlorine (mg/L) | Flow (GPM) | Chlorine (mg/L)    | Flow (GPM) | Chlorine (mg/L) | Well     |  | 0.29 |  | 0.35 |  |  | Well |  | 0.3 |  | 0.36 |  |  | Well |  | 0.27 |  | 0.25 |  |  | Well |  | 0.28 |  | 0.25 |  |  | Well |  | 0.3 |  | 0.26 |  |  | Well | 0.5 | 0.35 |  | 0.26 |  |  | Well |  | 0.44 |  | 0.28 |  |  | Well |  | 0.45 |  | 0.27 |  |  | Well |  | 0.44 |  | 0.24 |  |  | Well |  | 0.48 |  | 0.22 |  |  | Well |  | 0.4 |  | 0.25 |  |  | Well |  | 0.36 |  | 0.26 |  |  | Well | 0.5 | 0.3 |  | 0.25 |  |  | Well |  | 0.27 |  | 0.24 |  |  | Well |  | 0.27 |  | 0.23 |  |  | Well |  | 0.28 |  | 0.24 |  |  | Well |  | 0.28 |  | 0.26 |  |  | Well |  | 0.32 |  | 0.24 |  |  | Well |  | 0.36 |  | 0.26 |  |  | Well | 0.5 | 0.33 |  | 0.25 |  |  | Well |  | 0.31 |  | 0.23 |  |  | Well |  | 0.32 |  | 0.28 |  |  | Well |  | 0.34 |  | 0.25 |  |  | Well |  | 0.35 |  | 0.25 |  |  | Well |  | 0.33 |  | 0.23 |  |  | Well |  | 0.3 |  | 0.24 |  |  | Well | 0.5 | 0.29 |  | 0.26 |  |  | Well |  | 0.3 |  | 0.25 |  |  | Well |  | 0.28 |  | 0.23 |  |  | Well |  | 0.29 |  | 0.26 |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Flow (GPM) | Chlorine (mg/L) | Flow (GPM) | Chlorine (mg/L)                  | Flow (GPM)              | Chlorine (mg/L) |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.29            |            | 0.35                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.3             |            | 0.36                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.27            |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.28            |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.3             |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.5        | 0.35            |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.44            |            | 0.28                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.45            |            | 0.27                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.44            |            | 0.24                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.48            |            | 0.22                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.4             |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.36            |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.5        | 0.3             |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.27            |            | 0.24                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.27            |            | 0.23                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.28            |            | 0.24                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.28            |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.32            |            | 0.24                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.36            |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.5        | 0.33            |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.31            |            | 0.23                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.32            |            | 0.28                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.34            |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.35            |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.33            |            | 0.23                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.3             |            | 0.24                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.5        | 0.29            |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.3             |            | 0.25                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.28            |            | 0.23                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 0.29            |            | 0.26                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Chlorine Mix Ratio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                 |            |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Chlorine (mg/L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Flow (GPM)      |            | Chlorine (mg/L)                  |                         | Flow (GPM)      |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| 0.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | 4               |            | 12.5                             |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                 |            |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Signature</th> <th>Date</th> <th>Signature</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td><i>[Signature]</i></td> <td></td> <td></td> <td>5/1/2023</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                 |            |                                  |                         |                 | Signature | Date       | Signature       | Date       | <i>[Signature]</i> |            |                 | 5/1/2023 |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date       | Signature       | Date       |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
| <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                 | 5/1/2023   |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |
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| <p>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.</p> <p>Instructions: Complete form and submit to the Onelda County Health Department within 10 days of the close of the reporting period.<br/> 185 Genesee Street, 4th Floor, Utica, NY 13501 - Fax: 315-798-6486 - email: OCHDWater@ocgov.net</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                 |            |                                  |                         |                 |           |            |                 |            |                    |            |                 |          |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |     |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |     |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |      |  |     |  |      |  |  |      |     |      |  |      |  |  |      |  |     |  |      |  |  |      |  |      |  |      |  |  |      |  |      |  |      |  |  |





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(To be used in conjunction with quarterly report)

*(To be used in conjunction with quarterly report)*

### **10.3.2. Culture Medium Response**

## Town of Forestport Buckhorn Water

NY 3221818

### Scouting Quarter

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

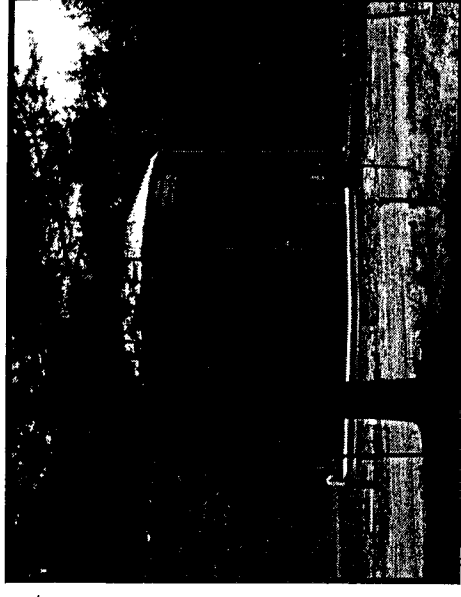
| (mg/l)       | Chlorine Avg / month | Quarterly Avg | RAA for last 4 quarters |
|--------------|----------------------|---------------|-------------------------|
| Month        |                      |               |                         |
| January-19   |                      |               |                         |
| February-19  | 0.30                 |               |                         |
| March-19     |                      | 0.10          | 0.10                    |
| April-19     |                      |               |                         |
| May-19       | 0.55                 |               |                         |
| June-19      |                      | 0.18          |                         |
| July-19      |                      |               |                         |
| August-19    | 0.39                 |               |                         |
| September-19 |                      | 0.13          | 0.13                    |
| October-19   |                      |               |                         |
| November-19  | 0.29                 |               |                         |
| December-19  |                      | 0.10          | 0.13                    |
| January-20   | 0.34                 |               |                         |
| February-20  |                      |               |                         |
| March-20     |                      | 0.11          | 0.13                    |
| April-20     |                      |               |                         |
| May-20       |                      |               |                         |
| June-20      | 0.34                 | 0.11          | 0.11                    |
| July-20      |                      |               |                         |
| August-20    | 0.20                 |               |                         |
| September-20 |                      | 0.07          | 0.10                    |
| October-20   |                      |               |                         |
| November-20  | 0.32                 |               |                         |
| December-20  |                      | 0.11          | 0.10                    |
| January-21   |                      |               |                         |
| February-21  | 0.35                 |               |                         |
| March-21     |                      | 0.12          |                         |
| April-21     |                      |               |                         |
| May-21       | 0.29                 |               |                         |
| June-21      |                      | 0.10          | 0.10                    |
| July-21      |                      |               |                         |
| August-21    | 0.32                 |               |                         |
| September-21 |                      | 0.11          | 0.11                    |
| October-21   | 0.33                 |               |                         |
| November-21  |                      |               |                         |
| December-21  |                      | 0.11          | 0.11                    |
| January-22   |                      |               |                         |
| February-22  | 0.23                 |               |                         |
| March-22     |                      | 0.08          | 0.10                    |
| April-22     |                      |               |                         |
| May-22       |                      |               |                         |
| June-22      |                      | 0.00          | 0.07                    |
| July-22      |                      |               |                         |
| August-22    |                      |               |                         |
| September-22 |                      | 0.00          | 0.05                    |
| October-22   |                      |               |                         |
| November-22  |                      |               |                         |
| December-22  |                      | 0.00          | 0.02                    |
| January-23   |                      | 0.49          |                         |
| February-23  |                      |               |                         |
| March-23     |                      | 0.00          | 0.00                    |
| April-23     |                      |               |                         |
| May-23       |                      |               |                         |
| June-23      |                      | 0.00          | 0.00                    |
| July-23      |                      |               |                         |
| August-23    |                      |               |                         |
| September-23 |                      | 0.00          | 0.00                    |
| October-23   |                      |               |                         |
| November-23  |                      |               |                         |
| December-23  |                      | 0.00          | 0.00                    |



# Annual Drinking Water Quality Report for 2022

## Forestport Water District

P.O. Box 137 - Forestport, NY 13338  
(Public Water Supply ID# NY3202389)



### INTRODUCTION

To comply with State regulations, the Forestport Water District will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. Last year, your tap water met all State drinking water health standards. This report provides an overview of last year's water quality. Included are details about where your water comes from, what it contains, and how it compares to State standards.

If you have any questions about this report or concerning your drinking water, please contact Ted Doktor (Water Operator) at 315-392-2801 (ext.7). We want you to be informed about your drinking water. If you want to learn more, please attend any of our regularly scheduled Town Board meetings. The meetings are held the Third Wednesday of each month at 6:30pm. The January – April, and November – December meetings will be at the Town Hall. The May, June, and July meetings will be at the Otter Lake Fire House. The August, September, and October meetings will be at the Woodgate Fire House.

### WHERE DOES OUR WATER COME FROM?

In general, the sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activities. Contaminants that may be present in source water include microbial contaminants; inorganic contaminants; pesticides and herbicides; organic chemical contaminants; and radioactive contaminants. In order to ensure that tap water is safe to drink, the State and the EPA prescribe regulations that limit the amount of certain contaminants in water provided by public water systems. The State Health Department's and the FDA's regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Our water system serves approximately 225 service connections providing water to 800 residents. Our water source is primarily from a new drilled well located just outside the Hamlet of Forestport. The two older wells also located to the north of the Hamlet are available on an emergency basis, but due to poor water quality are not used on a regular basis. All water is disinfected with chlorine prior to entering the distribution system.

### SOURCE WATER ASSESSMENT INFORMATION

A Source Water Assessment has been completed for the FORESTPORT Water System. Possible and actual threats to drinking water source(s) were evaluated. The state source water assessment includes a susceptibility rating based on the risk posed by each potential source of contamination and how easily contaminants can move through the subsurface to the source(s). The susceptibility rating is an estimate of the potential for contamination of the source water, it does not mean that the water delivered to consumers is, or will become contaminated. The Source Water Assessment Program (SWAP) is designed to compile, organize and evaluate information to make better decisions regarding protecting sources of public drinking water. A copy of the assessment, including a map of the assessment area, can be obtained by contacting us, as noted above.

The land uses around the FORESTPORT Water System sources were rated for their potential to cause contamination to the source. The source was considered at a low risk for all contamination categories related to land use. This is also true for the discrete potential sources of contamination. The natural sensitivity of the sources was considered high due to the sandy matrix and unconfined aquifer in which the sources are located. Water quality test data, surficial geology, aquifer information and bedrock information are also taken into consideration when determining the natural sensitivity of a source to pollution. Therefore, when land use contamination potential, discrete source contamination potential and natural sensitivity is combined, the susceptibility of the source to contamination can be determined. The susceptibility of the Forestport sources to contamination was determined to be medium-high. See section "Are there contaminants in our drinking water?" for a list of the contaminants that have been detected. The source water assessments provide resource managers with additional information for protecting source waters into the future.

Based upon the SWAP Report determinations, good judgment should be used and caution should be exercised when determining placement of certain materials, actions and facilities, including septic systems, high-risk businesses or chemical storage near the source(s). We work hard to ensure that the source of water for our system is protected from contamination.

### ARE THERE CONTAMINANTS IN OUR DRINKING WATER?

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include total coliform, inorganic compounds, nitrate, nitrite, lead and copper, radioactive contaminants, disinfection byproducts, volatile organic compounds, and synthetic organic compounds. The table presented below depicts which compounds were detected in your drinking water. The State allows us to test for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, may be more than one year old.



It should be noted that all drinking water, including bottled drinking water, might be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800-426-4791) or the Oneida County Health Department at 315-798-5064.

### Table of Detected Contaminants

| Contaminant                                                                                          | Is System in Violation? | Date of Sample     | Level Detected<br>Average or Maximum<br>(Range)  | Unit<br>Measurement | MCLG /<br>MRDLG | Regulatory Limit<br>(MCL, MRDL, or AL) | Likely Source of Contamination                                                                                                                           |
|------------------------------------------------------------------------------------------------------|-------------------------|--------------------|--------------------------------------------------|---------------------|-----------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inorganic Contaminants</b>                                                                        |                         |                    |                                                  |                     |                 |                                        |                                                                                                                                                          |
| Arsenic                                                                                              | No                      | 12/22              | 3.1                                              | ug/l                | N/A             | MCL = 10                               | Erosion of natural deposits.                                                                                                                             |
| Barium                                                                                               | No                      | 12/22              | 0.0435                                           | mg/l                | 2               | MCL = 2                                | Erosion of natural deposits.                                                                                                                             |
| Copper                                                                                               | No                      | 8/22               | 0.013 <sup>(1)</sup><br>(range = 0.0089 – 0.013) | mg/l                | 1.3             | AL = 1.3                               | Corrosion of household plumbing systems;<br>Erosion of natural deposits.                                                                                 |
| Lead                                                                                                 | No                      | 8/22               | 0.0014 <sup>(2)</sup><br>(range = ND – 0.011)    | ug/l                | 15              | AL = 15                                | Corrosion of household plumbing systems;<br>Erosion of natural deposits.                                                                                 |
| Fluoride                                                                                             | No                      | 12/22              | 0.3                                              | mg/l                | N/A             | MCL = 2.2                              | Erosion of natural deposits.                                                                                                                             |
| Nickel                                                                                               | No                      | 12/19              | 0.0006                                           | mg/l                | 0.1             | 0.1                                    | Erosion of natural deposits.                                                                                                                             |
| Nitrate                                                                                              | No                      | 8/22               | ND                                               | mg/l                | 10              | MCL = 10                               | Erosion of natural deposits.                                                                                                                             |
| <b>Disinfectants</b>                                                                                 |                         |                    |                                                  |                     |                 |                                        |                                                                                                                                                          |
| Chlorine Residual                                                                                    | No                      | Daily /<br>Monthly | 0.48 <sup>(3)</sup><br>(range = 0.28 – 0.6)      | mg/l                | N/A             | MRDL = 4 <sup>(4)</sup>                | Water additive used to control microbes.                                                                                                                 |
| <b>Disinfection Byproducts</b>                                                                       |                         |                    |                                                  |                     |                 |                                        |                                                                                                                                                          |
| Haloacetic Acids (mono-, di-, and trichloroacetic acid, and mono- and dibromoacetic acid)            | No                      | 8/22               | 1.1                                              | ug/l                | N/A             | MCL = 60                               | By-product of drinking water disinfection needed to kill harmful organisms.                                                                              |
| Total Trihalomethanes (TTHMs – chloroform, bromodichloromethane, dibromochloromethane and bromoform) | No                      | 8/22               | 15                                               | ug/l                | N/A             | MCL = 80                               | By-product of drinking water chlorination needed to kill harmful organisms. TTHMs are formed when source water contains large amounts of organic matter. |
| <b>Radiological Contaminants</b>                                                                     |                         |                    |                                                  |                     |                 |                                        |                                                                                                                                                          |
| Gross Alpha activity                                                                                 | No                      | 8/22               | ND                                               | pCi/l               | N/A             | MCL = 15                               | Erosion of Natural Deposits                                                                                                                              |
| Combined Radium -226 and Radium-228                                                                  | No                      | 8/22               | ND                                               | pCi/l               | N/A             | MCL = 5                                | Erosion of Natural Deposits                                                                                                                              |

#### Notes:

- 1 – The level presented represents the 90<sup>th</sup> percentile of the ten (10) sites tested. A percentile is a value on a scale of 100 that indicates the percent of a distribution that is equal to or below it. The 90<sup>th</sup> percentile is equal to or greater than 90% of the copper values detected at your water system. In this case, ten (10) samples were collected at your water system and the 90<sup>th</sup> percentile value was the second highest value. The action level for copper was not exceeded at any of the sites tested.
- 2 – The level presented represents the 90<sup>th</sup> percentile of the ten (10) samples collected. The action level for lead was not exceeded at any of the sites tested.
- 3 - The values presented represent the average and range of the levels reported on the monthly microbiological sampling reports.
- 4 - Value presented represents the Maximum Residual Disinfectant Level (MRDL) which is a level of disinfectant added for water treatment that may not be exceeded at the consumer's tap without an unacceptable possibility of adverse health effects. MRDLs are currently not regulated but in the future they will be enforceable in the same manner as MCLs.

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## Definitions

| ACTION LEVEL                             | AL    | The concentration of a contaminant that, if exceeded, triggers treatment or other requirements that a water system must follow.                                                                         |  |  |
|------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| MAXIMUM CONTAMINANT LEVEL                | MCL   | The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.                                                                                   |  |  |
| MAXIMUM CONTAMINANT LEVEL GOAL           | MCLG  | The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.                                                              |  |  |
| MAXIMUM RESIDUAL DISINFECTANT LEVEL      | MRDL  | The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.                         |  |  |
| MAXIMUM RESIDUAL DISINFECTANT LEVEL GOAL | MRDLG | The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination. |  |  |
| PICOCURIES PER LITER                     | pCi/l | Measure of the radioactivity in water                                                                                                                                                                   |  |  |
| MILLIGRAMS PER LITER                     | mg/l  | Corresponds to one part of liquid in one million parts of liquid (parts per million - ppm).                                                                                                             |  |  |
| MICROGRAMS PER LITER                     | ug/l  | Corresponds to one part of liquid in one billion parts of liquid (parts per billion - ppb).                                                                                                             |  |  |
| NON-DETECTED                             | ND    | Laboratory analysis indicates that the constituent is not present.                                                                                                                                      |  |  |

## WHAT DOES THIS INFORMATION MEAN?

We have learned through our testing that some contaminants have been detected; however, most of these contaminants were detected below the level allowed by the State.

## IS OUR WATER SYSTEM MEETING OTHER RULES THAT GOVERN OPERATIONS?

Last year, our system was in compliance with applicable State drinking water operating, monitoring and reporting requirements.

## LEAD INFORMATION

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Our water system is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>.

## CLOSING

Thank you for allowing us to continue to provide your family with quality drinking water this year. In order to maintain a safe and dependable water supply we sometimes need to make improvements that will benefit all of our customers. The costs of these improvements may be reflected in the rate structure. Rate adjustments may be necessary in order to address these improvements. We ask that all our customers help us protect our water sources, which are the heart of our community. Please call our office if you have questions.

## DO I NEED TO TAKE SPECIAL PRECAUTIONS?

Some people may be more vulnerable to disease causing microorganisms or pathogens in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium, Giardia and other microbial pathogens are available from the Safe Drinking Water Hotline (800-426-4791).

## WHY SAVE WATER AND HOW TO AVOID WASTING IT?

Although our system has an adequate amount of water to meet present and future demands, there are a number of reasons why it is important to conserve water:

- Saving water saves energy and some of the costs associated with both of these necessities of life;
- Saving water reduces the cost of energy required to pump water and the need to construct costly new wells, pumping systems and water towers; and
- Saving water lessens the strain on the water system during a dry spell or drought, helping to avoid severe water use restrictions so that essential fire-fighting needs are met.

You can play a role in conserving water by becoming conscious of the amount of water your household is using, and by looking for ways to use less whenever you can. It is not hard to conserve water. Conservation tips include:

- Automatic dishwashers use 15 gallons for every cycle, regardless of how many dishes are loaded. So get a run for your money and load it to capacity.
- Turn off the tap when brushing your teeth.
- Check every faucet for leaks. Just a slow drip can waste 15 to 20 gallons a day. Fix it up and you can save almost 6,000 gallons per year.
- Check toilets for leaks by putting a few drops of food coloring in the tank - watch for a few minutes to see if the color shows up in the bowl. It is not uncommon to lose up to 100 gallons a day from one of these otherwise invisible toilet leaks. Fix it and you save more than 30,000 gallons a year.
- Use Heat Tape to protect your pipes from freezing. This will save water AND protect septic systems from overuse.
- Use your water meter to detect hidden leaks. Simply turn off all taps and water using appliances, then check the meter after 15 minutes. If it moved, you have a leak.



# Annual Drinking Water Quality Report for 2022

## Buck-Horn Association Water System

Buck Lane, Forestport, NY 13338  
(Public Water Supply ID# NY3221818)

### INTRODUCTION

To comply with State regulations, the Buck-Horn Association will be annually issuing a report describing the quality of your drinking water. The purpose of this report is to raise your understanding of drinking water and awareness of the need to protect our drinking water sources. Last year, your tap water met all State drinking water health standards. This report provides an overview of the water quality for last year. Included are details about where your water comes from, what it contains, and how it compares to State standards.

If you have any questions about this report or concerning your drinking water, please contact Ted Doktor (Water Operator) at 315-392-2801 (ext.7). We want you to be informed about your drinking water. If you want to learn more, please attend any of our regularly scheduled Town Board meetings. The meetings are held the Third Wednesday of each month at 6:30pm. The January – April, and November – December meetings will be at the Town Hall. The May, June, and July meetings will be at the Otter Lake Fire House. The August, September, and October meetings will be at the Woodgate Fire House.

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Our water system serves 47 service connections (homes) providing water to approximately 90 residents (42 year-round). Our water source is from a single drilled groundwater well located off Buck Lane within the Association property. The water is treated with liquid chlorine prior to entering the distribution system.

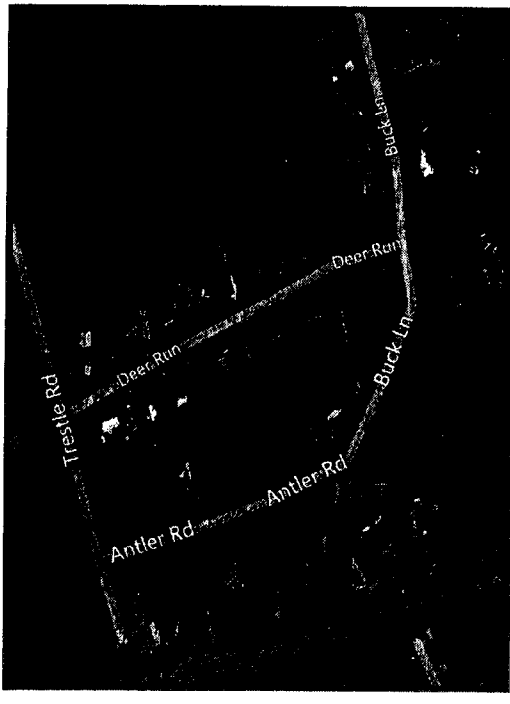
### SOURCE WATER ASSESSMENT INFORMATION

A Source Water Assessment has been completed for the BUCK-HORN ASSOCIATION Water System. Possible and actual threats to drinking water source(s) were evaluated. The state source water assessment includes a susceptibility rating based on the risk posed by each potential source of contamination and how easily contaminants can move through the subsurface to the source(s). The susceptibility rating is an estimate of the potential for contamination of the source water, it does not mean that the water delivered to consumers is, or will become contaminated. The Source

Water Assessment Program (SWAP) is designed to compile, organize and evaluate information to make better decisions regarding protecting sources of public drinking water. A copy of the assessment, including a map of the assessment area, can be obtained by contacting us, as noted above.

The land uses around the BUCK-HORN ASSOCIATION Water System source were rated for their potential to cause contamination to the source. The source was considered at a low risk for all contamination categories related to land use except enteric viruses given the proximity to low intensity residential areas. Discrete potential sources of contamination were not present and were, therefore, ranked low. The natural sensitivity of the sources was considered unknown with a confining layer possible. The natural sensitivity is determined by the aquifer information, geologic information, soils information and water quality test data. When land use contamination potential, discrete source contamination potential and natural sensitivity are combined, the susceptibility of the source to contamination can be determined. *The susceptibility of the Buckhorn source to contamination was determined to be negligible except for the threat from enteric viruses which was ranked medium high.* See section "Are there contaminants in our drinking water?" for a list of the contaminants that have been detected. The source water assessments provide resource managers with additional information for protecting source waters into the future.

Based upon the SWAP Report determinations, good judgment should be used and caution should be exercised when determining placement of certain materials, actions and facilities, including septic systems near the source(s). We work hard to ensure that the source of water for our system is protected from contamination.





## ARE THERE CONTAMINANTS IN OUR DRINKING WATER?

As the State regulations require, we routinely test your drinking water for numerous contaminants. These contaminants include total coliform, inorganic compounds, nitrate, nitrite, lead and copper, radioactive contaminants, disinfection byproducts, and synthetic organic compounds. The table presented below depicts which compounds were detected in your drinking water. The State allows us to test for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, may be more than one year old.

It should be noted that all drinking water, including bottled drinking water, might be reasonably expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline - 800-426-4791 or the Oneida County Health Department (OCHD) at 315-798-5064.

### Table of Detected Contaminants

| Contaminant                                                                                          | Is System in Violation? | Date of Sample    | Level Detected Average or Maximum (Range)     | Unit Measurement | MCLG / MRDLG | Regulatory Limit (MCL, MRDL, or AL) | Likely Source of Contamination                                                                                                                          |
|------------------------------------------------------------------------------------------------------|-------------------------|-------------------|-----------------------------------------------|------------------|--------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inorganic Contaminants</b>                                                                        |                         |                   |                                               |                  |              |                                     |                                                                                                                                                         |
| Barium                                                                                               | No                      | 3/18              | 0.0097                                        | mg/l             | 2            | MCL = 2                             | Erosion of natural deposits.                                                                                                                            |
| Copper                                                                                               | No                      | 8/20              | 0.014 <sup>(1)</sup><br>(range = 0.005-0.019) | mg/l             | 1.3          | AL = 1.3                            | Corrosion of household plumbing systems; Erosion of natural deposits.                                                                                   |
| Fluoride                                                                                             | No                      | 11/21             | 0.3                                           | mg/l             | N/A          | MCL = 2.2                           | Erosion of natural deposits.                                                                                                                            |
| Lead                                                                                                 | No                      | 8/20              | 0.7 <sup>(2)</sup><br>(range = ND-0.79)       | ug/l             | 15           | AL = 15                             | Corrosion of household plumbing systems; Erosion of natural deposits.                                                                                   |
| Nitrate                                                                                              | No                      | 8/22              | 0.29                                          | mg/l             | 10           | MCL = 10                            | Erosion of natural deposits.                                                                                                                            |
| <b>Radiological Contaminants</b>                                                                     |                         |                   |                                               |                  |              |                                     |                                                                                                                                                         |
| Gross Alpha                                                                                          | No                      | 10/17             | 0.919                                         | pCi/l            | 0            | 15                                  | Erosion of natural deposits.                                                                                                                            |
| Gross Beta                                                                                           | No                      | 10/17             | 0.571                                         | pCi/l            | 0            | 50                                  | Erosion of natural deposits and man made missions                                                                                                       |
| Radium 226                                                                                           | No                      | 10/17             | 0.433                                         | pCi/l            | 0            | 5                                   | Erosion of natural deposits                                                                                                                             |
| Radium 228                                                                                           | No                      | 10/17             | 0.235                                         | pCi/l            | 0            | 5                                   | Erosion of natural deposits                                                                                                                             |
| <b>Disinfectants</b>                                                                                 |                         |                   |                                               |                  |              |                                     |                                                                                                                                                         |
| Chlorine Residual                                                                                    | No                      | Daily / Quarterly | 0.3 <sup>(3)</sup><br>(range = 0.23 - 0.34)   | mg/l             | N/A          | MRDL = 4 <sup>(4)</sup>             | Water additive used to control microbes.                                                                                                                |
| <b>Disinfection Byproducts</b>                                                                       |                         |                   |                                               |                  |              |                                     |                                                                                                                                                         |
| Total Trihalomethanes (TTHMs - chloroform, bromodichloromethane, dibromochloromethane and bromoform) | No                      | 8/20              | 2.2                                           | ug/l             | N/A          | MCL = 80                            | By-product of drinking water chlorination needed to kill harmful organisms. TTHMs are formed when source water contains large amounts of organic matter |



### Notes from table above:

- 1 - The level presented represents the 90<sup>th</sup> percentile of the five (5) sites tested. A percentile is a value on a scale of 100 that indicates the percent of a distribution that is equal to or below it. The 90<sup>th</sup> percentile is equal to or greater than 90% of the copper values detected at your water system. In this case, five (5) samples were collected at your water system and the 90<sup>th</sup> percentile value was the average of the two highest values. The action level for copper was not exceeded at any of the sites tested.
- 2 - The level presented represents the 90<sup>th</sup> percentile of the five (5) samples collected. The action level for lead was not exceeded at any of the five sites tested.
- 3 - The values presented represent the average and range of the levels reported on the quarterly microbiological sampling reports.
- 4 - Value presented represents the Maximum Residual Disinfectant Level (MRDL) which is a level of disinfectant added for water treatment that may not be exceeded at the consumer's tap without an unacceptable possibility of adverse health effects. MRDLs are currently not regulated but in the future they will be enforceable in the same manner as MCLs.

### Definitions:

| ACTION LEVEL                             | AL    | The concentration of a contaminant that, if exceeded, triggers treatment or other requirements that a water system must follow.                                                                         |
|------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MAXIMUM CONTAMINANT LEVEL                | MCL   | The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible.                                                                                   |
| MAXIMUM CONTAMINANT LEVEL GOAL           | MCLG  | The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.                                                              |
| MAXIMUM RESIDUAL DISINFECTANT LEVEL      | MRDL  | The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.                         |
| MAXIMUM RESIDUAL DISINFECTANT LEVEL GOAL | MRDLG | The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contamination. |
| MILLIGRAMS PER LITER                     | mg/l  | Corresponds to one part of liquid in one million parts of liquid (parts per million - ppm).                                                                                                             |
| MICROGRAMS PER LITER                     | ug/l  | Corresponds to one part of liquid in one billion parts of liquid (parts per billion - ppb).                                                                                                             |
| PICOCURIES PER LITER                     | pCi/l | A measure of radioactivity in water                                                                                                                                                                     |
| NON-DETECTED                             | N.D.  | Laboratory analysis indicates that the constituent is not present.                                                                                                                                      |

### WHAT DOES THIS INFORMATION MEAN?

We have learned through our testing, that some contaminants have been detected; however, these contaminants were detected below the level allowed by the State. And as you can see by the table, our system had no violations. Please be aware that during 2021, we were required to sample for new contaminants PFOS, PFOA and 1,4 Dioxane, but we did not detect these contaminants.

### IS OUR WATER SYSTEM MEETING OTHER RULES THAT GOVERN OPERATIONS?

Last year, our system complied with applicable State drinking water operating, monitoring and reporting requirements.

### CLOSING

Thank you for allowing us to continue to provide your family with quality drinking water this year. In order to maintain a safe and dependable water supply we sometimes need to make improvements that will benefit all of our customers. The costs of these improvements may be reflected in the rate structure. Rate adjustments may be necessary in order to address these improvements. We ask that all our customers help us protect our water source, which is the heart of our community. A kindly reminder to please report any turbid/brown water conditions, leaks or any other water quality, quantity or pressure problems immediately to the Town of Forestport.



### **LEAD INFORMATION**

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Our water system is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>.

### **DO I NEED TO TAKE SPECIAL PRECAUTIONS?**

Some people may be more vulnerable to disease causing microorganisms or pathogens in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice from their health care provider about their drinking water. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosporidium, Giardia and other microbial pathogens are available from the Safe Drinking Water Hotline (800-426-4791).

### **WHY SAVE WATER AND HOW TO AVOID WASTING IT?**

Although our system has an adequate amount of water to meet present and future demands, there are a number of reasons why it is important to conserve water:

- Saving water saves energy and some of the costs associated with both of these necessities of life;
- Saving water reduces the cost of energy required to pump water and the need to construct costly new wells, pumping systems and water towers; and
- Saving water lessens the strain on the water system during a dry spell or drought, helping to avoid severe water use restrictions so that essential fire-fighting needs are met.

You can play a role in conserving water by becoming conscious of the amount of water your household is using, and by looking for ways to use less whenever you can. It is not hard to conserve water. Conservation tips include:

- Automatic dishwashers use 15 gallons for every cycle, regardless of how many dishes are loaded. So get a run for your money and load it to capacity.
- Turn off the tap when brushing your teeth.
- Check every faucet for leaks. Just a slow drip can waste 15 to 20 gallons a day. Fix it up and you can save almost 6,000 gallons per year.
- Check toilets for leaks by putting a few drops of food coloring in the tank - watch for a few minutes to see if the color shows up in the bowl. It is not uncommon to lose up to 100 gallons a day from one of these otherwise invisible toilet leaks. Fix it and you save more than 30,000 gallons a year.
- Use Heat Tape (instead of running water) to protect your pipes from freezing. This will save water AND protect septic systems from overuse.

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|                   |                  |
|-------------------|------------------|
| NY0238756         | 001-M            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 4/1/2023          | 4/30/2023        |

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

No Discharge ☐

| PARAMETER                                                              | SAMPLE MEASUREMENT | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |          |                    |       | NO. EX        | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------------------------------------|--------------------|---------------------|-------|-------|--------------------------|----------|--------------------|-------|---------------|-----------------------|-------------|
|                                                                        |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE    | UNITS              |       |               |                       |             |
|                                                                        |                    | .....               | ..... | ..... | .....                    | .....    | .....              |       |               |                       |             |
| Temperature, water deg. centigrade<br>00010 10<br>Effluent Gross       | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | SAMPLE MEASUREMENT | .....               | ..... | ..... | .....                    | .....    | 12.4               |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | Req. Mon. DAILY MX | deg C |               | Five per Week         | GRAB        |
| Temperature, water deg. centigrade<br>00010 G 0<br>Raw Sewage Influent | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | 13.0               |       |               |                       |             |
|                                                                        | SAMPLE MEASUREMENT | .....               | ..... | ..... | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | Req. Mon. DAILY MX | deg C |               | Five per Week         | GRAB        |
| 00310 10<br>Effluent Gross<br>BOD, 5-day, 20 deg. C                    | SAMPLE MEASUREMENT | 0.2                 | 0.2   |       | .....                    | 4.5      | 4.5                |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | lb/d  | .....                    | 30       | 45                 |       |               |                       |             |
|                                                                        | SAMPLE MEASUREMENT | .....               | ..... | ..... | .....                    | 30DA AVG | 7 DA AVG           | mg/L  |               | Monthly               | GRAB        |
| 00310 G 0<br>Raw Sewage Influent                                       | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | 250                |       |               |                       |             |
|                                                                        | SAMPLE MEASUREMENT | .....               | ..... | ..... | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | Req. Mon. 7 DA AVG | mg/L  |               | Monthly               | GRAB        |
| 00400 10<br>Effluent Gross                                             | PERMIT REQUIREMENT | .....               | ..... | ..... | 6.28                     | .....    | 6.70               |       |               |                       |             |
|                                                                        | SAMPLE MEASUREMENT | .....               | ..... | ..... | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | 9 MAXIMUM          | SU    | Five per Week |                       | GRAB        |
| 00400 G 0<br>Raw Sewage Influent                                       | PERMIT REQUIREMENT | .....               | ..... | ..... | 6.68                     | .....    | 8.19               |       |               |                       |             |
|                                                                        | SAMPLE MEASUREMENT | .....               | ..... | ..... | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | .....    | Req. Mon. MAXIMUM  | SU    | Five per Week |                       | GRAB        |
| Solids, total suspended<br>00530 10<br>Effluent Gross                  | SAMPLE MEASUREMENT | 0.2                 | 0.2   |       | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | lb/d  | .....                    | .....    | .....              |       |               |                       |             |
|                                                                        | PERMIT REQUIREMENT | .....               | ..... | ..... | .....                    | 30       | 45                 | mg/L  |               | Monthly               | GRAB        |
| 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 am aware that there are significant penalties for knowingly falsifying information, including the possibility of fine and imprisonment for knowing violations.

|                                                              |  |            |        |
|--------------------------------------------------------------|--|------------|--------|
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | TELEPHONE  | DATE   |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       |  | AREA CODE  | NUMBER |
| TYPED OR PRINTED                                             |  | 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.



|               |                   |
|---------------|-------------------|
| NY0236758     | 001-M             |
| PERMIT NUMBER | DISCHARGE NUMBER  |
| MM/DD/YYYY    | MONITORING PERIOD |
| 4/1/2023      | MM/DD/YYYY        |
|               | 4/30/2023         |

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 |        |                       |             |
| Solids, total suspended                  | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| 00530 G O                                | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Raw Sewage Influent                      | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Solids, settleable                       | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| 00545 1 O                                | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Effluent Gross                           | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Solids, settleable                       | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| 00545 G O                                | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Raw Sewage Influent                      | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Flow, in conduit or thru treatment plant | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| 50050 G O                                | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Raw Sewage Influent                      | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| BOD, 5-day, percent removal              | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| 81010 K O                                | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Percent Removal                          | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Solids, suspended percent removal        | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| 31011 K O                                | .....               | ..... | .....                    | ..... | ..... |        |                       |             |
| Percent Removal                          | .....               | ..... | .....                    | ..... | ..... |        |                       |             |

|                                                                                                 |                                                              |  |           |        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|-----------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                                                          | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |  | TELEPHONE | DATE   |
| TYPED OR PRINTED                                                                                |                                                              |  | AREA Code | NUMBER |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)                     |                                                              |  |           |        |
| EE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS. |                                                              |  |           |        |



## DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF April, 2023.

| SPDES PERMIT NO.   |      | FACILITY NAME                |                  | FACILITY OWNER    |                   | FACILITY LOCATION |                 |                                     |                     |                            |                     |                              |                  |                  |                  |
|--------------------|------|------------------------------|------------------|-------------------|-------------------|-------------------|-----------------|-------------------------------------|---------------------|----------------------------|---------------------|------------------------------|------------------|------------------|------------------|
| NY-SPDES # 0236756 |      |                              |                  |                   |                   |                   |                 |                                     |                     |                            |                     |                              |                  |                  |                  |
| Day                | Date | VOLUME OF WASTEWATER TREATED |                  | TEMPERATURE (C/F) |                   | pH (S.U.)         |                 | SETTLABLE SOLIDS (ml/l)             |                     | B.O.D. <sub>5</sub> (mg/l) |                     | SUSPENDED SOLIDS (mg/l)      |                  |                  |                  |
|                    |      | Daily Precip<br>In/day       | Inst. Max<br>MGD | Daily Ave.<br>MGD | Inst. Min.<br>MGD | Influent<br>(2)   | Effluent<br>(2) | Influent<br>Minimum                 | Effluent<br>Minimum | Influent<br>Maximum        | Effluent<br>Maximum | Influent<br>Type             | Effluent<br>Type | Influent<br>Type | Effluent<br>Type |
| 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                 |      |                              |                  |                   |                   |                   |                 |                                     |                     |                            |                     |                              |                  |                  |                  |
| Total Precip       |      | 56mm                         |                  | Monthly Average   |                   | .005              |                 | Monthly Average Influent            |                     | 10.5                       |                     | Monthly Average Effluent     |                  | 9.5              |                  |
|                    |      |                              |                  |                   |                   |                   |                 | Min Influent                        |                     | 6.68                       |                     | Max Influent                 |                  | 8.19             |                  |
|                    |      |                              |                  |                   |                   |                   |                 | Min Effluent                        |                     | 6.28                       |                     | Max Effluent                 |                  | 6.70             |                  |
|                    |      |                              |                  |                   |                   |                   |                 | Monthly Maximum                     |                     | 52.0                       |                     | Monthly Maximum              |                  | 40.1             |                  |
|                    |      |                              |                  |                   |                   |                   |                 | 30 Day Average Quantity Loading (t) |                     | 0.2                        |                     | 30 day arithmetic mean (t)   |                  | 0.2              |                  |
|                    |      |                              |                  |                   |                   |                   |                 |                                     |                     |                            |                     | 30 day arithmetic mean (t)   |                  | 140              |                  |
|                    |      |                              |                  |                   |                   |                   |                 |                                     |                     |                            |                     | Infl (mg/l) Eff (mg/l) %Rem. |                  | 4.5 98%          |                  |
|                    |      |                              |                  |                   |                   |                   |                 |                                     |                     |                            |                     | Infl (mg/l) Eff (mg/l) %Rem. |                  | 140 < 4 97%      |                  |

(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.



TELEPHONE NUMBER ( ) - CHIEF OPERATOR'S NAME CERTIFICATION GRADE

| Day | Date | TOTAL PHOSPHORUS(mg/l) |               | CHLORINE RESIDUAL |         | FECAL COLIFORM |         | REMARKS         |
|-----|------|------------------------|---------------|-------------------|---------|----------------|---------|-----------------|
|     |      | Influent Type          | Effluent Type | Minimum           | Maximum | Minimum        | Maximum |                 |
| 1   |      |                        |               |                   |         |                |         | 5:10A OK        |
| 2   |      |                        |               |                   |         |                |         | 5:10A OK        |
| 3   |      |                        |               |                   |         |                |         | R clean bottles |
| 4   |      |                        |               |                   |         |                |         | R clean bottles |
| 5   |      |                        |               |                   |         |                |         | R clean bottles |
| 6   |      |                        |               |                   |         |                |         | R clean bottles |
| 7   |      |                        |               |                   |         |                |         | ALL BED'S OPEN  |
| 8   |      |                        |               |                   |         |                |         | R clean bottles |
| 9   |      |                        |               |                   |         |                |         | 5:10A OK        |
| 10  |      |                        |               |                   |         |                |         | 5:10A OK        |
| 11  |      |                        |               |                   |         |                |         | R clean bottles |
| 12  |      |                        |               |                   |         |                |         | R clean bottles |
| 13  |      |                        |               |                   |         |                |         | R clean bottles |
| 14  |      |                        |               |                   |         |                |         | R clean bottles |
| 15  |      |                        |               |                   |         |                |         | R clean bottles |
| 16  |      |                        |               |                   |         |                |         | R clean bottles |
| 17  |      |                        |               |                   |         |                |         | R clean bottles |
| 18  |      |                        |               |                   |         |                |         | 5:20A OK        |
| 19  |      |                        |               |                   |         |                |         | 6:30A OK        |
| 20  |      |                        |               |                   |         |                |         | R clean bottles |
| 21  |      |                        |               |                   |         |                |         | R clean bottles |
| 22  |      |                        |               |                   |         |                |         | R clean bottles |
| 23  |      |                        |               |                   |         |                |         | R clean bottles |
| 24  |      |                        |               |                   |         |                |         | 5:04A OK        |
| 25  |      |                        |               |                   |         |                |         | 5:37A OK        |
| 26  |      |                        |               |                   |         |                |         | R clean bottles |
| 27  |      |                        |               |                   |         |                |         | R clean bottles |
| 28  |      |                        |               |                   |         |                |         | R clean bottles |
| 29  |      |                        |               |                   |         |                |         | R clean bottles |
| 30  |      |                        |               |                   |         |                |         | R clean bottles |
| 31  |      |                        |               |                   |         |                |         | 6:30A OK        |

| 30 day arithmetic mean (1) |                | Monthly     |             | 30 day Geometric Mean (1) |             |
|----------------------------|----------------|-------------|-------------|---------------------------|-------------|
| Influent(mg/l)             | Effluent(mg/l) | Minimum (1) | Maximum (1) | 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.



| FIXED MEDIA PROCESS CONTROL      |      |              |          |              |          |              |          |                           |                                      | ACTIVATED SLUDGE PROCESS CONTROL |                                    |            |                                 |                                 |
|----------------------------------|------|--------------|----------|--------------|----------|--------------|----------|---------------------------|--------------------------------------|----------------------------------|------------------------------------|------------|---------------------------------|---------------------------------|
| Day                              | Date | Sample Type: |          | Sample Type: |          | Sample Type: |          | Recirculation Rate M.G.D. | Media Effluent Settleable Solids m/l | Mixed Liquor S.S. (MLSS) mg/l    | Settleable Sludge Volume (SSV) m/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.



## NAME OF RECEIVING STREAM

[illegible]

**TRUCKED WASTE RECEIVED THIS MONTH**

### 1. Septage, holding tank waste and portable toilet waste

| Volume (gallons)                                                                  | Total | Max day |
|-----------------------------------------------------------------------------------|-------|---------|
| 2. All other wastes                                                               |       |         |
| Volume (gallons)                                                                  | Total | Max day |
| 3. Number of Part 384 haulers currently approved to transport wastes to this POTW |       |         |
| a. Septage, etc.                                                                  |       |         |
| b. All others                                                                     |       |         |

## NAME OF RECEIVING STREAM

| 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:**

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

**Labor Expended:**

[illegible]

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 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 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.

Les Dakton

**Signature of Principal Executive Officer or Authorized Agent**

5/5/2023

Date \_\_\_\_\_



| Account#                                                  | Account Description | Fee Description  | Qty | Local Share                       |
|-----------------------------------------------------------|---------------------|------------------|-----|-----------------------------------|
| A2544                                                     | Dog Licensing       | Female, Spayed   | 5   | 20.00                             |
|                                                           |                     | Male, Neutered   | 7   | 28.00                             |
|                                                           |                     | Male, Unneutered | 2   | 24.00                             |
| Sub-Total:                                                |                     |                  |     | \$72.00                           |
| Total Local Shares Remitted:                              |                     |                  |     | \$72.00                           |
| Amount paid to: NYS Ag. & Markets for spay/neuter program |                     |                  |     | 18.00                             |
| Total State, County & Local Revenues:                     |                     | \$90.00          |     | Total Non-Local Revenues: \$18.00 |

To the Supervisor:

Pursuant to Section 27 Sub 1, of the Town Law, I hereby certify that the foregoing is a full and true statement of all fees and monies received by me, Tracy M. Terry, Town Clerk, Town of Forestport during the period stated above, in connection with my office, excepting only such fees and monies, the application of which are otherwise provided for by law.

Supervisor

Date

Town Clerk

Date



TOWN OF FORESTPORT  
FORESTPORT, NEW YORK - 13338



Justice Court  
10275 State Route 28  
PO BOX 137  
Forestport, NY 13338  
Phone (315) 392- 2801 ext 5  
Fax (315) 392-2343  
Email: Forestporttowncourt@nycourts.gov



Hon. Anthony W. Sege, Town Justice  
Shirleen (sherry) Paschke, Court Clerk

Monthly Report – April 2023

Hours Worked

Justice Sege – 54

Clerk, S. Paschke – 26.5

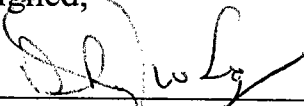
Number of Cases Disposed Of

Vehicle & Traffic – 23 Parks & Rec. - 2 Penal Law - 0 Civil / Codes - 0 Small Claims - 0  
ENCON -1 Public Health Law- 0 Navigation Law - 0

| Month | Fine,<br>Forfeitures<br>& Civil | Civil Fees | Mandatory<br>Surcharges | Monthly<br>Total |
|-------|---------------------------------|------------|-------------------------|------------------|
| April | \$875.00                        | \$275.00   | \$834.00                | \$1984.50        |

In the Month of April there was 4 cases disposed through the traffic diversion program.  
Judge performed one marriage ceremony.

Signed,

  
\_\_\_\_\_  
Hon. Anthony W. Sege  
Town Justice



# TOWN OF FORESTPORT

## PLANNING BOARD SUMMARY

April 12, 2023

### MEMBERS:

Paul Rejman – Chairman  
Adam Doktor (ABSENT)  
Allison Damiano-DeTraglia

Dave Ultsch  
Tyler Terry  
Sandy Pascucci, Secretary

Meeting was broadcast via Zoom, and attended in person by 12 members of the public

### PUBLIC HEARING:

- Don Frank, Parcel 13.003-4-88, 10 Fox Lane, Woodgate  
Change of Use – to sell firearms from his home location
  - P. Anthony submitted a letter of support
  - Members of the public voiced concerns over
    - Safety concerns with having a gun dealer in their quiet residential neighborhood
    - Would the residential area now be deemed commercial
    - Increased traffic and parking issues
    - Safety issues for their children/grandchildren
    - Devaluation of their properties
    - Monitoring of the business, types of firearms, and any arising issues
  - A summary of the business plan to be reviewed by the Board was read, and each of the issues addressed.
    - It was explained that the Board's responsibility was solely to review a business request and ascertain that it meets all Town requirements. They cannot rule on civil matters, or determine personality or character.
    - Any issues other than the Town's responsibility for a business permit should be addressed to the ATF, who is issuing the license, or to civil authorities.

### **MONTHLY MEETING:**

- March 8, 2023 Minutes approved (Ultsch/Terry)

### **OLD BUSINESS:**

- The Board voted to Conditionally approve Mr. Frank's request for a business permit based on pending receipt of his valid Federal Firearms license from the ATF, and the following
  - Business will be under his name only
  - No signage will be posted
  - Sales will be by appointment only
  - No new buildings will be constructed
  - Sale of sporting arms only – no assault type firearms
  - No merchandise will be held in stock
  - Parking will be off-street

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### **NEW BUSINESS:**

- Yeomans Family, Parcels 85.004-1-59 and 85.004-1-71, Forest Street Boundary Line Adjustment (A. Bailey)
  - Upon review of the maps and the request to move the line 7.5 ft, the boundary line adjustment was approved. Ultsch/ Damiano-DeTraglia

**Adjourn Meeting:** At 7 pm: Damiano-DeTraglia/Ultsch

Next meeting scheduled for May 10, 2023

# MONTHLY DCO WORKSHEET

MONTH April 2023

Action Initiated By: Craig Jenks

[illegible]

**ACTION TAKEN:**

|                                    |   |  |
|------------------------------------|---|--|
| Dogs Impounded                     | 0 |  |
| Dogs Redeemed                      | 0 |  |
| Dangerous Dogs: Ordered to Confine | 0 |  |
| Calls to Oneida Cty. Health Dept.  | 0 |  |
| Calls to State Police              | 0 |  |
| Dogs Adopted                       | 0 |  |
| Dogs Euthanized                    | 0 |  |
| Dogs Killed by Cars (Buried)       | 0 |  |
| Other: Dogs Carried Over           |   |  |

OTHER:

FEES COLLECTED:

INVESTIGATION: 1. Dog off Kincaid Rd running

REMARKS:

