TOWN OF FORESTPORT
REGULAR TOWN BOARD MEETING AGENDA
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 13338
November 15, 2023

CALL TO ORDER:

ABSTRACTS:

Water District #1: Abstract#11, Vouchers #140-#151 in the amount of $1,336.34
Buckhorn Water District #2: Abstract#11, Vouchers #42-#44 in the amount of $301.11
Sewer District #1: Abstract#11, Vouchers #77-#83 in the amount of $3,250.61
General: Abstract #11, Vouchers #556- #609 in the amount of $67,250.41
Highway: Abstract # 11, Vouchers #362- #403 in the amount of $33,321.78

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

- **October 18, 2023: Regular Town Board Meeting**
- **November 1, 2023: Preliminary Budget Meeting**

MONTHLY REPORTS:

Water District # 1 Report
Buckhorn Water Report
Sewer Report
Town Clerk Report
Justice Report
Supervisor Report

NOCCOG:

WATER:

- **Lucas- Trainee**

SEWER:

- **WWIP- extension for construction granted until 2025**
- **Lift Station pumps repaired**

OLD BUSINESS BOARD:

- **Comprehensive Plan- Website**
- **Nuisance Law**
- **Adoption of 2024 Budget**

NEW BOARD BUSINESS:

- **Purchase of AED for Town Hall**
- **Senior Christmas Party**
- **Review of Planning Board of Appeals Salary**
- **Bridge NY Resolution**

- **NYMIR Inspection recommendations:**
  - **Playground mulch**
  - **Prior written notice Law**
  - **Town Hall curb**
  - **Bleacher replacement**

<u>NEW BUSINESS (PUBLIC):</u>

<u>ADJOURNMENT:</u>

Water

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

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

Center State Propane- Water	W23-141	72.2gal@1.7466 Propane-pump st	########	$126.10
Center State Propane- Water	W23-142	1/2 103.8gal@1.7466 propane-Hy	########	$90.65
Total for G/L Account	**083204.08.000.00**		**$216.75**	
		Total for all Vouchers	**$216.75**	
Total for Vendor:	**Center State Propane- Water**		**$216.75**	

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

Daktor, Ted - Water	W23-143	mileage 10/29-10/31/23 45@.56 d	########	$25.20
Daktor, Ted - Water	W23-143	mileage 10/1-10/7/23 54@.56 reg	########	$30.24
Daktor, Ted - Water	W23-143	mileage 10/8-10/14/23 54@.56 re	########	$30.24
Daktor, Ted - Water	W23-143	mileage 10/15-10/21/23 66@.56 d	########	$36.96
Daktor, Ted - Water	W23-143	mileage 10/22-10/28/23 59@.56 d	########	$33.04
Total for G/L Account	**083204.08.000.00**		**$155.68**	
		Total for all Vouchers	**$155.68**	
Total for Vendor:	**Daktor, Ted - Water**		**$155.68**	

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

Frontier - Water	W23-149	11/23 Tank Level #315-392-2022	########	$1.78
Frontier - Water	W23-150	11/23 line between plants #315-19	########	$171.96
Total for G/L Account	**083204.08.000.00**		**$173.74**	
		Total for all Vouchers	**$173.74**	
Total for Vendor:	**Frontier - Water**		**$173.74**	

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

Life Science-Water	W23-144	inflationary surchrge 8%	########	$2.64
Life Science-Water	W23-144	Total Coliform test-Campbell's	########	$33.00

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Total for G/L Account		**083204.08.000.00**		**$35.64**	
		Total for all Vouchers		**$35.64**	
Total for Vendor: Life Science-Water				**$35.64**	

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

Nationalgrid - Water	W23-145	1/2 11/23 Htdro pneu #06581-570	########	$19.21	
Nationalgrid - Water	W23-146	11/23 Chlorination Bldg #02330-8	########	$480.43	
Nationalgrid - Water	W23-147	11/23 pump station Irish #69649-4	########	$126.66	
Nationalgrid - Water	W23-148	11/23 pumps station Lorriane #51	########	$44.04	
Total for G/L Account		**083204.08.000.00**		**$670.34**	
		Total for all Vouchers		**$670.34**	
Total for Vendor: Nationalgrid - Water				**$670.34**	

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

Verizon - Water	W23-140	Ipad-water piping & hydrant sys 3	########	$10.36	22693
Verizon - Water	W23-140	Acct monthly charge	########	$7.83	22693
Total for G/L Account		**083204.08.000.00**		**$18.19**	
		Total for all Vouchers		**$18.19**	
Total for Vendor: Verizon - Water				**$18.19**	

G/L Number: 083104.08.000.00 Administration CE WATER DIST

Water Billing - Petty Cash	W23-151	stamps roll of 100ct	########	$66.00	
Total for G/L Account		**083104.08.000.00**		**$66.00**	
		Total for all Vouchers		**$66.00**	
Total for Vendor: Water Billing - Petty Cash				**$66.00**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Grand Total of all Vouchers **$1,336.34**

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: 10/20/2023 thru 11/14/2023

Description

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

Daktor, Ted - Water	B23-43	mileage 10/29-10/31/23 20@.56 r	#########	$11.20	
Daktor, Ted - Water	B23-43	mileage 10/15-10/28/23 40@.56 r	#########	$22.40	
Daktor, Ted - Water	B23-43	mileage 10/15-10/21/23 30@.56 r	#########	$16.80	
Daktor, Ted - Water	B23-43	mileage 10/8-10/14/23 40@.56 rd	#########	$22.40	
Daktor, Ted - Water	B23-43	mileage 10/1-10/7/23 40@.56 rds	#########	$22.40	
Total for G/L Account		**083204.12.000.00**	**$95.20**		
		Total for all Vouchers	**$95.20**		
Total for Vendor:		**Daktor, Ted - Water**	**$95.20**		

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

Life Science Lag-Buckhorn	B23-42	Inflationary Surcharge 8%	#########	$12.00	1041
Life Science Lag-Buckhorn	B23-42	Lead & Copper test	#########	$150.00	1041
Life Science Lag-Buckhorn	B23-41	Lead & Copper testing	#########	($150.00)	1041
Life Science Lag-Buckhorn	B23-41	Lead & Copper testing	#########	$150.00	1041
Total for G/L Account		**083204.12.000.00**	**$162.00**		
		Total for all Vouchers	**$162.00**		
Total for Vendor:		**Life Science Lag-Buckhorn**	**$162.00**		

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

National Grid-Buckhorn	B23-44	11/23 Buckhorn Water #80437-73	#########	$43.91	
Total for G/L Account		**083204.12.000.00**	**$43.91**		
		Total for all Vouchers	**$43.91**		
Total for Vendor:		**National Grid-Buckhorn**	**$43.91**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Grand Total of all Vouchers **$301.11**

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: 10/20/2023 thru 11/14/2023

Description

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

Center State Propane-Sewer	S23-78	58.2gal@1.7466 Propane - Sewer	########	$101.65	
Total for G/L Account		**081304.09.000.00**	**$101.65**		
		Total for all Vouchers	**$101.65**		
Total for Vendor:		**Center State Propane-Sewer**	**$101.65**		

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

Forestport - Water (Sewer)	S23-79	11/23 Water Bill-Sewer Plant #23	########	$81.50	
Total for G/L Account		**081304.09.000.00**	**$81.50**		
		Total for all Vouchers	**$81.50**		
Total for Vendor:		**Forestport - Water (Sewer)**	**$81.50**		

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

Life Science-Sewer	S23-77	Inflationary surcharge	########	$5.12	31645
Life Science-Sewer	S23-77	2@22. SM 5210B-2016 BOD-5 D	########	$44.00	31645
Life Science-Sewer	S23-77	2@10. SM 2540 D-2015 Total Su	########	$20.00	31645
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	S23-80	11/23 Lift station Dutch #57649.4	########	$40.16	
Nationalgrid - Sewer	S23-81	11/23 Sewer Plant #56849-42108	########	$282.18	
Total for G/L Account		**081304.09.000.00**	**$322.34**		
		Total for all Vouchers	**$322.34**		
Total for Vendor:		**Nationalgrid - Sewer**	**$322.34**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

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

NYS Dept. Of Env Cons - Sew	S23-83	2023 yearly SPEDES municipal fe	#########	$425.00
Total for G/L Account	**081304.09.000.00**		**$425.00**	
		Total for all Vouchers	**$425.00**	

Total for Vendor: NYS Dept. Of Env Cons - Sewer **$425.00**

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

Siewart Equipment Co - Sewer	S23-82	NY mileageAlbany 244@1.50-Se	#########	$336.00
Siewart Equipment Co - Sewer	S23-82	PWP Labor 2@180. per 5hrs-Se	#########	$900.00
Siewart Equipment Co - Sewer	S23-82	Field Labor 2@145. per 7hrs-Sew	#########	$1,015.00
Total for G/L Account	**081304.09.000.00**		**$2,251.00**	
		Total for all Vouchers	**$2,251.00**	

Total for Vendor: Siewart Equipment Co - Sewer **$2,251.00**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Grand Total of all Vouchers $3,250.61

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: 10/20/2023 thru 11/14/2023

Description

G/L Number: 080204.01.000.00 **Planning CE GEN FD**

Addison, Steven M.	G23-557	1.5hrs@25. Plan Board- Appeals	########	$37.50	110586
	Total for G/L Account	**080204.01.000.00**		**$37.50**	
		Total for all Vouchers		**$37.50**	
Total for Vendor:	**Addison, Steven M.**			**$37.50**	

G/L Number: 097206.01.000.00 **Statutory Bond Principal GEN FD**

Adirondack Bank-Hwy	G23-562	2023 Prin Bond payment-New To	########	$40,000.00	110591
	Total for G/L Account	**097206.01.000.00**		**$40,000.00**	

G/L Number: 097207.01.000.00 **Statutory bond Interest GEN FD**

Adirondack Bank-Hwy	G23-562	2023 Int Bond payment-New Tow	########	$2,320.00	110591
	Total for G/L Account	**097207.01.000.00**		**$2,320.00**	
		Total for all Vouchers		**$42,320.00**	
Total for Vendor:	**Adirondack Bank-Hwy**			**$42,320.00**	

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

Benson, Matt-Gen	G23-563	15hrs@25. Bldg & Grds helper	########	$375.00	110592
	Total for G/L Account	**016204.01.000.00**		**$375.00**	
		Total for all Vouchers		**$375.00**	
Total for Vendor:	**Benson, Matt-Gen**			**$375.00**	

G/L Number: 013104.01.000.00 **Bookkeeper C/E GEN FD**

Bookkeeper To Supervisor - Pe	G23-603	Certificate of mailing-IRS	########	$1.95	
Bookkeeper To Supervisor - Pe	G23-603	2@66. stamps roll of 100ct	########	$132.00	
	Total for G/L Account	**013104.01.000.00**		**$133.95**	
		Total for all Vouchers		**$133.95**	

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Total for Vendor: Bookkeeper To Supervisor - Petty Cash **$133.95**

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

C & R Hardware - Gen	G23-569	2@10.99 high temp copper silicon	########	$21.98
	Total for G/L Account	**016204.01.000.00**	**$21.98**	

Total for all Vouchers **$21.98**

Total for Vendor: C & R Hardware - Gen **$21.98**

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

Card Service-Gen	G23-608	Law Depot professional services	########	$35.00
	Total for G/L Account	**012204.01.000.00**	**$35.00**	

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

Card Service-Gen	G23-608	Acrobat Pro Dc-Tracy	########	$21.74
Card Service-Gen	G23-608	Domain Renewal-8dweb	########	$13.59
	Total for G/L Account	**014104.01.000.00**	**$35.33**	

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

Card Service-Gen	G23-608	Apple I-cloud-Codes	########	$9.99
	Total for G/L Account	**086644.01.000.00**	**$9.99**	

Total for all Vouchers **$80.32**

Total for Vendor: Card Service-Gen **$80.32**

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

Center State Propane-Gen	G23-570	1/2 103.8gal@1.7466 propane-Hy	########	$90.65
	Total for G/L Account	**016204.01.000.00**	**$90.65**	

Total for all Vouchers **$90.65**

Total for Vendor: Center State Propane-Gen **$90.65**

Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

G/L Number: 016204.01.000.00 Buildings CE GEN FD

Eastern Sign Products, Inc-Gen	G23-572	Pub Restroom stop sign-paint & H	#########	$12.00
Eastern Sign Products, Inc-Gen	G23-573	Welcome Lake Julie-labor	#########	$256.00
Eastern Sign Products, Inc-Gen	G23-572	Pub Restroom stop sign-outdoor v	#########	$20.28
Eastern Sign Products, Inc-Gen	G23-573	Welcome Lake Julie-reflective vin	#########	$484.10
Eastern Sign Products, Inc-Gen	G23-572	Pub Restroom stop sign- Town Di	#########	($71.57)
Eastern Sign Products, Inc-Gen	G23-572		#########	$0.00
Eastern Sign Products, Inc-Gen	G23-572	Pub Restroom stop sign-alumicore	#########	$30.60
Eastern Sign Products, Inc-Gen	G23-572	Pub Restroom stop sign-productio	#########	$20.26
Eastern Sign Products, Inc-Gen	G23-572	Pub Restroom stop sign-labor	#########	$60.00
Eastern Sign Products, Inc-Gen	G23-573	Welcome Lake Julie-STD Year bl	#########	$266.98
Eastern Sign Products, Inc-Gen	G23-573	Welcome Lake Julie-art work appl	#########	$264.10
Eastern Sign Products, Inc-Gen	G23-573	Welcome Lake Julie-Hardware &	#########	$72.00
Eastern Sign Products, Inc-Gen	G23-573	Welcome Lake Julie- Town Disco	#########	($671.59)
Total for G/L Account		**016204.01.000.00**	**$743.16**	

Total for all Vouchers $743.16

Total for Vendor: Eastern Sign Products, Inc-Gen $743.16

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

Ed & Ed Business-Gen	G23-571	logistics surcharge	#########	$2.39
Ed & Ed Business-Gen	G23-571	min 70copies@.0429 2color-Tow	#########	$3.00
Ed & Ed Business-Gen	G23-571	1661copies@.01045 B & W-Tow	#########	$17.36
Ed & Ed Business-Gen	G23-571	min 391copies@.0319 1color-To	#########	$12.47
Ed & Ed Business-Gen	G23-571	25copies@.0539 3color-Town cop	#########	$1.35
Total for G/L Account		**016704.01.000.00**	**$36.57**	

G/L Number: 080204.01.000.00 Planning CE GEN FD

Ed & Ed Business-Gen	G23-609	min 440copies@.0228 B&W-Cod	#########	$10.03
Ed & Ed Business-Gen	G23-609	149copies@.133 color-Codes/Pla	#########	$19.82
Ed & Ed Business-Gen	G23-609	Logistics surcharge	#########	$2.09
Total for G/L Account		**080204.01.000.00**	**$31.94**	

Description

		Total for all Vouchers		**$68.51**	
Total for Vendor:		**Ed & Ed Business-Gen**		**$68.51**	

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

Excellus - Gen	G23-574	12/23 Town EE health ins share	#########	$2,563.02	
Excellus - Gen	G23-574	12/23 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: 080204.01.000.00 **Planning CE GEN FD**

Fessler, Laurie - Gen	G23-558	1.5hrs@25. Plan board Appeals P	#########	$37.50	110587
Fessler, Laurie - Gen	G23-558	5hrs@25. Plan Board Appeals Tra	#########	$125.00	110587
Total for G/L Account		**080204.01.000.00**		**$162.50**	
		Total for all Vouchers		**$162.50**	
Total for Vendor:		**Fessler, Laurie - Gen**		**$162.50**	

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

Forestport - Highway (Gen)	G23-575	43.1gal@3.019 unleaded gas-Bldg	#########	$130.12	
Total for G/L Account		**016204.01.000.00**		**$130.12**	
		Total for all Vouchers		**$130.12**	
Total for Vendor:		**Forestport - Highway (Gen)**		**$130.12**	

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

Forestport - Water (Gen)	G23-580	11/23 Water bill-12216 Wodhull	#########	$22.00	
Forestport - Water (Gen)	G23-576	11/23 Water bill-Town Hall #300	#########	$244.50	
Forestport - Water (Gen)	G23-579	11/23 Water Bill- 11953 River St	#########	$22.00	

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

		Description			
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)	G23-577	11/23 Water bill - Hwy Barn #251	########	$244.50	
Total for G/L Account		**051324.01.000.00**		**$244.50**	
G/L Number: 071404.01.000.00		**Playgrounds/Recreation CE GEN FD**			
Forestport - Water (Gen)	G23-578	11/23 Water bill - Scouten Field #	########	$37.50	
Total for G/L Account		**071404.01.000.00**		**$37.50**	
		Total for all Vouchers		**$570.50**	
Total for Vendor:		**Forestport - Water (Gen)**		**$570.50**	
G/L Number: 016504.01.000.00		**Central Communications CE GEN FD**			
Frontier - General	G23-604	11/23 Town Hall #315-392-2801	########	$617.64	
Frontier - General	G23-605	11/23 Assessors office #315-392-	########	$163.56	
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	G23-606	11/23 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	G23-556	27hrs@20. Art Club-after school	########	$540.00	110585
Galligan, Ashley	G23-564	6days 4.5hrs@20. Kids Art Progra	########	$540.00	110593
Galligan, Ashley	G23-564	2days 4.5hrs@20. prep work	########	$90.00	110593
Galligan, Ashley	G23-556	supplies for art class program	########	$10.65	110585
Galligan, Ashley	G23-556	4hrs@20. planning for Art Class p	########	$80.00	110585
Galligan, Ashley	G23-564	Supplies picked up	########	$57.32	110593

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

	Total for G/L Account	**073104.01.000.00**	**$1,317.97**		
		Total for all Vouchers	**$1,317.97**		
Total for Vendor: Galligan, Ashley			**$1,317.97**		

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

GreatAmerica Fin-Gen	G23-581	11/23 Town copier lease payment	########	$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: 016204.01.000.00 **Buildings CE GEN FD**

J Piper Consulting-Gen	G23-602	11.25hrs@65. boat wash station g	########	$731.25	
	Total for G/L Account	**016204.01.000.00**	**$731.25**		
		Total for all Vouchers	**$731.25**		
Total for Vendor: J Piper Consulting-Gen			**$731.25**		

G/L Number: 080204.01.000.00 **Planning CE GEN FD**

LeBuis, Jeffrey R.	G23-559	5hrs@25.Plan Board Appeals Trai	########	$125.00	110588
	Total for G/L Account	**080204.01.000.00**	**$125.00**		
		Total for all Vouchers	**$125.00**		
Total for Vendor: LeBuis, Jeffrey R.			**$125.00**		

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

Nationalgrid - Gen	G23-587	11/23 Twin Bridges #39480-4400	########	$22.86	
Nationalgrid - Gen	G23-583	1/2 11/23 Hydro garage #06581-5	########	$19.21	
	Total for G/L Account	**016204.01.000.00**	**$42.07**		

Town Of Forestport
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Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

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

Nationalgrid - Gen	G23-584	11/23 Hwy Barn #04849-42109	########	$647.22	
	Total for G/L Account	**051324.01.000.00**		**$647.22**	

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

Nationalgrid - Gen	G23-565	11/23 Street Lighting #96552-921	########	$1,481.28	110594
	Total for G/L Account	**051824.01.000.00**		**$1,481.28**	

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

Nationalgrid - Gen	G23-582	11/23 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	G23-585	11/23 Dutch hill Ballfield #69249-	########	$25.47	
	Total for G/L Account	**071804.01.000.00**		**$25.47**	

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

Nationalgrid - Gen	G23-586	11/23 Woodgate Bldg #46049-41	########	$20.20	
	Total for G/L Account	**073104.01.000.00**		**$20.20**	

Total for all Vouchers **$2,239.10**

Total for Vendor: Nationalgrid - Gen **$2,239.10**

G/L Number: 013104.01.000.00 **Bookkeeper C/E GEN FD**

NYGFOA - Gen	G23-588	20254 Membership Dues	########	$190.00	
	Total for G/L Account	**013104.01.000.00**		**$190.00**	

Total for all Vouchers **$190.00**

Total for Vendor: NYGFOA - Gen **$190.00**

G/L Number: 075204.01.000.00 **Historical Property CE GEN FD**

NYSID-Gen	G23-561	Book/Binder Scan:Meeting Minut	########	$3,742.01	110590

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

		Description		
	Total for G/L Account	**075204.01.000.00**	**$3,742.01**	
		Total for all Vouchers	**$3,742.01**	
Total for Vendor: NYSID-Gen			**$3,742.01**	

G/L Number: 050104.01.000.00 Highway Administration CE GEN FD

Oneida Cnty Assoc-Town Supe	G23-589	2024 Hwy Superintendent dues	#########	$200.00
Total for G/L Account		**050104.01.000.00**	**$200.00**	
		Total for all Vouchers	**$200.00**	
Total for Vendor: Oneida Cnty Assoc-Town Superinten (Gen)			**$200.00**	

G/L Number: 013104.01.000.00 Bookkeeper C/E GEN FD

Quill - General	G23-590	Brother TN760 black toner	#########	$80.81
Total for G/L Account		**013104.01.000.00**	**$80.81**	

G/L Number: 016204.01.000.00 Buildings CE GEN FD

Quill - General	G23-590	Hardwound roll towels-White 6ct	#########	$67.03
Quill - General	G23-591	Hardwound papwertowels brown	#########	$71.94
Quill - General	G23-591	Toilet paper 96 roll	#########	$71.93
Quill - General	G23-591	Toilet paper 96 roll	#########	$71.01
Quill - General	G23-591	hand soap refill 50oz	#########	$8.20
Total for G/L Account		**016204.01.000.00**	**$290.11**	

G/L Number: 016604.01.000.00 Central Office Supplies GEN FD

Quill - General	G23-590	AAA batteries 20pk	#########	$20.93
Quill - General	G23-591	4ea@18.44 copy paper 5rm cs	#########	$73.76
Total for G/L Account		**016604.01.000.00**	**$94.69**	
		Total for all Vouchers	**$465.61**	
Total for Vendor: Quill - General			**$465.61**	

Town Of Forestport
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Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

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

Rauscher Bros. - Gen	G23-592	10/23 Dumpster pickup-Town Hal	#########	$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	G23-592	10/23 Dumpster pickup-Hwy Barn	#########	$115.00
	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 Insuance (Town Share) GEN FD**

Ritter, Mark - Gen	G23-593	11/23 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: 013104.01.000.00 **Bookkeeper C/E GEN FD**

Rome Sentinel Co - Gen	G23-596	Bookkeeper to Supervisor positio	#########	$228.38
	Total for G/L Account	**013104.01.000.00**	**$228.38**	

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

Rome Sentinel Co - Gen	G23-594	Preliminary 2024 Budget Hering	#########	$44.35
Rome Sentinel Co - Gen	G23-595	local Law #5 of 2023-Pub Nuisan	#########	$19.51
	Total for G/L Account	**014104.01.000.00**	**$63.86**	

Total for all Vouchers **$292.24**

Total for Vendor: Rome Sentinel Co - Gen **$292.24**

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

		Description			
Rubyor, MaryAnn L.	G23-597	11/23 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	G23-566	Internet service Town Hall 10/24-	########	$187.97	110595
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	G23-598	9/23 fines & fees-State Controller	########	$1,176.00	
Total for G/L Account		**002610.01.000.00**	**$1,176.00**		
		Total for all Vouchers	**$1,176.00**		
Total for Vendor:		**State Controller-Justice**	**$1,176.00**		

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

Swartout Construction Co - Ge	G23-599	porta-pot 10/1-10/9/23-Woodhull	########	$40.65	
Swartout Construction Co - Ge	G23-599	porta-pot 10/1-10/31/23-Otter Lak	########	$140.00	
Total for G/L Account		**085104.01.000.00**	**$180.65**		
		Total for all Vouchers	**$180.65**		
Total for Vendor:		**Swartout Construction Co - Gen**	**$180.65**		

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

Terry, Tracy-Gen	G23-600	mileage 112@.56 10/12-11/8/23 b	########	$62.72	

		Description			
Total for G/L Account		**014104.01.000.00**		**$62.72**	
		Total for all Vouchers		**$62.72**	
Total for Vendor:		**Terry, Tracy-Gen**		**$62.72**	

G/L Number: 080204.01.000.00 **Planning CE GEN FD**

Thomas, Carl - Gen	G23-560	5hrs@25.Plan Board Appeals Trai	########	$125.00	110589
Total for G/L Account		**080204.01.000.00**		**$125.00**	
		Total for all Vouchers		**$125.00**	
Total for Vendor:		**Thomas, Carl - Gen**		**$125.00**	

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

Total Solutions-Gen	G23-607	12/1-12/31/23 5@6. Microsoft Bu	########	$30.00	
Total Solutions-Gen	G23-607	12/1-12/31/23 Tech support servic	########	$950.00	
Total Solutions-Gen	G23-607	12/1-12/31/23 8@12.50 Microsoft	########	$100.00	
Total Solutions-Gen	G23-607	12/1-12/31/23 Microsoft 365 Bus	########	$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: 014104.01.000.00 **Town Clerk CE GEN FD**

Town Clerk Petty Cash-Tracy	G23-601	2@66. stamps roll of 100ct	########	$132.00	
Total for G/L Account		**014104.01.000.00**		**$132.00**	
		Total for all Vouchers		**$132.00**	
Total for Vendor:		**Town Clerk Petty Cash-Tracy**		**$132.00**	

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

Verizon-Gen	G23-567	Acct Monthly charge	########	$7.83	110596

		Description			
Verizon-Gen	G23-567	Jackpack bill #315-271-7502	#########	$10.36	110596
Total for G/L Account		**016204.01.000.00**	**$18.19**		

G/L Number: 016504.01.000.00 Central Communications CE GEN FD

Verizon-Gen	G23-567	Bldg & Grds cell bill #315-335-74	#########	$26.74	110596
Verizon-Gen	G23-567	Acct Monthly charge	#########	$7.83	110596
Total for G/L Account		**016504.01.000.00**	**$34.57**		

G/L Number: 050104.01.000.00 Highway Administration CE GEN FD

Verizon-Gen	G23-567	Acct Monthly charge	#########	$7.84	110596
Verizon-Gen	G23-567	Hwy Super cell bill #315-335-760	#########	$24.52	110596
Total for G/L Account		**050104.01.000.00**	**$32.36**		

G/L Number: 086644.01.000.00 Codes Enforcement CE GEN FD

Verizon-Gen	G23-567	Codes cell bill #315-795-0358	#########	$24.52	110596
Verizon-Gen	G23-567	Acct monthly charge	#########	$7.84	110596
Total for G/L Account		**086644.01.000.00**	**$32.36**		

Total for all Vouchers $117.48

Total for Vendor: Verizon-Gen $117.48

G/L Number: 076104.01.000.00 Programs for Aging-Seniors GEN FD

VerSchreider, Glenyce-Gen	G23-568	cider & donuts-stuff ambulance le	#########	$35.95	110597
Total for G/L Account		**076104.01.000.00**	**$35.95**		

Total for all Vouchers $35.95

Total for Vendor: VerSchreider, Glenyce-Gen $35.95

Town Of Forestport
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Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Grand Total of all Vouchers $67,250.41

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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New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

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

ARAMARK-Hwy	H23-367	11/8/23 Hwy Super Uniforms	#########	$46.76
ARAMARK-Hwy	H23-364	10/18/23 Hwy Super uniforms	#########	$46.76
ARAMARK-Hwy	H23-365	10/25/23 Hwy Super Uniforms	#########	$46.76
ARAMARK-Hwy	H23-366	11/1/23 Hwy Super Uniforms	#########	$46.76
Total for G/L Account		**051324.03.000.00**	**$187.04**	
		Total for all Vouchers	**$187.04**	
Total for Vendor: ARAMARK-Hwy			**$187.04**	

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

AT Central New York, LLC-H	H23-368	Trk#6-Labor-Catalyst Reduction-	#########	$796.50
AT Central New York, LLC-H	H23-368	Trk#6-misc parts-Electrical repair-	#########	$0.32
AT Central New York, LLC-H	H23-368	Trk#6-Labor - Electrical repair - 2	#########	$67.50
AT Central New York, LLC-H	H23-368	Trk#6-Mics parts -Steering Repair	#########	$3,547.46
AT Central New York, LLC-H	H23-369	Trk#6-labor RPM cable -2009 intl	#########	$324.00
AT Central New York, LLC-H	H23-368	Trk#6-Misc parts-Catalyst Reducti	#########	$2,463.53
AT Central New York, LLC-H	H23-369	Trk#6-computer hookup fee-Light	#########	$85.00
AT Central New York, LLC-H	H23-368	Trk#6-Diagnostic 2hrs CEL illumi	#########	$270.00
AT Central New York, LLC-H	H23-369	Trk#6-shop supplies-2009 intl	#########	$86.57
AT Central New York, LLC-H	H23-368	Trk#6-Labor-Steering repair-2009	#########	$216.00
AT Central New York, LLC-H	H23-368	Trk#6-shop suppliesir-2009 intl	#########	$250.00
AT Central New York, LLC-H	H23-368	Trk#6-Diagnostic 1hrs no brake li	#########	$67.50
AT Central New York, LLC-H	H23-369	Trk#6-diagnostic 2hrs-Brake Ligh	#########	$283.50
AT Central New York, LLC-H	H23-368	Trk#6-computer hookup fee-2009	#########	$85.00
AT Central New York, LLC-H	H23-368	Trk#6-Labor-Steering Repair - 20	#########	$2,011.50
AT Central New York, LLC-H	H23-369	Trk#6-Parts- RPM cable-2009 intl	#########	$67.76
Total for G/L Account		**051304.03.000.00**	**$10,622.14**	
		Total for all Vouchers	**$10,622.14**	
Total for Vendor: AT Central New York, LLC-Hwy			**$10,622.14**	

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

G/L Number: 051304.03.000.00 Machinery CE HWY FD

Boonville Napa Auto Parts - H	H23-372	all trks-12@10.49 diesel fuel addit	#########	$125.88
Boonville Napa Auto Parts - H	H23-372	all trks-cable tie	#########	$2.96
Boonville Napa Auto Parts - H	H23-372	all trks-screw extractor kit	#########	$10.00
Boonville Napa Auto Parts - H	H23-372	all trks-scaler	#########	$200.00
Boonville Napa Auto Parts - H	H23-374	all trks-2@11.69 electrical connec	#########	$23.38
Boonville Napa Auto Parts - H	H23-370	all trks-19in Exactfitblade	#########	$10.69
Boonville Napa Auto Parts - H	H23-373	Trk#4-3@8.35 fitting - 2011 intl	#########	$25.05
Boonville Napa Auto Parts - H	H23-370	all trks-5@15.99 stone guard blk	#########	$79.95
Boonville Napa Auto Parts - H	H23-370	Trk#2-22" exacfitblade - 2022 intl	#########	$10.69
Boonville Napa Auto Parts - H	H23-371	Trk#1-stop tail - 2015 intl	#########	$17.19
Boonville Napa Auto Parts - H	H23-371	Trk#2-2@11.47 air filter - 2022 in	#########	$22.94

Total for G/L Account 051304.03.000.00 $528.73

Total for all Vouchers $528.73

Total for Vendor: Boonville Napa Auto Parts - Hwy $528.73

G/L Number: 051304.03.000.00 Machinery CE HWY FD

C & R Hardware - Hwy	H23-376	Trk#5 sander-misc nuts & bolts-2	#########	$7.40
C & R Hardware - Hwy	H23-379	Trk#10 sander-offset link - 2015 d	#########	$3.99
C & R Hardware - Hwy	H23-377	plows-3@1.69 9" econmy paint tr	#########	$5.07
C & R Hardware - Hwy	H23-375	Trk#1-misc nuts & bolts - 2015 in	#########	$1.35
C & R Hardware - Hwy	H23-378	Trk#2-4@.50 misc nuts & bolts-2	#########	$2.00

Total for G/L Account 051304.03.000.00 $19.81

Total for all Vouchers $19.81

Total for Vendor: C & R Hardware - Hwy $19.81

G/L Number: 051304.03.000.00 Machinery CE HWY FD

CarQuest Of Boonville-Hwy	H23-380	Trk#9-chrome-a-lite qt - 2011dum	#########	$24.99
CarQuest Of Boonville-Hwy	H23-380	Trk#9-PM Royal Blue - 2011dum	#########	$16.09

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

		Description		
CarQuest Of Boonville-Hwy	H23-380	Trk#9-filler red 12 - 2011dump	#########	$11.03
Total for G/L Account		**051304.03.000.00**	**$52.11**	
		Total for all Vouchers	**$52.11**	
Total for Vendor:		**CarQuest Of Boonville-Hwy**	**$52.11**	

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

Cintas Corp-Hwy	H23-381		#########	$0.00
Cintas Corp-Hwy	H23-381	hard surface disinfec svc	#########	$8.45
Cintas Corp-Hwy	H23-381	Elastic strip small	#########	$11.21
Total for G/L Account		**051324.03.000.00**	**$19.66**	
		Total for all Vouchers	**$19.66**	
Total for Vendor:		**Cintas Corp-Hwy**	**$19.66**	

G/L Number: 051304.03.000.00 Machinery CE HWY FD

Cook Brother Truck Parts-Hwy	H23-384	Trk#5-2@88.57 lined shoe kit - 2	#########	$177.14
Cook Brother Truck Parts-Hwy	H23-384	Trk#5-2@34.30 Premium Drive S	#########	$68.60
Cook Brother Truck Parts-Hwy	H23-384	Trk#5-2@156.88 Drum - 2016 int	#########	$313.76
Cook Brother Truck Parts-Hwy	H23-383	Trk#5-gasket - 2016 intl	#########	$2.96
Cook Brother Truck Parts-Hwy	H23-383	Trk#5-2@68.89 Bearing set - 201	#########	$137.78
Cook Brother Truck Parts-Hwy	H23-383	Trk#5-2@57.94 Bearing set - 201	#########	$115.88
Cook Brother Truck Parts-Hwy	H23-382	Trk#5-2@35.40 premium drive se	#########	$70.80
Total for G/L Account		**051304.03.000.00**	**$886.92**	
		Total for all Vouchers	**$886.92**	
Total for Vendor:		**Cook Brother Truck Parts-Hwy**	**$886.92**	

G/L Number: 051304.03.000.00 Machinery CE HWY FD

Crill's Service - Hwy	H23-385	Trk#6-R & R starter assembly - 20	#########	$556.96
Crill's Service - Hwy	H23-385	Trk#6-Labor-starter assembly - 20	#########	$650.00

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

		Description		
Total for G/L Account		**051304.03.000.00**	**$1,206.96**	
		Total for all Vouchers	**$1,206.96**	
Total for Vendor: Crill's Service - Hwy			**$1,206.96**	

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

Evans Equipment Co. - Hwy	H23-386	Trk#6-4@.86 conn link - 2009 intl	#########	$3.44
Total for G/L Account		**051304.03.000.00**	**$3.44**	
		Total for all Vouchers	**$3.44**	
Total for Vendor: Evans Equipment Co. - Hwy			**$3.44**	

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

Excellus - Hwy	H23-387	12/23 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: 051304.03.000.00 **Machinery CE HWY FD**

Halpin's Fuel Service, Inc.-Hw	H23-390		#########	$0.00
Halpin's Fuel Service, Inc.-Hw	H23-389	234.6gal@3.799 on-rd diesel	#########	$891.25
Halpin's Fuel Service, Inc.-Hw	H23-388	210.7gal@2.999 gasoline	#########	$631.89
Halpin's Fuel Service, Inc.-Hw	H23-391	345.9gal@2.899 gasoline	#########	$1,002.76
Total for G/L Account		**051304.03.000.00**	**$2,525.90**	

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

Halpin's Fuel Service, Inc.-Hw	H23-390	1400.7gal@3.699 on-rd Diesel	#########	$5,181.19
Total for G/L Account		**051424.03.000.00**	**$5,181.19**	
		Total for all Vouchers	**$7,707.09**	

Town Of Forestport
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Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Total for Vendor: Halpin's Fuel Service, Inc.-Hwy **$7,707.09**

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

Haun Welding Supply - Hwy	H23-392	31days@.40 1cyl 0075 Acetylene	#########	$12.40
Haun Welding Supply - Hwy	H23-392	217days@.25 7cyl beyond 365	#########	$54.25
Haun Welding Supply - Hwy	H23-392	31days@.40 1cyl 0110 2.5%co2,	#########	$12.40
Haun Welding Supply - Hwy	H23-392	9ea@.40 cyl maint & Requalficati	#########	$3.60
Haun Welding Supply - Hwy	H23-392	31days@.40 1cyl 0220 25%co2 in	#########	$12.40
Haun Welding Supply - Hwy	H23-392	93days@.40 3cyl 0220 Oxygen	#########	$37.20
Haun Welding Supply - Hwy	H23-392	31days@.40 1cyl 0080 Oxygen	#########	$12.40
Haun Welding Supply - Hwy	H23-392	31days@.40 1cyl 0390 Acetylene	#########	$12.40
Haun Welding Supply - Hwy	H23-392	31days@.40 1cyl 0300 Acetylene	#########	$12.40
Haun Welding Supply - Hwy	H23-392	62days@.40 2cyl 0140 Acetylene	#########	$24.80
Haun Welding Supply - Hwy	H23-392	credit-62days@.40 2prepd leases	#########	($24.80)
Total for G/L Account		**051304.03.000.00**	**$169.45**	

Total for all Vouchers **$169.45**

Total for Vendor: Haun Welding Supply - Hwy **$169.45**

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

Hitzeroth, Roger-Hwy	H23-393	timberland steel work boots-Roger	#########	$200.00
Total for G/L Account		**051304.03.000.00**	**$200.00**	

Total for all Vouchers **$200.00**

Total for Vendor: Hitzeroth, Roger-Hwy **$200.00**

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

Interstate Billing Service-Hwy	H23-402	Trk#10 sander-4@8.71 link conve	#########	$34.84
Interstate Billing Service-Hwy	H23-394	Trk#6 sander-LED mimi light bar	#########	$130.12
Interstate Billing Service-Hwy	H23-401	Trk#6 sander-4 bolt combo spinne	#########	$241.46
Total for G/L Account		**051424.03.000.00**	**$406.42**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Total for all Vouchers	**$406.42**

Total for Vendor: Interstate Billing Service-Hwy **$406.42**

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

Lawson Products, Inc. - Hwy	H23-396	shipping & handling charge	#########	$11.99
Lawson Products, Inc. - Hwy	H23-396	100@.4548 1/2 steel flat washers	#########	$45.48
Lawson Products, Inc. - Hwy	H23-396	all trks-50@.678 1/2-13 Hex nut g	#########	$33.90
Lawson Products, Inc. - Hwy	H23-395	all trks-2@48.12 11/16-16 flt face	#########	$96.24
Lawson Products, Inc. - Hwy	H23-395	all trks-Shipping & Handling	#########	$59.64
Lawson Products, Inc. - Hwy	H23-395	all trks-2@48.70 11/16-16 flt face	#########	$97.40
Lawson Products, Inc. - Hwy	H23-395	all trks-3@48.63 3/4-14 Fml pipe	#########	$145.89
Lawson Products, Inc. - Hwy	H23-395	all trks-4@37.495 3/4-14 mle pipe	#########	$149.98
Lawson Products, Inc. - Hwy	H23-395	all trks-3@46.17 1/2-14 Fml pipe	#########	$138.51
Lawson Products, Inc. - Hwy	H23-395	all trks-4@21.57 3/8x3/8dot male	#########	$86.28
	Total for G/L Account	**051304.03.000.00**	**$865.31**	

Total for all Vouchers	**$865.31**

Total for Vendor: Lawson Products, Inc. - Hwy **$865.31**

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

Max Tires - Hwy	H23-397	cat loader-Straight tubless air/ligq	#########	$5.00
Max Tires - Hwy	H23-397	cat loader-psf plus sealer gal	#########	$90.00
Max Tires - Hwy	H23-397	cat loader-25" o-ring thin	#########	$5.00
Max Tires - Hwy	H23-397	cat loader-labor 4hrs@140. repair	#########	$560.00
Max Tires - Hwy	H23-397	cat loader-17x25 cat rim w/lock&	#########	$1,510.00
	Total for G/L Account	**051304.03.000.00**	**$2,170.00**	

Total for all Vouchers	**$2,170.00**

Total for Vendor: Max Tires - Hwy **$2,170.00**

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

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

		Description			
NYS Teamsters H & H - Hwy	H23-362	10/23 Hwy ER Health ins share	#########	$5,971.17	255047
NYS Teamsters H & H - Hwy	H23-362	10/23 Hwy EE Health ins share	#########	$519.18	255047
Total for G/L Account		**090608.03.000.00**		**$6,490.35**	
		Total for all Vouchers		**$6,490.35**	
Total for Vendor:		**NYS Teamsters H & H - Hwy**		**$6,490.35**	

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

Steel Sales Inc.-Hwy	H23-400	Trk#7&10-2x.218 schedule 80hot	#########	$161.12	
Steel Sales Inc.-Hwy	H23-399	Trk#10-C T C sprocket 1/4"x1"	#########	$530.00	
Steel Sales Inc.-Hwy	H23-399	Trk#10-6@3.90 Pins And Cotters	#########	$23.40	
Steel Sales Inc.-Hwy	H23-398	all plows-24@12.5 3/4x3 square h	#########	$300.00	
Total for G/L Account		**051424.03.000.00**		**$1,014.52**	
		Total for all Vouchers		**$1,014.52**	
Total for Vendor:		**Steel Sales Inc.-Hwy**		**$1,014.52**	

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

Verizon-Hwy	H23-363	Acct monthly charge	#########	$7.83	255048
Verizon-Hwy	H23-363	Hwy Forman cell bill #315-335-7	#########	$30.51	255048
Total for G/L Account		**051324.03.000.00**		**$38.34**	
		Total for all Vouchers		**$38.34**	
Total for Vendor:		**Verizon-Hwy**		**$38.34**	

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

Viking Cives USA - Hwy	H23-403	Trk#6 plow-4@20.872 pin 1 1/4x	#########	$83.49	
Total for G/L Account		**051424.03.000.00**		**$83.49**	
		Total for all Vouchers		**$83.49**	

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description	
Total for Vendor: Viking Cives USA - Hwy	$83.49

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 10/20/2023 thru 11/14/2023

Description

Grand Total of all Vouchers **$33,321.78**

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.

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

Water Systems Operation Report

MONTHLY SUBMISSION FORM

For Multiple Distribution System Chlorinated Disinfection Systems

Oneida County

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

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

Public Water System Name	FORESTPORT WATER DISTRICT			Reporting Month / Year	October-23
PWS Federal ID Number	NY3202389			Town / City / Village	Forestport (T)
Population Served	800	Service Connections	225	Number of Sources / EPs Used	3
Source Water Type	Groundwater	Treatment Used	Chlorination		

Date	Source(s) in Use (= X)		Treated Water Volume (gallons per day)	Liquid Sodium Hypochlorite Used (Quarts added)		Free Chlorine Residual (mg/l)		Other Measurements	
	Pierce Well	Carbone Wells				At ENTRY POINT	DISTRIBUTION (at sample locations)		
1	X		46100	0					
2	X		24800	0		0.25	0.55		
3	X		0	0					
4	X		0	0		1.72	0.96		
5	X		47300	0					
6	X		17900	0		1.94	0.9		
7	X		0	0		0.92	0.77		
8	X		51400	0		1.07	0.79		
9	X		18700	0		1.01	0.77		
10	X		0	0		0.71	0.75		
11	X		0	0			0.79		
12	X		64300	0		2.03	0.81		
13	X		0	0		2.19	0.75		
14	X		0	0		2.2	1.05		
15	X		3300	0		0.97	0.88		
16	X		62500	0		1.11	0.7		
17	X		0	0		1.94	0.66		
18	X		0	0		2.15	1.17		
19	X		49300	0		1.13	0.73		
20	X		0	0		1.1	0.74		
21	X		2500	0		1.09	0.76		
22	X		0	0		2.2	1.4		
23	X		5600	0		1.82	0.78		
24	X		14100	0		1.77	0.84		
25	X		0	0		0.23	0.88		
26	X		50100	0		1.19	0.96		
27	X		0	0		2.15	0.87		
28	X		0	0		2.01	0.9		
29	X		27100	0		2.1	0.88		
30	X		41100	0		1.79	0.8		
31	X		0			1.07	0.83		
Total			526100.00	0.00		39.86	23.67		
Avg.			16970.97	0.00		1.48	0.85		

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))	***Minimum Chlorine Residual (GWR)
2	4	12.5	0.04	0.2 mg/l

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

Reported by	Ted Daktor	Title	Water Treatment Plant Operator
Signature	Ted Daktor	Date	10/5/23

If NYS Certified Operator – Grade Level	C	NYS Water Operator #	NY0040067	Expiration Date	1/31/2023

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

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

Water Systems Operation Report

MONTHLY SUBMISSION FORM

Microbiological Samples and Free Chlorine Residual + Other Samples

Oneida County

Public Water System Name	**FORESTPORT WATER DISTRICT**	Reporting Month / Year	July-23
PWS Federal ID Number	**NY3202389**	Population Served	800

Number of ROUTINE Coliform Samples Required	1	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 1 - Routine 2 - Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual
Campbell's Diner, 10208 State Rte 28	09/07/23	1	No	No	0.7

Sample Collector: *Ted Daktor*

NYSDOH Certified Laboratory used: *Life Science Laboratories, Inc.*

Did a M&R violation occur during this monitoring period?	No	*If "Yes," check reason(s) below:*
	Actual number of routine samples is fewer than required.	
	Did not collect / analyze required number of repeat samples.	
	Did not collect / analyze for E. coli for positive Total Coliform from routine / repeat sample.	

Did a MCL violation occur during this monitoring period?	No	*If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information):*
	For systems collecting less than 40 samples per month : two or more of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).	
	For systems collecting 40 or more samples per month : more than 5% of the samples (routine and / or repeat) are positive for Total Coliform (= Total Coliform MCL violation).	
	The original sample was E.coli positive and at least 1 repeat sample was positive for Total Coliform (= E.coli MCL violation).	

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

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

Sample Collector: *Ted Daktor*

NYSDOH Certified Laboratory used: *Verona laboratory, Inc.*

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

Comments:

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

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

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: Dawn Campbell - 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	#VALUE!
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	0.28	0.29
October-23	0.74		
		0.25	0.27
		0.00	0.21
		0.00	0.13
		0.00	0.06
		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
		0.00	0.00

ENTER EACH CHLORINE RESIDUAL
vvvvvvvvvv

1.48
0

0.74 <<<<<— Enter Average in Table

Water Systems Operation Report

MONTHLY SUBMISSION FORM

Oneida County

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

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	October-23
PWS Federal ID Number	NY3221818	Town / City / Village	FORESTPORT (T)
Population Served	87 (s) / 30 (w)	Service Connections	47(s) / 15 (w)
Source Identification:	Drilled Well #1	Number of Sources / EPs Used	1
Source Water Type	Groundwater Well		
Treatment Used	Chlorination		

Date	Source(s) in Use	Treated Water Volume (Gallons per day)	Chlorination: Liquid Hypochlorite added to Crock (Quarts)	Free Chlorine Residual (mg/l): At ENTRY POINT - Required Daily***	Free Chlorine Residual (mg/l): In DISTRIBUTION (at sample locations - when done)	Other Treatment Information: Turbidity (NTU) (if checked)
1	Well			0.36	0.46	
2	Well			0.44	0.43	
3	Well			0.23	0.61	
4	Well			0.46	0.53	
5	Well			0.25	0.55	
6	Well		0.5	0.24	0.44	
7	Well			0.22	0.43	
8	Well			0.2	0.49	
9	Well			0.34	0.48	
10	Well			0.38	0.51	
11	Well			0.37	0.53	
12	Well			0.26	0.32	
13	Well		0.5	0.36	0.27	
14	Well			0.29	0.35	
15	Well			0.26	0.53	
16	Well			0.38	0.52	
17	Well			0.43	0.56	
18	Well			0.31	0.56	
19	Well			0.31	0.58	
20	Well		0.5	0.25	0.58	
21	Well			0.17	0.25	
22	Well			0.4	0.57	
23	Well			0.54	0.58	
24	Well			0.47	0.57	
25	Well			0.43	0.59	
26	Well			0.36	0.61	
27	Well		0.5	0.38	0.6	
28	Well			0.45	0.56	
29	Well			0.36	0.59	
30	Well			0.46	0.64	
31	Well			0.37	0.61	
Total		0.00	0.00	0.83	1.25	0.00
Avg.		#DIV/0!	#DIV/0!	0.42	0.63	#DIV/0!

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))	***Minimum Chlorine Residual GWR
0.5	4	12.5	0.014	0.7

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	10/5/2023
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

Water Systems Operation Report

Microbiological Samples and Free Chlorine Residual + Other Samples

MONTHLY SUBMISSION FORM

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 REPEATColiform 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 2 - Repeat	Total Coliform Positive (Yes /No)	E.coli Positive (Yes / No)	Free Chlorine Residual
Buckhorn Pump Station	8/3/2023	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

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
PERMIT NUMBER

001-M
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY 10/1/2023
MM/DD/YYYY 10/31/2023

DMR Mailing ZIP CODE: 13338
MINOR
(SUBR 06)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade 00010 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	******	18.3				
	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
Temperature, water deg. centigrade 00010 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	******	******	******	******	******	18.0				
	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.2	0.2		******	<4	<4				
	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 00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	******	******	******	******	******	190				
	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	6.37	******	6.81				
	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
pH 00400 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	******	******	******	6.62	******	7.70				
	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Five per Week	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.2	0.2		******	<4	<4				
	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.

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
10/1/2023	10/31/2023

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	******	******	******	******	******	120				
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	******	******	******	******	******	48.0				
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	******	******	******	97%	******	******				
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.

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

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

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

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

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
S	1																
M	2	0	5:08A	17462		17.6	17.4		6.83	6.43		28.0	<0.1				
T	3	0	7:06A	4960		17.6	17.5		7.61	6.56		44.0	<0.1				
W	4	0	6:10A	3881		17.8	17.7		6.90	6.58		22.0	<0.1				
T	5	0	7:00A	4960		17.9	18.0		7.26	6.43		36.0	<0.1	190	<4	120	<4
F	6	0	6:17A	4608		18.0	18.3		7.48	6.69		42.0	<0.1				
S	7																
S	8																
M	9	16mm	5:58A	16262		16.7	16.6		6.62	6.39		38.0	<0.1				
T	10	0	7:32A	5516		15.8	15.5		7.35	6.81		28.0	<0.1				
W	11	0	5:57A	4567		15.9	15.1		7.39	6.65		22.0	<0.1				
T	12	0	7:15A	4955		15.9	15.0		7.14	6.54		36.0	<0.1				
F	13	0	6:46A	4644		15.6	14.7		7.31	6.51		18.0	<0.1				
S	14																
S	15																
M	16	0	6:50A	14764		15.5	14.1		7.00	6.50		48.0	<0.1				
T	17	0	5:00AC	4554		15.4	14.0		7.16	6.69		32.0	<0.1				
W	18	0	8:25A	5654		15.6	13.8		7.41	6.68		22.0	<0.1				
T	19	0	6:26A	5659		15.3	14.2		7.14	6.43		36.0	<0.1				
F	20	0	6:48A	4670		15.2	14.1		7.23	6.57		32.0	<0.1				
S	21																
S	22																
M	23	10mm	5:24A	13295		14.0	13.5		6.97	6.37		22.0	<0.1				
T	24	0	6:07A	3815		14.1	13.1		7.07	6.45		28.0	<0.1				
W	25	0	7:23A	4395		14.2	13.0		7.23	6.48		40.0	<0.1				
T	26	0	6:27A	3462		15.1	13.5		7.70	6.76		26.0	<0.1				
F	27	0	6:59A	3839		14.3	14.1		7.49	6.57		22.0	<0.1				
S	28																
S	29																
M	30	18mm	6:36A	13283		14.4	13.6		7.24	6.53		34.0	<0.1				
T	31	10mm	5:02A	3534		13.6	12.9		6.93	6.67		28.0	<0.1				

Total Precip	Monthly Average (MGD)	Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum (Settleable Influent)	Monthly Maximum (Settleable Effluent)	B.O.D. 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.
54mm	.005	15.7	14.9	6.62	7.70	6.37	6.81	48.0	<0.1	190	<4	98%	120	<4	97%
								30 Day Average Quantity Loading (1)		0.2 lbs/day			0.2 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						S — 5:43A ok
	2						M R clean baskets
	3						T R
	4						W R clean baskets
	5						T R close 1+2 Open 3+4 Box Sewer Sample's
	6						F R clean baskets
	7						S — 5:06A ok
	8						S — 10:27A ok
	9						M R clean baskets
	10						T R
	11						W R clean baskets
	12						T R
	13						F R clean baskets
	14						S — 5:10A OK
	15						S — 6:02A OK
	16						M R clean baskets
	17						T R
	18						W R clean baskets
	19						T R
	20						F R clean baskets
	21						S — 5:30A ok
	22						S — 6:20A ok
	23						M R clean baskets
	24						T R
	25						W R clean baskets
	26						T R
	27						F R clean baskets
	28						S — 6:19A OK
	29						S —
	30						M R clean baskets
	31						T R

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				
Day	Date	Sample Type: Influent	Sample Type: Effluent	Sample Type: Influent	Sample Type: Effluent	Sample Type: Influent	Sample Type: Effluent	Sample Type: Influent	Sample Type: Effluent	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)
										M.G.D.	ml/l	mg/l	5 Minutes	30 Minutes	M.G.D.	llbs/day
	1															
	2															
	3															
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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 Daktor

Signature of Principal Executive Officer or Authorized Agent

11/1/2023

Date

Town Clerk Monthly Report Monthly Report
October 01, 2023 - October 31, 2023

Account#	Account Description	Fee Description	Qty	Local Share
A1255	Clerk Fees	Certified - Death	11	110.00
			Sub-Total:	**$110.00**
A2544	Dog Licensing	Female, Spayed	22	88.00
		Female, Unspayed	4	48.00
		Male, Neutered	13	52.00
		Male, Unneutered	6	72.00
		Rep Tags	3	9.00
			Sub-Total:	**$269.00**
		Total Local Shares Remitted:		**$379.00**

Amount paid to: NYS Ag. & Markets for spay/neuter program 65.00

Total State, County & Local Revenues: $444.00

Total Non-Local Revenues: $65.00

To the Supervisor:

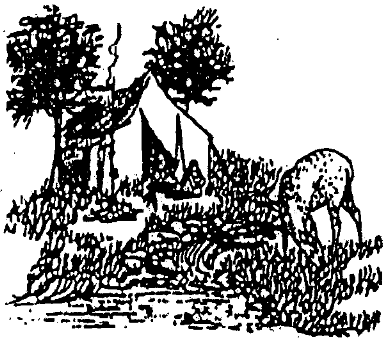
Pursuant to Section 27, Sub 1, of the Town Law, I hereby certify that the foregoing is a full and true statement of all fees and monies received by me, Tracy M. Terry, Town Clerk, Town of Forestport during the period stated above, in connection with my office, excepting only such fees and monies, the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

Supervisor — Date: 11/8/23

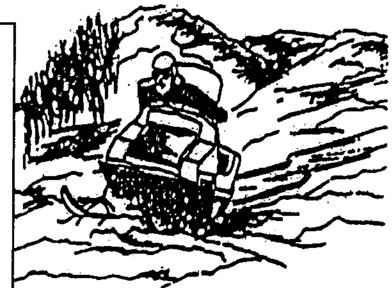
Tracy M Terry — Town Clerk — Date: 11/8/2023

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 – October 2023

Number of Cases Disposed Of

Vehicle & Traffic – 11 Parks & Rec. - 0 Penal Law - 2 Civil / Codes - 0 Small Claims - 0
ENCON -3 Public Health Law- 0 Navigation Law - 0

Month	Fine, Forfeitures & Civil	Civil Fees	Mandatory Surcharges	Monthly Total
October	$700.00	$400.00	$673.50	$1848.50

In the Month of October there were 2 cases disposed through the traffic diversion program.

Signed,

Hon. Anthony W. Sege
Town Justice