TOWN OF FORESTPORT
REGULAR TOWN BOARD MEETING AGENDA
WOODGATE FIRE HALL
12445 State Rte. 28, Woodgate N.Y. 13494
October 18, 2023

<u>CALL TO ORDER:</u>
<u>ABSTRACTS:</u>
Water District #1: Abstract#10, Vouchers #129-# 139 in the amount of $1,507.56
Buckhorn Water District #2: Abstract#10, Vouchers #39-#40 in the amount of $136.87
Sewer District #1: Abstract#10, Vouchers #71# #76 in the amount of $10,460.48
General: Abstract #10, Vouchers #512- #555 in the amount of $21,191.79
Highway: Abstract # 10, Vouchers #310- #361 in the amount of $74,792.53

<u>TOWN CLERK MINUTES (MOTION TO APPROVE)</u>: All minutes sent electronically:
- **September 20, 2023: Regular Town Board Meeting**
- **October 2, 2023: Budget Workshop Meeting**
- **October 3, 2023: Budget Workshop Meeting**

<u>MONTHLY REPORTS:</u>
Water District # 1 Report
Buckhorn Water Report
Sewer Report
Town Clerk Report
Justice Report
Planning Report
Supervisor Report
<u>NOCCOG:</u>
<u>WATER:</u>
- **Lucas- Water Certification**

<u>OLD BUSINESS BOARD:</u>
- **Budget Hearing- November 1, 2023, at 6:30PM**
- **STaR Ambulance negotiations**
- **Fall EXPO**
- **Senior Trip**
- **Salt Use**
- **Nuisance Law**
- **Kincaid Road Bridge**
- **Comprehensive Master Plan kickoff meeting**

NEW BOARD BUSINESS:

- **Ryan Salmon**
- **Senior Christmas Party**
- **Bookkeeper Position available**
- **Preliminary Budget Presentation**

NEW BUSINESS (PUBLIC):

ADJOURNMENT:

Water

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

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

Center State Propane- Water	W23-130	18.4gal@1.6708 propane-Carbone	########	$30.74
Center State Propane- Water	W23-130		########	$0.00
	Total for G/L Account	**083204.08.000.00**	**$30.74**	
		Total for all Vouchers	**$30.74**	
	Total for Vendor:	**Center State Propane- Water**	**$30.74**	

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

Daktor, Ted - Water	W23-131	mileage 9/1-9/2/23 18@.56 reg rd	########	$10.08
Daktor, Ted - Water	W23-131	mileage 9/3-9/9/23 74@.56 reg rd	########	$41.44
Daktor, Ted - Water	W23-131	mileage 9/10-9/16/23 54@.56 reg	########	$30.24
Daktor, Ted - Water	W23-131	mileage 9/17-9/23/23 30@.56 reg	########	$16.80
Daktor, Ted - Water	W23-131	mileage 9/24-9/30/23 30@.56 reg	########	$16.80
	Total for G/L Account	**083204.08.000.00**	**$115.36**	
		Total for all Vouchers	**$115.36**	
	Total for Vendor:	**Daktor, Ted - Water**	**$115.36**	

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

Frontier - Water	W23-133	10/23 tank level #315-392-2022	########	$175.86
Frontier - Water	W23-132	10/23 line between plants #315-19	########	$171.96
	Total for G/L Account	**083204.08.000.00**	**$347.82**	
		Total for all Vouchers	**$347.82**	
	Total for Vendor:	**Frontier - Water**	**$347.82**	

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

Life Science-Water	W23-139	Inflationary surcharge 8%	########	$2.64
Life Science-Water	W23-138	EPA 524.2 Trihalomethanes-Cam	########	$55.00
Life Science-Water	W23-138	EPA 552.2 Haloacetic Acides (H	########	$150.00

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description			
Life Science-Water	W23-138	Pick up charge for test	#########	$5.00	
Life Science-Water	W23-138	Inflationary surcharge 8%	#########	$16.80	
Life Science-Water	W23-139	Total Coliform test-Campbell's	#########	$33.00	
Total for G/L Account		**083204.08.000.00**	**$262.44**		
		Total for all Vouchers	**$262.44**		
Total for Vendor: Life Science-Water			**$262.44**		

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

Nationalgrid - Water	W23-135	10/23 Pump station Irish #69649-	#########	$108.16	
Nationalgrid - Water	W23-136	10/23 Pump station Lorraine #514	#########	$87.98	
Nationalgrid - Water	W23-137	10/23 Chlorination Bldg #02330-8	#########	$527.38	
Nationalgrid - Water	W23-134	1/2 10/23 Hydro Pneu #06581-57	#########	$9.50	
Total for G/L Account		**083204.08.000.00**	**$733.02**		
		Total for all Vouchers	**$733.02**		
Total for Vendor: Nationalgrid - Water			**$733.02**		

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

Verizon - Water	W23-129	Ipad-Water piping & hydrants sys	#########	$10.35	22687
Verizon - Water	W23-129	Acct Monthly charge	#########	$7.83	22687
Total for G/L Account		**083204.08.000.00**	**$18.18**		
		Total for all Vouchers	**$18.18**		
Total for Vendor: Verizon - Water			**$18.18**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

Grand Total of all Vouchers **$1,507.56**

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official	**Date**
Authorized Official	**Authorized Official**
Authorized Official	**Authorized Official**
Authorized Official	**Authorized Official**

Buckhorn

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

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

Daktor, Ted - Water	B23-39	mileage-9/24-9/30/23 30@.56 reg	########	$16.80
Daktor, Ted - Water	B23-39	mileage-9/17-9/23/23 30@.56 reg	########	$16.80
Daktor, Ted - Water	B23-39	mileage-9/10-9/16/23 30@.56 reg	########	$16.80
Daktor, Ted - Water	B23-39	mileage-9/3-9/9/23 40@.56 reg rd	########	$22.40
Daktor, Ted - Water	B23-39	mileage-9/1-9/2/23 10@.56 reg rd	########	$5.60
Total for G/L Account		**083204.12.000.00**	**$78.40**	

Total for all Vouchers **$78.40**

Total for Vendor: Daktor, Ted - Water **$78.40**

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

National Grid-Buckhorn	B23-40	10/23 Buckhorn Plant #80437-731	########	$58.47
Total for G/L Account		**083204.12.000.00**	**$58.47**	

Total for all Vouchers **$58.47**

Total for Vendor: National Grid-Buckhorn **$58.47**

Buckhorn

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

Grand Total of all Vouchers $136.87

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official	Date
Authorized Official	Authorized Official
Authorized Official	Authorized Official
Authorized Official	Authorized Official

Sewer

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

G/L Number: 081974.09.000.00 **Sewer,Equip & Capital outlay SEWER DIST**

Dodson & Assoc - Sewer	S23-75	professional services - Sewer Proj	#########	$10,000.00	
	Total for G/L Account	**081974.09.000.00**		**$10,000.00**	
		Total for all Vouchers		**$10,000.00**	
	Total for Vendor:	**Dodson & Assoc - Sewer**		**$10,000.00**	

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

Forestport - Highway (Sewer)	S23-76	6.9gal@3.569 diesel-Sewer Gener	#########	$24.63	
	Total for G/L Account	**081304.09.000.00**		**$24.63**	
		Total for all Vouchers		**$24.63**	
	Total for Vendor:	**Forestport - Highway (Sewer)**		**$24.63**	

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

Life Science-Sewer	S23-71	Inflationary surcharge	#########	$5.12	31640
Life Science-Sewer	S23-71	2@22. SM 5210B-2016 BOD-5 D	#########	$44.00	31640
Life Science-Sewer	S23-71	2@10. SM 2540 D-2015 Total Su	#########	$20.00	31640
	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	S23-74	10/23 Sewer Plant #56849-42108	#########	$217.90	
Nationalgrid - Sewer	S23-73	10/23 Dutch Lift Station #57649-4	#########	$38.83	
	Total for G/L Account	**081304.09.000.00**		**$256.73**	
		Total for all Vouchers		**$256.73**	
	Total for Vendor:	**Nationalgrid - Sewer**		**$256.73**	

Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

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

NYS Dept. Of Env Cons - Sew	S23-72	2023 SPEDES General Permit Fee ########	$110.00	31641
	Total for G/L Account	**081304.09.000.00**	**$110.00**	
		Total for all Vouchers	**$110.00**	

Total for Vendor: NYS Dept. Of Env Cons - Sewer **$110.00**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

Grand Total of all Vouchers $10,460.48

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official	Date
Authorized Official	Authorized Official
Authorized Official	Authorized Official
Authorized Official	Authorized Official

General

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

G/L Number: 016204.01.000.00 Buildings CE GEN FD

Amazon - Gen	G23-514	22x28" flouresent poster board 25	########	$38.26	110555
Amazon - Gen	G23-513	Tripod 36x24 magnetic port dry er	########	$64.99	110555
Amazon - Gen	G23-523	2@13.80 pull stater assby replace	########	$27.60	
Total for G/L Account		**016204.01.000.00**		**$130.85**	
		Total for all Vouchers		**$130.85**	
Total for Vendor: Amazon - Gen				**$130.85**	

G/L Number: 016204.01.000.00 Buildings CE GEN FD

Benson, Matt-Gen	G23-515	20hrs@25. Bldg & Grds Helper	9/1/2023	$500.00	110556
Total for G/L Account		**016204.01.000.00**		**$500.00**	
		Total for all Vouchers		**$500.00**	
Total for Vendor: Benson, Matt-Gen				**$500.00**	

G/L Number: 016204.01.000.00 Buildings CE GEN FD

C & R Hardware - Gen	G23-526	2@5.99 Wasp & Yellow jacket sp	9/6/2023	$11.98	
C & R Hardware - Gen	G23-524	2@3.29 soft soap w/aloe 7.5oz	########	$6.58	
C & R Hardware - Gen	G23-524	watebasket bisque 36qt	########	$16.99	
C & R Hardware - Gen	G23-524	Trash can white 8gal	########	$12.99	
C & R Hardware - Gen	G23-525	c clamp 4"	9/7/2023	$9.99	
C & R Hardware - Gen	G23-525	raid wasp & hornet killer	9/7/2023	$7.99	
C & R Hardware - Gen	G23-525	wasp & yellow jacket spray	9/7/2023	$7.99	
Total for G/L Account		**016204.01.000.00**		**$74.51**	
		Total for all Vouchers		**$74.51**	
Total for Vendor: C & R Hardware - Gen				**$74.51**	

G/L Number: 012204.01.000.00 Supervisor CE GEN FD

Card Service-Gen	G23-527	2@64.845 8x10 wood plaque	########	$129.69	

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description		
	Total for G/L Account	**012204.01.000.00**	**$129.69**	
G/L Number: 014104.01.000.00		**Town Clerk CE GEN FD**		
Card Service-Gen	G23-527	Acrobat Pro DC-Tracy	#########	$21.74
	Total for G/L Account	**014104.01.000.00**	**$21.74**	
G/L Number: 076104.01.000.00		**Programs for Aging-Seniors GEN FD**		
Card Service-Gen	G23-527	28 seniors trip to Tug Hill Vineyar	#########	$806.40
	Total for G/L Account	**076104.01.000.00**	**$806.40**	
G/L Number: 086644.01.000.00		**Codes Enforcement CE GEN FD**		
Card Service-Gen	G23-527	Apple I-cloud - codes	#########	$9.99
	Total for G/L Account	**086644.01.000.00**	**$9.99**	
		Total for all Vouchers	**$967.82**	
	Total for Vendor: Card Service-Gen		**$967.82**	
G/L Number: 011104.01.000.00		**Justices CE GEN FD**		
Carroll, James-Gen	G23-528	4hrs@25. court security	#########	$100.00
	Total for G/L Account	**011104.01.000.00**	**$100.00**	
		Total for all Vouchers	**$100.00**	
	Total for Vendor: Carroll, James-Gen		**$100.00**	
G/L Number: 076104.01.000.00		**Programs for Aging-Seniors GEN FD**		
DeVoe, Kim - Gen	G23-522	6hrs@34.47 Senior Trip Tug Hill	#########	$206.82
	Total for G/L Account	**076104.01.000.00**	**$206.82**	
		Total for all Vouchers	**$206.82**	
	Total for Vendor: DeVoe, Kim - Gen		**$206.82**	
G/L Number: 086644.01.000.00		**Codes Enforcement CE GEN FD**		

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description		
Donatelli, Anthony	G23-529	postage for package	#########	$24.40
	Total for G/L Account	**086644.01.000.00**	**$24.40**	
		Total for all Vouchers	**$24.40**	
	Total for Vendor:	**Donatelli, Anthony**	**$24.40**	

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

Ed & Ed Business-Gen	G23-531	logistics surcharge	#########	$2.82
Ed & Ed Business-Gen	G23-531	391copies@.0319 1color-Bldg Co	#########	$12.47
Ed & Ed Business-Gen	G23-531	60copies@.0539 3color-Bldg Cop	#########	$3.23
Ed & Ed Business-Gen	G23-531	1849copies@.01045 B&W-Bldg	#########	$19.32
Ed & Ed Business-Gen	G23-531	124copies@.0429 2color-Bldg Co	#########	$5.32
	Total for G/L Account	**016704.01.000.00**	**$43.16**	

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

Ed & Ed Business-Gen	G23-530	Logistics surcharge	#########	$1.96
Ed & Ed Business-Gen	G23-530	min 135copies@.1338 color-plan/	#########	$17.96
Ed & Ed Business-Gen	G23-530	min 440copies@.0228 B&W-plan	#########	$10.03
	Total for G/L Account	**086644.01.000.00**	**$29.95**	
		Total for all Vouchers	**$73.11**	
	Total for Vendor:	**Ed & Ed Business-Gen**	**$73.11**	

G/L Number: 012204.01.000.00 **Supervisor CE GEN FD**

Entwistle, Harold (TJ)	G23-532	Supplies for fall expo	#########	$183.05
	Total for G/L Account	**012204.01.000.00**	**$183.05**	
		Total for all Vouchers	**$183.05**	
	Total for Vendor:	**Entwistle, Harold (TJ)**	**$183.05**	

G/L Number: 090608.01.000.00 **Medical Insuance (Town Share) GEN FD**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description			
Excellus - Gen	G23-533	11/23 Town EE Health ins share	#########	$2,563.02	
Excellus - Gen	G23-533	11/23 Town ER Health ins share	#########	$6,061.68	
Total for G/L Account		**090608.01.000.00**	**$8,624.70**		
		Total for all Vouchers	**$8,624.70**		
Total for Vendor: Excellus - Gen			**$8,624.70**		

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

Forestport - Highway (Gen)	G23-534	60.9gal@2.919unleaded gasoline-	#########	$177.77	
Total for G/L Account		**016204.01.000.00**	**$177.77**		
		Total for all Vouchers	**$177.77**		
Total for Vendor: Forestport - Highway (Gen)			**$177.77**		

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

Frontier - General	G23-536	10/23 Assessors office #315-392-	#########	$163.56	
Frontier - General	G23-535	10/23 Town Hall #315-392-2801	#########	$617.64	
Total for G/L Account		**016504.01.000.00**	**$781.20**		

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

Frontier - General	G23-537	10/23 Hwy Barn #315-392-2623	#########	$193.93	
Total for G/L Account		**051324.01.000.00**	**$193.93**		
		Total for all Vouchers	**$975.13**		
Total for Vendor: Frontier - General			**$975.13**		

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

Galligan, Ashley	G23-521	Supplies for art club program	#########	$43.42	110562
Galligan, Ashley	G23-521	22.5hrs@20. Art Club program	#########	$450.00	110562
Galligan, Ashley	G23-512	4hrs@20. planning time-Art Class	#########	$80.00	110554
Galligan, Ashley	G23-512	Receipts-art supplies	#########	$64.39	110554

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description			
Galligan, Ashley	G23-512	27hr@20.Art Club 9/6-9/19/23	#########	$540.00	110554
Galligan, Ashley	G23-521	4hrs@20. Planning program	#########	$80.00	110562
Total for G/L Account		**073104.01.000.00**	**$1,257.81**		
		Total for all Vouchers	**$1,257.81**		
Total for Vendor:		**Galligan, Ashley**	**$1,257.81**		

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

GreatAmerica Fin-Gen	G23-538	lease payment on Town Copier	#########	$138.99
Total for G/L Account		**016704.01.000.00**	**$138.99**	
		Total for all Vouchers	**$138.99**	
Total for Vendor:		**GreatAmerica Fin-Gen**	**$138.99**	

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

Main Heating, LLC-Gen	G23-539	Annual Service full	#########	$469.00
Main Heating, LLC-Gen	G23-539	9-5 nozzle	#########	$39.00
Main Heating, LLC-Gen	G23-539	oil plunger	#########	$12.00
Total for G/L Account		**051324.01.000.00**	**$520.00**	
		Total for all Vouchers	**$520.00**	
Total for Vendor:		**Main Heating, LLC-Gen**	**$520.00**	

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

Nationalgrid - Gen	G23-540	10/23 Twin Bridges #39480-4400	#########	$22.86
Nationalgrid - Gen	G23-542	1/2 10/23 Hydro garage #06581-5	#########	$9.50
Total for G/L Account		**016204.01.000.00**	**$32.36**	

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

Nationalgrid - Gen	G23-543	10/23 Hwy Barn #04849-42109	#########	$470.39
Total for G/L Account		**051324.01.000.00**	**$470.39**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

G/L Number: 051824.01.000.00 **Street Lighting CE GEN FD**

Nationalgrid - Gen	G23-516	10/23 Street Lighting #96552-921	########	$1,355.31	110557
Total for G/L Account		**051824.01.000.00**	**$1,355.31**		

G/L Number: 071404.01.000.00 **Playgrounds/Recreation CE GEN FD**

Nationalgrid - Gen	G23-541	10/23 Scouten field #98284-0900	########	$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	G23-544	10/23 Dutch Hill Ballfield #69249	########	$85.72	
Total for G/L Account		**071804.01.000.00**	**$85.72**		

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

Nationalgrid - Gen	G23-545	10/23 Woodgate Bldg #46049-41	########	$20.20	
Total for G/L Account		**073104.01.000.00**	**$20.20**		

Total for all Vouchers **$1,986.84**

Total for Vendor: Nationalgrid - Gen **$1,986.84**

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

New Hartford Safe - Gen	G23-546	10@6.5 Best "E" keys	########	$65.00	
Total for G/L Account		**016204.01.000.00**	**$65.00**		

Total for all Vouchers **$65.00**

Total for Vendor: New Hartford Safe - Gen **$65.00**

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

Oneida County-Finance	G23-517	correction on property TAX#333.	########	($15.63)	110558
Oneida County-Finance	G23-517	2023/24 Annual NYS RPS V4 lic	########	$1,300.00	110558
Oneida County-Finance	G23-517	trturned taxes collectors fee	########	($614.00)	110558
Total for G/L Account		**013554.01.000.00**	**$670.37**		

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

		Total for all Vouchers		**$670.37**
Total for Vendor: Oneida County-Finance				**$670.37**
G/L Number: 013102.01.000.00		**Bookkeeper EQ GEN FD**		
Quill - General	G23-547	shipping cost	########	$12.75
Quill - General	G23-547	task mesh chair	########	$92.99
Total for G/L Account		**013102.01.000.00**		**$105.74**
G/L Number: 013104.01.000.00		**Bookkeeper C/E GEN FD**		
Quill - General	G23-548	Brother toner TN760 black	########	$84.86
Total for G/L Account		**013104.01.000.00**		**$84.86**
G/L Number: 016604.01.000.00		**Central Office Supplies GEN FD**		
Quill - General	G23-548	AA Batteries 24pk	########	$25.06
Quill - General	G23-548	easytouch black pens doz	########	$14.07
Quill - General	G23-548	paper clips reg 10bxes	########	$11.37
Total for G/L Account		**016604.01.000.00**		**$50.50**
G/L Number: 086644.01.000.00		**Codes Enforcement CE GEN FD**		
Quill - General	G23-549	2ea@30.99 End Tap manilla folde	########	$61.98
Total for G/L Account		**086644.01.000.00**		**$61.98**
		Total for all Vouchers		**$303.08**
Total for Vendor: Quill - General				**$303.08**
G/L Number: 016204.01.000.00		**Buildings CE GEN FD**		
Rauscher Bros. - Gen	G23-550	9/23 dumpster pickup-Town Offic	########	$115.00
Total for G/L Account		**016204.01.000.00**		**$115.00**
G/L Number: 051324.01.000.00		**Hwy Garage Bldg CE GEN FD**		
Rauscher Bros. - Gen	G23-550	9/23 dumpster pickup-Hwy Barn	########	$115.00
Total for G/L Account		**051324.01.000.00**		**$115.00**

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

G/L Number: 071804.01.000.00 **Special Recreation Facilities CE GEN FD**

Rauscher Bros. - Gen	G23-550	9/23 dumpster pickup-Dutch Hill	########	$70.00	
Total for G/L Account		**071804.01.000.00**	**$70.00**		
		Total for all Vouchers	**$300.00**		

Total for Vendor: Rauscher Bros. - Gen **$300.00**

G/L Number: 090608.01.000.00 **Medical Insuance (Town Share) GEN FD**

Ritter, Mark - Gen	G23-551	10/23 Medicare Reimbursement	########	$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: 090608.01.000.00 **Medical Insuance (Town Share) GEN FD**

Rubyor, MaryAnn L.	G23-552	10/23 Medicare Reimbursement	########	$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**

Spectrum-Gen	G23-518	Internet service Town Hall 9/24-1	########	$187.97	110559
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	G23-519	8/23 Fines & Fees-State Controlle	########	$2,045.00	110560

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

	Total for G/L Account	**002610.01.000.00**	**$2,045.00**	
		Total for all Vouchers	**$2,045.00**	
	Total for Vendor:	**State Controller-Justice**	**$2,045.00**	

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

Swartout Construction Co - Ge	G23-553	Porta pot - 9/1-9/30/23 Otter Lake	#########	$140.00
Swartout Construction Co - Ge	G23-553	Porta pot - 9/1-9/30/23 Woodhull	#########	$140.00
	Total for G/L Account	**085104.01.000.00**	**$280.00**	
		Total for all Vouchers	**$280.00**	
	Total for Vendor:	**Swartout Construction Co - Gen**	**$280.00**	

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

Terry, Tracy-Gen	G23-554	mileage 98@.56 9/14-10/5/23 to	#########	$54.88
	Total for G/L Account	**014104.01.000.00**	**$54.88**	
		Total for all Vouchers	**$54.88**	
	Total for Vendor:	**Terry, Tracy-Gen**	**$54.88**	

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

Total Solutions-Gen	G23-555	11/1-11/30/23 5@6. microsoft 36	#########	$30.00
Total Solutions-Gen	G23-555	11/1-11/30/23 8@12.50 microsoft	#########	$100.00
Total Solutions-Gen	G23-555	11/1-11/30/23 Tech support	#########	$950.00
Total Solutions-Gen	G23-555	11/1-11/30/23 microsoft 365 apps	#########	$8.25
	Total for G/L Account	**016804.01.000.00**	**$1,088.25**	
		Total for all Vouchers	**$1,088.25**	
	Total for Vendor:	**Total Solutions-Gen**	**$1,088.25**	

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

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description			
Verizon-Gen	G23-520	Jackpack bill #315-271-7502	#########	$10.33	110561
Verizon-Gen	G23-520	Acct Monthly charge	#########	$7.83	110561
	Total for G/L Account	**016204.01.000.00**	**$18.16**		

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

Verizon-Gen	G23-520	Bldg & Grds cell bill #315-335-74	#########	$26.67	110561
Verizon-Gen	G23-520	Acct Monthly charge	#########	$7.83	110561
	Total for G/L Account	**016504.01.000.00**	**$34.50**		

G/L Number: 050104.01.000.00 **Highway Administration CE GEN FD**

Verizon-Gen	G23-520	Hwy Super cell bill #315-335-760	#########	$24.45	110561
Verizon-Gen	G23-520	Acct Monthly charge	#########	$7.84	110561
	Total for G/L Account	**050104.01.000.00**	**$32.29**		

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

Verizon-Gen	G23-520	Codes cell bill #315-795-0358	#########	$24.45	110561
Verizon-Gen	G23-520	Acct Monthly charge	#########	$7.84	110561
	Total for G/L Account	**086644.01.000.00**	**$32.29**		

Total for all Vouchers **$117.24**

Total for Vendor: Verizon-Gen **$117.24**

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

Grand Total of all Vouchers $21,191.79

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official	Date
Authorized Official	Authorized Official
Authorized Official	Authorized Official
Authorized Official	Authorized Official

Highway

Town Of Forestport
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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

G/L Number: 051324.03.000.00 **Hwy Garage Bldg CE HWY FD**

ARAMARK-Hwy	H23-321	10/4/23 Hwy Super uniforms	#########	$46.76	
ARAMARK-Hwy	H23-320	9/27/23 Hwy Super Uniforms	#########	$46.76	
ARAMARK-Hwy	H23-313	9/20/23 Hwy Super Uniforms	#########	$46.76	255024
ARAMARK-Hwy	H23-312	9/13/23 Hwy Super Uniforms	#########	$46.76	255024
ARAMARK-Hwy	H23-311	8/30/23 Hwy Super Uniforms	#########	$46.76	255024
ARAMARK-Hwy	H23-351	10/11/23 Hwy Super uniforms	#########	$46.76	
	Total for G/L Account	**051324.03.000.00**		**$280.56**	
		Total for all Vouchers		**$280.56**	

Total for Vendor: ARAMARK-Hwy **$280.56**

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

AT Central New York, LLC-H	H23-352	all trks-4@57.09 valve pressure pr	#########	$228.36	
AT Central New York, LLC-H	H23-322	all Trks-5@7.72 3/8 x 1/4 elbow	#########	$38.60	
AT Central New York, LLC-H	H23-322	all trks-6@7.42 3/8 x 1/4 conn	#########	$44.52	
AT Central New York, LLC-H	H23-322	Trk#1-connectr,connector,pmt me	#########	$10.89	
AT Central New York, LLC-H	H23-354	Trk#1-cap windsheild washer fill -	#########	$18.86	
AT Central New York, LLC-H	H23-353	Trk#1-freight charge	#########	$35.00	
AT Central New York, LLC-H	H23-353	Trk#1-2@69.65 manifold air 1/2N	#########	$139.30	
AT Central New York, LLC-H	H23-352	all trks-2@22.65 Elbow 90 deg M	#########	$45.30	
AT Central New York, LLC-H	H23-352	all trks-2@84.09 Harness clearanc	#########	$168.18	
AT Central New York, LLC-H	H23-352	all trks-2@19.54 connector MA22	#########	$39.08	
	Total for G/L Account	**051304.03.000.00**		**$768.09**	
		Total for all Vouchers		**$768.09**	

Total for Vendor: AT Central New York, LLC-Hwy **$768.09**

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

Boonville Napa Auto Parts - H	H23-328	all trks-12@12.99 2.5 Def	#########	$155.88
Boonville Napa Auto Parts - H	H23-324	cat loader-core deposit	9/7/2023	($54.00)

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description		
Boonville Napa Auto Parts - H	H23-324	cat loader-18mo wty bat	9/7/2023	$308.12
Boonville Napa Auto Parts - H	H23-323	all Trks-12@4.99 -20 windshield	9/5/2023	$59.88
Boonville Napa Auto Parts - H	H23-323	all Trks-2@6.23 Lamp	9/5/2023	$12.46
Boonville Napa Auto Parts - H	H23-323	all Trks-4@3.94 2 1 2 dia marker	9/5/2023	$15.76
Boonville Napa Auto Parts - H	H23-326	Core Deposit	########	($49.50)
Boonville Napa Auto Parts - H	H23-326	Reman Starter	########	$157.43
Boonville Napa Auto Parts - H	H23-326	Warranty	########	$49.50
Boonville Napa Auto Parts - H	H23-327	Trk#7-oil filter - 2020 GMC Picku	########	$9.32
Boonville Napa Auto Parts - H	H23-327	Trk#7-3@6.98 Syn 5W30- 2020	########	$20.94
Boonville Napa Auto Parts - H	H23-332	Trk#5-Wire - 2016 intl	########	$11.72
Boonville Napa Auto Parts - H	H23-329	cat loader-V-Belt	########	$27.23
Boonville Napa Auto Parts - H	H23-330	cat loader-V -belt	########	$27.23
Boonville Napa Auto Parts - H	H23-331	cat loader-V-belt	########	$27.23
Boonville Napa Auto Parts - H	H23-331	all trks-12@8.99 16 pb ds penetra	########	$107.88
Boonville Napa Auto Parts - H	H23-331	all trks-12@4.39 brake parts clean	########	$52.68
Boonville Napa Auto Parts - H	H23-326	Warranty	########	($157.43)
Boonville Napa Auto Parts - H	H23-331	all trks-cable tie	########	$11.55
Boonville Napa Auto Parts - H	H23-325	gradall-12@1.34 fuel line hose	########	$16.08
Boonville Napa Auto Parts - H	H23-332	trk#5-Liquid tape - 2016 intl	########	$10.99
Boonville Napa Auto Parts - H	H23-331	all trks-air tool lube 16oz	########	$7.10
Boonville Napa Auto Parts - H	H23-327	Trk#7-synthetic5W30 oil - 2020	########	$30.09
Boonville Napa Auto Parts - H	H23-324	cat loader-core deposit	9/7/2023	$54.00
	Total for G/L Account	**051304.03.000.00**	**$912.14**	

Total for all Vouchers **$912.14**

Total for Vendor: Boonville Napa Auto Parts - Hwy **$912.14**

G/L Number: 051204.03.000.00 **Bridges CE HWY FD**

C & R Hardware - Hwy	H23-334	20@5.99 concrete mix-Horton Rd	########	$119.80
	Total for G/L Account	**051204.03.000.00**	**$119.80**	

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

C & R Hardware - Hwy	H23-333	all trks-6@.90 air valve nuts	########	$5.40

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description			
C & R Hardware - Hwy	H23-335	Trk#1-misc nuts & bolts - 2015 in	#########	$3.68	
Total for G/L Account		**051304.03.000.00**	**$9.08**		
		Total for all Vouchers	**$128.88**		
Total for Vendor:		**C & R Hardware - Hwy**	**$128.88**		

G/L Number: 051424.03.000.00 **Snow Removal CE HWY FD**

Cargill, Inc. - Salt Div - Hwy	H23-315	76.84tn@.28 Fuel surcharge/item	#########	$21.52	255025
Cargill, Inc. - Salt Div - Hwy	H23-314	77.23tn@64.95 Deicer Salt	#########	$5,016.09	255025
Cargill, Inc. - Salt Div - Hwy	H23-315	76.84tn@64.95 deicer salt	#########	$4,990.76	255025
Cargill, Inc. - Salt Div - Hwy	H23-316	38.41tn@64.95 Deicer salt	#########	$2,494.73	255025
Cargill, Inc. - Salt Div - Hwy	H23-316	38.41tn@.28 Feul surcharge/item	#########	$10.75	255025
Cargill, Inc. - Salt Div - Hwy	H23-317	76.97tn@64.95 Deicer salt	#########	$4,999.20	255025
Cargill, Inc. - Salt Div - Hwy	H23-317	76.97tn@.28 Fuel surcharge/item	#########	$21.56	255025
Cargill, Inc. - Salt Div - Hwy	H23-314	77.23tn@.28 Fuel Surcharge/Item	#########	$21.62	255025
Total for G/L Account		**051424.03.000.00**	**$17,576.23**		
		Total for all Vouchers	**$17,576.23**		
Total for Vendor:		**Cargill, Inc. - Salt Div - Hwy**	**$17,576.23**		

G/L Number: 051324.03.000.00 **Hwy Garage Bldg CE HWY FD**

Cintas Corp-Hwy	H23-355	Hard Surface Disinfec svc	#########	$8.45	
Total for G/L Account		**051324.03.000.00**	**$8.45**		
		Total for all Vouchers	**$8.45**		
Total for Vendor:		**Cintas Corp-Hwy**	**$8.45**		

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

Cook Brother Truck Parts-Hwy	H23-356	Trk#1-2@57.94 Bearing set - 201	#########	$115.88
Cook Brother Truck Parts-Hwy	H23-336	all trks-valve spring brake	#########	$310.40
Cook Brother Truck Parts-Hwy	H23-337	all trks-2@78.12 safety vlv a/m	#########	$156.24

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description		
Cook Brother Truck Parts-Hwy	H23-356	Trk#1-inversion valve	########	$126.66
Total for G/L Account		**051304.03.000.00**	**$709.18**	
		Total for all Vouchers	**$709.18**	
Total for Vendor:		**Cook Brother Truck Parts-Hwy**	**$709.18**	

G/L Number: 090608.03.000.00 Medical Insuance (Town Share) HWY FD

Excellus - Hwy	H23-338	11/23 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	H23-339	17.28tn@108.85 Duro Patch	########	$1,880.93
Total for G/L Account		**051104.03.000.00**	**$1,880.93**	
		Total for all Vouchers	**$1,880.93**	
Total for Vendor:		**Gorman Brothers-Hwy**	**$1,880.93**	

G/L Number: 051304.03.000.00 Machinery CE HWY FD

Halpin's Fuel Service, Inc.-Hw	H23-340	609.3gals@2.999 gasoline 87%	########	$1,827.29
Halpin's Fuel Service, Inc.-Hw	H23-341	769gal@3.799 on-rd diesel	########	$2,921.43
Total for G/L Account		**051304.03.000.00**	**$4,748.72**	
		Total for all Vouchers	**$4,748.72**	
Total for Vendor:		**Halpin's Fuel Service, Inc.-Hwy**	**$4,748.72**	

G/L Number: 051304.03.000.00 Machinery CE HWY FD

Haun Welding Supply - Hwy	H23-342	30days@.40 1cyl 0075 Acetylene	########	$12.00
Haun Welding Supply - Hwy	H23-342	30days@.40 1cyl 0110 2.5%co2,	########	$12.00

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		Description		
Haun Welding Supply - Hwy	H23-342	30days@.40 1cyl 0220 25%co2 in	#########	$12.00
Haun Welding Supply - Hwy	H23-342	credit-60days@.40 2 prepaid lease	#########	($24.00)
Haun Welding Supply - Hwy	H23-342	9ea@.40 cyl maint & Requalificat	#########	$3.60
Haun Welding Supply - Hwy	H23-342	150days@.25 5cyl beyond 365	#########	$37.50
Haun Welding Supply - Hwy	H23-342	90days@.40 3cyl 0220 Oxygen	#########	$36.00
Haun Welding Supply - Hwy	H23-342	30days@.40 1cyl 0080 Oxygen	#########	$12.00
Haun Welding Supply - Hwy	H23-342	30days@.40 1cyl 0390 Acetylene	#########	$12.00
Haun Welding Supply - Hwy	H23-342	30days@.40 1cyl 0300 Acetylene	#########	$12.00
Haun Welding Supply - Hwy	H23-342	60days@.40 2cyl 0140 Acetylene	#########	$24.00
Haun Welding Supply - Hwy	H23-342		#########	$0.00

Total for G/L Account 051304.03.000.00 $149.10

Total for all Vouchers $149.10

Total for Vendor: Haun Welding Supply - Hwy $149.10

G/L Number: 051304.03.000.00 Machinery CE HWY FD

Lawson Products, Inc. - Hwy	H23-358	all trks-50@1.3912 3/4 thru-hard s	#########	$69.56
Lawson Products, Inc. - Hwy	H23-358	all trks-50@1.0636 5/8 thru-hard s	#########	$53.18
Lawson Products, Inc. - Hwy	H23-358	all trks-25@1.2512 3/4-10 hex nut	#########	$31.28
Lawson Products, Inc. - Hwy	H23-358	all trks-shipping & handling cost	#########	$18.64
Lawson Products, Inc. - Hwy	H23-358	all trks-50@.9076 5/8 steel flat wa	#########	$45.38

Total for G/L Account 051304.03.000.00 $218.04

Total for all Vouchers $218.04

Total for Vendor: Lawson Products, Inc. - Hwy $218.04

G/L Number: 051104.03.000.00 General Repairs CE HWY FD

Lazarus, Megan-Hwy	H23-343	Beaver catch	#########	$75.00

Total for G/L Account 051104.03.000.00 $75.00

Total for all Vouchers $75.00

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

Total for Vendor: Lazarus, Megan-Hwy **$75.00**

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

Light's Auto Parts - Hwy	H23-345	Trk#7-2@15.72 22in trico ice bla	########	$31.44
Light's Auto Parts - Hwy	H23-344	Trk#5-oil filter - 2016 intl	########	$63.98
Light's Auto Parts - Hwy	H23-344	Trk#1-oil filter - 2015 intl	########	$63.98
Light's Auto Parts - Hwy	H23-346	Trk#4-2@34.85 oil filter - 2011 in	########	$69.70
Light's Auto Parts - Hwy	H23-344	stock-2@63.98 oil filter	########	$127.96
Total for G/L Account		**051304.03.000.00**	**$357.06**	

Total for all Vouchers **$357.06**

Total for Vendor: Light's Auto Parts - Hwy **$357.06**

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

Matt Nimey Buick GMC - Hw	H23-347	Trk#10-Starter - 2015dump	########	$206.59
Matt Nimey Buick GMC - Hw	H23-348	Trk#10 parts-replace knock sensor	########	$42.08
Matt Nimey Buick GMC - Hw	H23-348	Trk#10 Labor-replace knock sens	########	$140.00
Matt Nimey Buick GMC - Hw	H23-347	Trk#10-Haeness - 2015dump	########	$121.70
Total for G/L Account		**051304.03.000.00**	**$510.37**	

Total for all Vouchers **$510.37**

Total for Vendor: Matt Nimey Buick GMC - Hwy **$510.37**

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

Milton Cat - Hwy	H23-349	credit-from 1/4/22 Lockbox 0002	########	($191.53)
Milton Cat - Hwy	H23-349	cat loader-freight charge	########	$18.50
Milton Cat - Hwy	H23-349	Cat Loader-pedal as	########	$448.35
Total for G/L Account		**051304.03.000.00**	**$275.32**	

Total for all Vouchers **$275.32**

Total for Vendor: Milton Cat - Hwy **$275.32**

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

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

Mohawk LTD-Hwy	H23-359	Freight charge	#########	$25.00	
Mohawk LTD-Hwy	H23-359	55gal drum hydraulic oil	#########	$688.63	
Mohawk LTD-Hwy	H23-359	2@1050.92 15W40 oil drum 55ga	#########	$2,101.84	
Total for G/L Account		**051304.03.000.00**	**$2,815.47**		
		Total for all Vouchers	**$2,815.47**		
Total for Vendor:		**Mohawk LTD-Hwy**	**$2,815.47**		

G/L Number: 051104.03.000.00 **General Repairs CE HWY FD**

Northern Saftety - Hwy	H23-360	detour corded foam plg NRR 32 1	#########	$23.49	
Northern Saftety - Hwy	H23-360	Shipping charge	#########	$9.95	
Total for G/L Account		**051104.03.000.00**	**$33.44**		

G/L Number: 051424.03.000.00 **Snow Removal CE HWY FD**

Northern Saftety - Hwy	H23-361	shipping & handling	#########	$16.71	
Northern Saftety - Hwy	H23-361	12@8.79 fleece lined leather drive	#########	$105.48	
Total for G/L Account		**051424.03.000.00**	**$122.19**		
		Total for all Vouchers	**$155.63**		
Total for Vendor:		**Northern Saftety - Hwy**	**$155.63**		

G/L Number: 090608.03.000.00 **Medical Insuance (Town Share) HWY FD**

NYS Teamsters H & H - Hwy	H23-310	9/23 Hwy EE Health ins share	#########	$597.80	255023
NYS Teamsters H & H - Hwy	H23-310	9/23 Hwy ER Health ins share	#########	$4,594.48	255023
Total for G/L Account		**090608.03.000.00**	**$5,192.28**		
		Total for all Vouchers	**$5,192.28**		
Total for Vendor:		**NYS Teamsters H & H - Hwy**	**$5,192.28**		

G/L Number: 051424.03.000.00 **Snow Removal CE HWY FD**

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Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

		Description			
Steel Sales Inc.-Hwy	H23-350	24@205.20 snow plow blades	########	$4,924.80	
Steel Sales Inc.-Hwy	H23-350	100@.50 5/8 zinc plated stover lo	########	$50.00	
Steel Sales Inc.-Hwy	H23-350	100@1.30 5/8x2 1/2 carriage bolt	########	$130.00	
Total for G/L Account		**051424.03.000.00**	**$5,104.80**		
		Total for all Vouchers	**$5,104.80**		
Total for Vendor: Steel Sales Inc.-Hwy			**$5,104.80**		

G/L Number: 051324.03.000.00 **Hwy Garage Bldg CE HWY FD**

Verizon-Hwy	H23-318	Hwy Foreman cell bill#315-335-7	########	$30.45	255026
Verizon-Hwy	H23-318	Acct Monthly charge	########	$7.83	255026
Total for G/L Account		**051324.03.000.00**	**$38.28**		
		Total for all Vouchers	**$38.28**		
Total for Vendor: Verizon-Hwy			**$38.28**		

G/L Number: 051324.03.000.00 **Hwy Garage Bldg CE HWY FD**

Wilson, Adam	H23-319	reimb-4pr@69.50 Levis 505 Jeans	########	$278.00	255027
Total for G/L Account		**051324.03.000.00**	**$278.00**		
		Total for all Vouchers	**$278.00**		
Total for Vendor: Wilson, Adam			**$278.00**		

G/L Number: 051424.03.000.00 **Snow Removal CE HWY FD**

Woodgate Sand & Gravel-Hwy	H23-357	3760yrds@8.50 Road Sand	########	$31,960.00	
Total for G/L Account		**051424.03.000.00**	**$31,960.00**		
		Total for all Vouchers	**$31,960.00**		
Total for Vendor: Woodgate Sand & Gravel-Hwy			**$31,960.00**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 9/23/2023 thru 10/17/2023

Description

Grand Total of all Vouchers $74,792.53

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official	Date
Authorized Official	Authorized Official
Authorized Official	Authorized Official
Authorized Official	Authorized Official

MOR Page 1 | MOR Page 2 | Chlorine Running Annual Average

Water Systems Operation Report

MONTHLY SUBMISSION FORM

For Multiple Distribution System Chlorinated Disinfection Systems

Oneida County

Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.

185 Genesee St - 4th floor, Adirondack Bank Bldg, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net

Public Water System Name	[redacted]	**Reporting Month / Year**	**September-23**
PWS Federal ID Number	[redacted]	**Town / City / Village**	[redacted]
Population Served	[redacted]	**Service Connections**	[redacted]
Number of Sources / EPs Used	[redacted]		
Source Water Type	[redacted]	**Treatment Used**	[redacted]

[redacted]	Source(s) in Use (= X)		Treated Water Volume (gallons per day)	Liquid Sodium Hypochlorite Used (Quarts added)		Free Chlorine Residual (mg/l)		Other Measurements	
	[redacted]	[redacted]				[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	X		36300	0	[redacted]	1.37	0.6	[redacted]	[redacted]
[redacted]	X		27900	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		2500	0	[redacted]	1.02	0.58	[redacted]	[redacted]
[redacted]	X		66200	0	[redacted]			[redacted]	[redacted]
[redacted]	X		1800	0	[redacted]	0.97	0.98	[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		5400	0	[redacted]	0.96	0.72	[redacted]	[redacted]
[redacted]	X		61800	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		100	0	[redacted]	0.3	0.65	[redacted]	[redacted]
[redacted]	X		52800	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]	0.93	0.9	[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]	0.33	0.85	[redacted]	[redacted]
[redacted]	X		87900	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]	0.95	0.8	[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		10100	0	[redacted]	0.23	0.85	[redacted]	[redacted]
[redacted]	X		53700	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]	0.29	0.78	[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		3500	0	[redacted]			[redacted]	[redacted]
[redacted]	X		64800	0	[redacted]	1.06	0.65	[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X		0	0	[redacted]	1.67	1.05	[redacted]	[redacted]
[redacted]	X		57700	0	[redacted]			[redacted]	[redacted]
[redacted]	X		670	0	[redacted]	1.76	0.9	[redacted]	[redacted]
[redacted]	X		0	0	[redacted]			[redacted]	[redacted]
[redacted]	X				[redacted]			[redacted]	[redacted]
[redacted]			533170.00	0.00		11.84	10.31		
[redacted]			17772.33	0.00		0.91	0.79		

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qc)	Quarts of water used for mix (Qw)	Commercial Strength (%) of hypochlorite solution (Cs)	Strength of solution = (Cs/100)*((Qc)/(Qc+Qw))
2	*4*	*12.5*	**0.04**

Did an emergency occur in any part of the water system? (If yes, explain)	**No**

Reported by	[redacted]	**Title**	[redacted]
Signature	*Ted Daktor*	**Date**	*10/5/23*
If NYS Certified Operator – Grade Level	[redacted]	**NYS Water Operator #**	[redacted]
Expiration Date	[redacted]		

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

MONTHLY SUBMISSION FORM

Oneida County

For Multiple Distribution System Chlorinated Disinfection Systems

Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.

185 Genesee St - 4th floor, Adirondack Bank Bldg, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net

Public Water System Name	FORESTPORT WATER DISTRICT	Reporting Month / Year	January-15
PWS Federal ID Number	[illegible]	Town / City / Village	[illegible]

Population Served	[illegible]	Service Connections	[illegible]	Number of Sources / EPs Used	[illegible]
Source Water Type	[illegible]	Treatment Used	[illegible]		

Date	Source(s) in Use (= X)		Treated Water Volume (gallons per day)	Liquid Sodium Hypochlorite Used (Quarts)		Free Chlorine Residual (mg/l)		Other Measurements	
	[illegible]	[illegible]				AT ENTRY POINT	DISTRIBUTION (at sample locations)		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

MOR Page 1 | MOR Page 2 | Chlorine Running Annual Average

Water Systems Operation Report

Microbiological Samples and Free Chlorine Residual + Other Samples

MONTHLY SUBMISSION FORM

Oneida County

Public Water System Name	FORESTPORT WATER DISTRICT	Reporting Month / Year	July-23
PWS Federal ID Number	NY3202389	Population Served	[illegible]

Number of ROUTINE Coliform Samples Required	[illegible]	PER MONTH	Number of REPEATColiform Samples Required	
Number of ROUTINE Coliform Samples Collected	1		Number of REPEAT Coliform Samples Collected	

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

Sample Location (address, site #, etc...) per Approved Coliform Sample Plan	Date of Sample	Sample Type		Total Coliform Positive	E.coli Positive	Free Chlorine Residual
		1 - Routine	2 - Repeat			
Campbell's Diner, 10208 State Rte 28	09/07/23	1		No	No	0.73

Sample Collector: [illegible]

NYSDOH Certified Laboratory used: [illegible]

Did a M&R violation occur during this monitoring period?	No	*If "Yes," check reason(s) below:*

	Actual number of routine samples is fewer than required.
	Did not collect / analyze required number of repeat samples.
	Did not collect / analyze for E. coli for positive Total Coliform from routine / repeat sample.

Did a MCL violation occur during this monitoring period?	No	*If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information):*

	For systems collecting less than 40 samples per month : two or more of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).
	For systems collecting 40 or more samples per month : more than 5% of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).
	The original sample was E.coli positive and at least 1 repeat sample was positive for Total Coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a Total Coliform Positive sample collection.

OTHER SAMPLES - Sample Location (address, site #, etc...) per Approved Sample Plan	Date of Sample	Sample Type (e.g. Lead / Copper, Inorganics, Nitrate)	Number of Samples Collected	Are All Results < MCL / AL? (If not indicate)

Sample Collector: [illegible]

NYSDOH Certified Laboratory used: [illegible]

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

Comments:

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.
800 Park Avenue, Utica, NY 13501 - Fax: 315-798-6486 - email: sclive@ocgov.net

MOR Page 1 **MOR Page 2** **Chlorine Running Annual Average**

Free Chlorine Residual RAA Report

(To be used in conjunction with quarterly report)

Quarterly Report for the Running Annual Average (RAA)
for Free Chlorine Residual as Reported on Bacteriological Samples Results

System / Treatment Plant: **Forestport Water District**

PWS ID#: **NY3202389**

Number of Samples Required: **1 per month**

Prepared by: **[illegible] - Water Clerk**

(mg/l) Month	Chlorine Avg / month	Quarterly Avg	RAA for last 4 quarters
July-21	0.36		
August-21	0.17		
September-21	0.74	0.42	
October-21	0.34		
November-21	0.32		
December-21	0.24	0.30	0.55
January-22	0.24		
February-22	0.27		
March-22	0.31	0.27	0.59
April-22	0.19		
May-22	0.25		
June-22	0.28	0.24	0.31
July-22	0.11		
August-22	0.12		
September-22	0.26	0.16	0.24
October-22	0.19		
November-22	0.17		
December-22	0.55	0.30	0.24
January-23	0.27		
February-23	0.26		
March-23	0.29	0.27	0.24
April-23	0.21		
May-23	0.26		
June-23	0.43	0.30	0.26
July-23	0.37		
September-23	0.46	0.27	0.29
		0.00	0.21
		0.00	0.14
		0.00	0.07
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00

ENTER EACH CHLORINE RESIDUAL
vvvvvvvvvvv

0.91
0

0.455 <<<<<---- Enter Average in Table

MOR Page 1 | MOR Page 2 | Chlorine Running Annual Average

Water Systems Operation Report

MONTHLY SUBMISSION FORM

For Single Distribution System - Systems with Chlorine and other treatment (e.g. UV, Filtration)

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 Street, 4th Floor, Utica, NY 13501 - Fax: 315-798-6486 - email: ochdwater@ocgov.net

Public Water System Name	Town of Forestport Buckhorn Water	Reporting Month / Year	September-23
PWS Federal ID Number	NY3221818	Town / City / Village	FORESTPORT (T)

Population Served	87 (s) / 30 (w)	Service Connections	47(s) / 15 (w)	Number of Sources / EPs Used	1
Source Identification:	Drilled Well #1				
Source Water Type	Groundwater Well				
Treatment Used	Chlorination				

Date	Source(s) in Use	Treated Water Volume (Gallons per day)	Chlorination			Other Treatment Information				
				Free Chlorine Residual (mg/l)						
			Liquid Hypochlorite added to Crock (Quarts)	At ENTRY POINT - Required Daily***	In DISTRIBUTION (at sample locations - when done)			Turbidity (NTU) (if checked)		
1	Well		0.5	0.42	0.4					
2	Well			0.46	0.39					
3	Well			0.42	0.41					
4	Well			0.25	0.47					
5	Well			0.3	0.4					
6	Well			0.25	0.38					
7	Well			0.31	0.36					
8	Well		0.5	0.28	0.34					
9	Well			0.32	0.39					
10	Well			0.32	0.3					
11	Well			0.3	0.33					
12	Well			0.28	0.32					
13	Well			0.25	0.3					
14	Well			0.32	0.29					
15	Well		0.5	0.33	0.07					
16	Well			0.34	0.17					
17	Well			0.3	0.45					
18	Well			0.45	1.5					
19	Well			0.32	0.54					
20	Well			0.25	0.24					
21	Well			0.23	0.25					
22	Well		0.5	0.43	0.25					
23	Well			0.26	0.53					
24	Well			0.37	0.53					
25	Well			0.36	0.5					
26	Well			0.37	0.43					
27	Well			0.32	0.42					
28	Well			0.36	0.44					
29	Well		0.5	0.39	0.41					
30	Well			0.28	0.49					
31	Well									
Total		0.00	0.00	0.28	0.49			0.00		
Avg.				0.28	0.49					

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qc)	Quarts of water used for mix (Qw)	Commercial Strength (%) of hypochlorite solution (Cs)	Strength of solution = (Cs/100)*((Qc)/(Qc+Qw))
0.5	4	12.5	0.014

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

Reported by	Ted Daktor	Title	Operator
Signature	Ted Daktor	Date	10/5/23
If NYS Certified Operator – Grade Level	C	NYS Water Operator #	NY 0040067

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 Street, 4th Floor, Utica, NY 13501 - Fax: 315-798-6486 - email: OCHDWater@ocgov.net

MOR Page 1 | MOR Page 2 | Chlorine Running Annual Average

Water Systems Operation Report

MONTHLY SUBMISSION FORM

Microbiological Samples and Free Chlorine Residual + Other Samples

Oneida County

Public Water System Name	Town of Forestport Buckhorn Water	Reporting Month / Year	May-23
PWS Federal ID Number	NY3221818	Population Served	87 (s) / 30 (w)

Number of ROUTINE Coliform Samples Required	1	per quarter	Number of REPEAT Coliform Samples Required	
Number of ROUTINE Coliform Samples Collected			Number of REPEAT Coliform Samples Collected	

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

Sample Location (address, site #, etc...) per Approved Coliform Sample Plan	Date of Sample	Sample Type 1 - Routine	Sample Type 2 - Repeat	Total Coliform Positive (Yes /No)	E.coli Positive (Yes / No)	Free Chlorine Residual
Buckhorn Pump Station	8/3/23	1		No	No	0.33

Sample Collector: Ted Daktor

NYSDOH Certified Laboratory used: Life Science Lab

Did a M&R violation occur during this monitoring period? **No** *If "Yes," check reason(s) below:*

- Actual number of routine samples is fewer than required.
- Did not collect / analyze required number of repeat samples.
- Did not collect / analyze for E. coli for positive Total Coliform from routine / repeat sample.

Did a MCL violation occur during this monitoring period? **No** *If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information):*

- For systems collecting 40 or more samples per month : more than 5% of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).
- The original sample was E.coli positive and at least 1 repeat sample was positive for Total Coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a Total Coliform Positive sample collection.

OTHER SAMPLES - Sample Location (address, site #, etc...) per Approved Sample Plan	Date of Sample	Sample Type (e.g. Lead / Copper, Inorganics, Nitrate)	Number of Samples Collected	Are All Results < MCL / AL? (If not indicate)

Sample Collector:

NYSDOH Certified Laboratory used:

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

Comments:

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Instructions: Complete form and submit to the Oneida County Health Department within 10 days of the close of the reporting period.
185 Genesee Street, 4th Floor, Utica, NY 13501 - Fax: 315-798-6486 - email: OCHDWater@ocgov.net

MOR Page 1 MOR Page 2 **Chlorine Running Annual Average**

Free Chlorine Residual RAA Report

(To be used in conjunction with quarterly report)

Quarterly Report for the Running Annual Average (RAA)
for Free Chlorine Residual as Reported on Monthly Bacteriological Sample Results

System / Treatment Plant: **Town of Forestport Buckhorn Water**

PWS ID#: **NY3221818**

Number of Samples Required: **1 Routine / Quarter**

Prepared by: **Ted Daktor, Operator**

(mg/l) Month	Chlorine Avg / month	Quarterly Avg	RAA for last 4 quarters
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		0.33	
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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: FORESTPORT (T)
ADDRESS: PO BOX 137
FORESTPORT, NY 13338
FACILITY: FORESTPORT (T) WWTP
LOCATION: RIVER STREET
FORESTPORT, NY 13338

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
9/1/2023	9/30/2023

OMB No. 2040-0004

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	21.0				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	20.5				
00010 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0.1	0.1		******	<4	<4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	6 30DA AVG	9 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	******	230				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. 7 DA AVG	mg/L.		Monthly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.33	******	6.80				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.87	******	7.80				
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Five per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.1	0.1		******	<4	<4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	6 30DA AVG	9 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE
AREA Code	NUMBER	MM/DD/YYYY

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: FORESTPORT (T)
ADDRESS: PO BOX 137
FORESTPORT, NY 13338
FACILITY: FORESTPORT (T) WWTP
LOCATION: RIVER STREET
FORESTPORT, NY 13338

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2023	9/30/2023

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	170				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	******	<0.1				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.3 DAILY MX	mL/L		Five per Week	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	******	46.0				
00545 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	mL/L		Five per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.005	******		******	******	******	******			
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	.024 MO AVG	******	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98%	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98%	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

BWCP - 6 (8/2007) Version 1.2

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

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

SPDES PERMIT NO.: NY-SPDES# 0236756 | FACILITY NAME | FACILITY OWNER | FACILITY LOCATION

Day	Date	Daily Precip in/day	VOLUME OF WASTEWATER TREATED Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	TEMPERATURE (C°/F°) Influent (2)	Effluent (2)	pH (S.U.) Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	SETTLEABLE SOLIDS (ml/l) Influent Maximum	Effluent Maximum	B.O.D.5 (mg/l) Influent Type	Effluent Type	SUSPENDED SOLIDS (mg/l) Influent Type	Effluent Type
F	1	0	6:36A	5093		17.8	18.8		7.09	6.44		28.0	<0.1				
S	2																
S	3																
M	4	0	7:40A	16164		18.7	19.3		7.66	6.58		36.0	<0.1				
T	5	0	5:34A	5099		19.6	19.8		6.88	6.50		22.0	<0.1				
W	6	0	7:43A	6208		19.5	20.3		7.41	6.72		34.0	<0.1				
T	7	0	5:35A	3912		19.8	20.7		7.24	6.37		28.0	<0.1	230	<4	170	<4
F	8	12mm	7:14A	5863		20.5	21.0		7.52	6.68		22.0	<0.1				
S	9																
S	10																
M	11	10mm	6:00A	14681		18.7	20.3		7.63	6.50		44.0	<0.1				
T	12	0	5:42A	4661		18.8	20.2		7.69	6.53		28.0	<0.1				
W	13	6mm	6:35A	5510		19.0	20.1		7.55	6.64		36.0	<0.1				
T	14	0	6:06A	4543		18.5	19.7		7.14	6.57		18.0	<0.1				
F	15	0	6:00A	3956		18.0	19.4		6.98	6.46		34.0	<0.1				
S	16																
S	17																
M	18	8mm	5:17A	14973		17.5	18.0		7.22	6.43		26.0	<0.1				
T	19	0	7:16A	4519		17.4	18.1		7.38	6.80		46.0	<0.1				
W	20	0	5:12A	7322		17.7	17.6		6.98	6.47		34.0	<0.1				
T	21	0	6:54A	7440		17.2	16.9		7.42	6.41		22.0	<0.1				
F	22	0	8:45A	4842		17.1	16.8		7.80	6.39		42.0	<0.1				
S	23																
S	24																
M	25	4mm	7:25A	15119		17.3	16.9		7.18	6.35		30.0	<0.1				
T	26	0	5:02A	4447		17.6	17.1		7.03	6.43		38.0	<0.1				
W	27	0	5:52A	4771		16.6	16.8		7.10	6.39		22.0	<0.1				
T	28	0	7:11A	4221		16.6	16.6		6.90	6.34		46.0	<0.1				
F	29	0	6:55A	4161		17.1	16.7		6.87	6.33		18.0	<0.1				
S	30		5:16A	4462													
	31																

Total Precip	Monthly Average	Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum (Settleable Influent)	Monthly Maximum (Settleable Effluent)
40mm	.005	18.2	18.6	6.87	7.80	6.33	6.80	46.0	<0.1

	B.O.D.5 30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.	SUSPENDED SOLIDS 30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.
	230	<4	98%	170	<4	98%
30 Day Average Quantity Loading (1)	0.1 lbs/day			0.1 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.

(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 paramters. Make additional sheets if necessary.

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

FACILITY MAILING ADDRESS (Street, City, State, Zip Code)	TELEPHONE NUMBER	CHIEF OPERATOR'S NAME	CERTIFICATION GRADE
	( ) -		

Day	Date	TOTAL PHOSPHORUS(mg/l) Influent Type	TOTAL PHOSPHORUS(mg/l) Effluent Type	CHLORINE RESIDUAL Effluent mg/l Minimum	CHLORINE RESIDUAL Effluent mg/l Maximum	FECAL COLIFORM Effluent MF or MPN/100 ml	REMARKS Enter any other comments, observations, operating problems, equipment failure, etc.
	1						
	2						F R clean baskets
	3						S — 6:30A OK
	4						S — 5:51A OK
	5						M R clean baskets
	6						T R
	7						W R clean baskets
	8						T R Sewer Sample's
	9						F R clean baskets
	10						S — 6:07A OK
	11						S — 6:22A OK
	12						M R clean baskets
	13						T R
	14						W R clean baskets
	15						T R
	16						F R clean baskets
	17						S — 5:40A OK
	18						S — 5:12A OK
	19						M R clean baskets
	20						T R
	21						W R clean baskets
	22						T R
	23						F R clean basket
	24						S — 5:32A OK
	25						S — 9:50A OK
	26						M R clean baskets
	27						T R
	28						W R clean basket
	29						T R
	30						F R clean baskets
	31						S — ADD Gal's 5:16A OK

30 day arithmetic mean (1) Influent(mg/l)	30 day arithmetic mean (1) Effluent(mg/l)	Monthly Minimum (1)	Monthly Maximum (1)	30 day Geometric Mean (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				
		Sample Type:		Sample Type:		Sample Type:		Sample Type:		Recirculation Rate	Media Effluent Settleable Solids	Mixed Liquor S.S. (MLSS)	Settleable Sludge Volume (SSV) ml/l		Return Act. Sludge (RAS)	Waste Act. Sludge (WAS)
Day	Date	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	M.G.D.	ml/l	mg/l	5 Minutes	30 Minutes	M.G.D.	llbs/day
	1															
	2															
	3															
	4															
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	30															
	31															
30 day arithmetic mean (1)																
30 day Ave. Quantity Loading (1)		llbs/day		llbs/day		llbs/day		llbs/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.

Effect on Receiving Stream

NAME OF RECEIVING STREAM			
DATE	STATION	PARAMETER	RESULT

TRUCKED WASTE RECEIVED THIS MONTH

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

Name and amount of chemicals used in treatment process during month:		
a.	Chlorine	llbs.
b.		llbs.
c.		llbs.
d.		llbs.
e.		llbs.
f.		llbs.

Amount of electrical power consumed:		
a.	Commercial	kilowatt hours
b.	Stand-by	kilowatt hours

Amount of fuel consumed:		
a.	Natural Gas	cubic feet
b.	Oil	gallons
c.	Gasoline	gallons
d.	Coal	tons
e.	Digester Gas	cubic feet
f.	Propane	gallons

Sludge removal from plant:		
a.	Amount	cu.yds
b.	Solid Content	%
c.	Volatile Solids Content	%
d.	Disposal Site	

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

Labor Expended:

POSITION NAME	NUMBER FULL TIME	NUMBER PART TIME	TOTAL HOURS

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

Ted Dakto

Signature of Principal Executive Officer or Authorized Agent

10/2/2023

Date

Town Clerk Monthly Report Monthly Report
September 01, 2023 - September 30, 2023

Account#	Account Description	Fee Description	Qty	Local Share
	EZ-Pass on the Go Fee	E-ZPass On the Go	2	50.00
			Sub-Total:	**$50.00**
A1255	Clerk Fees	Certified - Death	12	120.00
		Certified Copies	2	20.00
		Genealogy Fees	1	22.00
	Marriage License	Marriage License	1	17.50
			Sub-Total:	**$179.50**
A2544	Dog Licensing	Female, Spayed	8	32.00
		Male, Neutered	4	16.00
		Rep Tags	5	15.00
			Sub-Total:	**$63.00**
			Total Local Shares Remitted:	**$292.50**

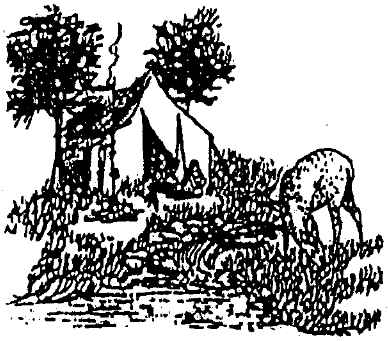
Amount paid to: New York Department of Health 22.50
Amount paid to: NYS Ag. & Markets for spay/neuter program 12.00

Total State, County & Local Revenues: $327.00   **Total Non-Local Revenues: $34.50**

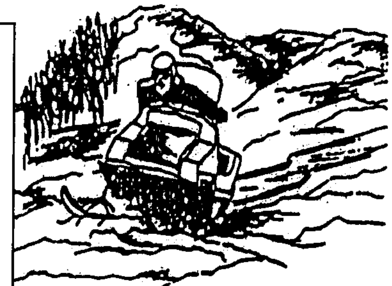
To the Supervisor:
Pursuant to Section 27, Sub 1, of the Town Law, I hereby certify that the foregoing is a full and true statement of all fees and monies received by me, Tracy M. Terry, Town Clerk, Town of Forestport during the period stated above, in connection with my office, excepting only such fees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

Supervisor 10/9/23 Date   Tracy M Terry Town Clerk 10/5/2023 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 – September 2023

Hours Worked

Justice Sege – 38   Clerk, S. Paschke – 29

Number of Cases Disposed Of

Vehicle & Traffic – 17 Parks & Rec. - 0 Penal Law - 1 Civil / Codes - 0 Small Claims - 1
ENCON -3 Public Health Law- 0 Navigation Law - 0

Month	Fine, Forfeitures & Civil	Civil Fees	Mandatory Surcharges	Monthly Total
September	$570.00	$210.00	$618.50	$1398.50

In the Month of September there were 2 cases disposed through the traffic diversion program. One Case was transferred to the Town of Boonville Court due to a conflict.

Signed,

Hon. Anthony W. Sege
Town Justice

TOWN OF FORESTPORT
PLANNING BOARD SUMMARY

September 13, 2023

MEMBERS:

Paul Rejman – Chairman
Adam Daktor – Co-Chairman
Allison Damiano-DeTraglia
Dave Ultsch
Tyler Terry
Sandy Pascucci, Secretary

- Call Meeting to order
- Pledge of Allegiance
- Approved August 9, 2023 Minutes (Daktor/Terry)

Old Business: None

New Business

- Alicia Clemente, 5054 Scamont, Tax ID 36-003-3-10: Boundary Line Adjustment
  Approved (Terry/Daktor), with the recommendation that owner attempt to resolve additional boundary issues with C. Winters.

- David Shearer/Melanie Watson, 9376 Pineapple La:
  Due to outstanding issues with Codes, the Board could not entertain any requests for another (4th) structure on the property. Several options were suggested for the owners to meet Codes conditions/requirements in order to move forward.

  The issue was removed from the Planning Board Agenda: (Damiano-DeTraglia/Ultsch)

- Board members were asked to submit suggestions for updates/edits to the Site Review Law

Adjourn Meeting: Adjourned at 7:45 pm (Damiano-DeTraglia/Ultsch)

Next meeting scheduled for October 11, 2023