TOWN OF FORESTPORT
REGULAR TOWN BOARD MEETING AGENDA
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 13338
March 20, 2024

CALL TO ORDER:

ABSTRACTS:

General: Abstract #3, Vouchers #116- #163 in the amount of $29,256.60
Highway: Abstract # 3, Vouchers #61 -#84 in the amount of $24,679.69
Ambulance:
STaR: Abstract #3, Voucher #2 in the amount of $59,062.50.
Water District #1: Abstract#3, Vouchers #25-#42 in the amount of $4,287.81
Buckhorn Water District #2: Abstract#3, Vouchers #10-#15 in the amount of $391.71
Sewer District #1: Abstract#3, Vouchers #18-#24 in the amount of $1,069.47
Planning Board: Abstract#3, Vouchers #8-#9 in the amount of $90.00

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

- **February 21, 2024: Regular Town Board Meeting**

MONTHLY REPORTS:
Water District # 1 Report
Buckhorn Water Report
Sewer Report
Town Clerk Reports
Justice Report
Dog Report
Planning Board Report
Supervisor Report
NOCCOG:

WATER:

OLD BUSINESS BOARD:

- **Truck bids**
- **Phones**
- **Fuelmaster system**
- **Comprehensive Plan**
- **Camp Nazareth**

- Summer Rec
- Pickleball Court
- Art Program

NEW BOARD BUSINESS:

- Dog Park
- Woodhull Vacant Lot
- Road Closures for White Lake Inn and Old Forestport Days 6:15 on 4/17
- Workers Compensation
- Community EXPO
- Server Replacement

NEW BUSINESS (PUBLIC):

ADJOURNMENT:

General

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

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

C & R Hardware - Gen	G24-124	30x36 plexiglass	########	$28.80
C & R Hardware - Gen	G24-125	work hands orange soap 12oz	########	$7.99
C & R Hardware - Gen	G24-125	fluidmaster repair kit	########	$17.99
	Total for G/L Account	**051324.01.000.00**		**$54.78**
		Total for all Vouchers		**$54.78**
	Total for Vendor:	**C & R Hardware - Gen**		**$54.78**

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

Card Service-Gen	G24-163	4ea@407.80 Tax Collector per do	3/8/2024	$1,631.20
Card Service-Gen	G24-163	Shipping cost for envelopes	3/8/2024	$21.95
	Total for G/L Account	**013304.01.000.00**		**$1,653.15**

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

Card Service-Gen	G24-163	Acrobat Pro DC-Tracy 3/3/24	3/8/2024	$21.74
Card Service-Gen	G24-163	Acrobat Pro DC-Tracy 2/7/24	3/8/2024	$21.74
	Total for G/L Account	**014104.01.000.00**		**$43.48**

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

Card Service-Gen	G24-163	Apple I-cloud - codes	3/8/2024	$9.99
	Total for G/L Account	**086644.01.000.00**		**$9.99**
		Total for all Vouchers		**$1,706.62**
	Total for Vendor:	**Card Service-Gen**		**$1,706.62**

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

Center State Propane-Gen	G24-126	1/2 129.3gal@1.809 propane Hyd	3/4/2024	$116.96
	Total for G/L Account	**016204.01.000.00**		**$116.96**
		Total for all Vouchers		**$116.96**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Total for Vendor: Center State Propane-Gen **$116.96**

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

Ed & Ed Business-Gen	G24-128	445copies@.0319 1color -Town	#########	$14.20	
Ed & Ed Business-Gen	G24-128	1960copies@.01045 B & W -Tow	#########	$20.48	
Ed & Ed Business-Gen	G24-128	min 70copies@.0429 2color -Tow	#########	$3.00	
Ed & Ed Business-Gen	G24-128	25copies@.0539 3color -Town Ha	#########	$1.35	
Ed & Ed Business-Gen	G24-128	logistics Surcharge	#########	$2.73	
Total for G/L Account		**016704.01.000.00**	**$41.76**		

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

Ed & Ed Business-Gen	G24-127	logistics Surcharge	#########	$2.26	
Ed & Ed Business-Gen	G24-127	min 440copies@.0228 B&W-Plan	#########	$10.03	
Ed & Ed Business-Gen	G24-127	167copies@.133 color-Plan&Cod	#########	$22.21	
Total for G/L Account		**080204.01.000.00**	**$34.50**		

Total for all Vouchers **$76.26**

Total for Vendor: Ed & Ed Business-Gen **$76.26**

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

Excellus - Gen	G24-129	4/24 Town EE Health ins share	#########	$1,933.18	
Excellus - Gen	G24-129	4/24 Town ER Health ins share	#########	$6,400.70	
Total for G/L Account		**090608.01.000.00**	**$8,333.88**		

Total for all Vouchers **$8,333.88**

Total for Vendor: Excellus - Gen **$8,333.88**

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

Fessler, Laurie - Gen	G24-117	Planning Board of Appeals meetin	#########	$128.75	110764
Total for G/L Account		**080204.01.000.00**	**$128.75**		

Town Of Forestport
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

		Total for all Vouchers		**$128.75**
Total for Vendor:		**Fessler, Laurie - Gen**		**$128.75**

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

Forestport - Highway (Gen)	G24-130	48.1gal@2.89 unleaded gasoline-	3/1/2024	$139.01
Total for G/L Account		**016204.01.000.00**		**$139.01**
		Total for all Vouchers		**$139.01**
Total for Vendor:		**Forestport - Highway (Gen)**		**$139.01**

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

Forestport - Sewer-(Gen)	G24-132	4/24 Sewer Bill-11953 River St	3/1/2024	$79.50
Forestport - Sewer-(Gen)	G24-133	4/24 sewer bill;-12216 Woodhll R	3/1/2024	$79.50
Total for G/L Account		**016204.01.000.00**		**$159.00**

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

Forestport - Sewer-(Gen)	G24-131	4/24 Sewer Bill-Scouten Field	3/1/2024	$79.50
Total for G/L Account		**071404.01.000.00**		**$79.50**
		Total for all Vouchers		**$238.50**
Total for Vendor:		**Forestport - Sewer-(Gen)**		**$238.50**

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

Frontier - General	G24-134	3/24 Assessors office #315-392-5	3/1/2024	$163.65
Frontier - General	G24-136	3/24 Town Hall #315-392-2801	3/1/2024	$617.96
Total for G/L Account		**016504.01.000.00**		**$781.61**

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

Frontier - General	G24-135	3/24 Hwy Barn #315-392-2623	3/1/2024	$194.03
Total for G/L Account		**051324.01.000.00**		**$194.03**

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

		Total for all Vouchers		**$975.64**	
Total for Vendor:		**Frontier - General**		**$975.64**	
G/L Number: 073104.01.000.00		**Youth Programs CE GEN FD**			
Galligan, Ashley	G24-119	22.5hrs@20. Art Club Program	3/8/2024	$450.00	110766
Galligan, Ashley	G24-116	9hrs@20. Art Club program	#########	$180.00	110762
Galligan, Ashley	G24-119	3hrs@20. Planning Art Club Prog	3/8/2024	$60.00	110766
Galligan, Ashley	G24-116	2.5hrs@20. planning for Art Club	#########	$50.00	110762
Galligan, Ashley	G24-116	3hrs@20. Deep Cleaning Room	#########	$60.00	110762
Total for G/L Account		**073104.01.000.00**		**$800.00**	
		Total for all Vouchers		**$800.00**	
Total for Vendor:		**Galligan, Ashley**		**$800.00**	
G/L Number: 016704.01.000.00		**Central Print/Mail GEN FD**			
GreatAmerica Fin-Gen	G24-137	3/24 copier lease payment-Town	3/4/2024	$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: 090608.01.000.00		**Medical Insuance (Town Share) GEN FD**			
Hajdasz, Dorothy - Gen	G24-138	3/24 Medicre Reimbursement	3/1/2024	$69.10	
Total for G/L Account		**090608.01.000.00**		**$69.10**	
		Total for all Vouchers		**$69.10**	
Total for Vendor:		**Hajdasz, Dorothy - Gen**		**$69.10**	
G/L Number: 051324.01.000.00		**Hwy Garage Bldg CE GEN FD**			
Halpin's Fuel Service-Gen	G24-139	499.9gal@3.399 fuel oil - waste oi	#########	$1,699.16	

Town Of Forestport
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

	Total for G/L Account	**051324.01.000.00**		**$1,699.16**	
		Total for all Vouchers		**$1,699.16**	
Total for Vendor: Halpin's Fuel Service-Gen				**$1,699.16**	

G/L Number: 080204.01.000.00 Planning CE GEN FD

J Piper Consulting-Gen	G24-140	22.75hrs@65. gen grant writing,pl	3/4/2024	$1,478.75	
	Total for G/L Account	**080204.01.000.00**		**$1,478.75**	
		Total for all Vouchers		**$1,478.75**	
Total for Vendor: J Piper Consulting-Gen				**$1,478.75**	

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

Kardash, Nancy - Gen	G24-141	3/24 Medicare Reimbursement	3/1/2024	$69.10	
	Total for G/L Account	**090608.01.000.00**		**$69.10**	
		Total for all Vouchers		**$69.10**	
Total for Vendor: Kardash, Nancy - Gen				**$69.10**	

G/L Number: 086684.01.000.00 Rehabilitation-contractors/grants GEN FD

LaBella Associates - Gen	G24-142	Comprehensive plan update-fee	########	$4,408.09	
	Total for G/L Account	**086684.01.000.00**		**$4,408.09**	
		Total for all Vouchers		**$4,408.09**	
Total for Vendor: LaBella Associates - Gen				**$4,408.09**	

G/L Number: 080204.01.000.00 Planning CE GEN FD

LeBuis, Jeffrey R.	G24-118	Pla nning Board of Appeals meeti	########	$171.66	110765
	Total for G/L Account	**080204.01.000.00**		**$171.66**	

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

		Total for all Vouchers		**$171.66**	
Total for Vendor: LeBuis, Jeffrey R.				**$171.66**	
G/L Number: 016204.01.000.00		**Buildings CE GEN FD**			
Nationalgrid - Gen	G24-147	1/2 3/24 Hydro garage #06581-57	3/1/2024	$24.46	
Nationalgrid - Gen	G24-146	3/24 Twin Bridges #39480-44007	3/1/2024	$23.20	
Total for G/L Account		**016204.01.000.00**		**$47.66**	
G/L Number: 051324.01.000.00		**Hwy Garage Bldg CE GEN FD**			
Nationalgrid - Gen	G24-148	3/24 Hwy Barn #04849-42109	3/1/2024	$1,105.50	
Total for G/L Account		**051324.01.000.00**		**$1,105.50**	
G/L Number: 051824.01.000.00		**Street Lighting CE GEN FD**			
Nationalgrid - Gen	G24-120	3/24 Street lighting #86552-92102	3/1/2024	$1,553.45	110767
Total for G/L Account		**051824.01.000.00**		**$1,553.45**	
G/L Number: 071404.01.000.00		**Playgrounds/Recreation CE GEN FD**			
Nationalgrid - Gen	G24-143	3/24 Scouten Field #98284-09006	3/1/2024	$23.20	
Total for G/L Account		**071404.01.000.00**		**$23.20**	
G/L Number: 071804.01.000.00		**Special Recreation Facilities CE GEN FD**			
Nationalgrid - Gen	G24-144	3/24 Dutch Hill Ballfield #69249-	3/1/2024	$25.21	
Total for G/L Account		**071804.01.000.00**		**$25.21**	
G/L Number: 073104.01.000.00		**Youth Programs CE GEN FD**			
Nationalgrid - Gen	G24-145	3/24 Woodgate Bldg #46049-411	3/1/2024	$20.50	
Total for G/L Account		**073104.01.000.00**		**$20.50**	
		Total for all Vouchers		**$2,775.52**	
Total for Vendor: Nationalgrid - Gen				**$2,775.52**	
G/L Number: 010104.01.000.00		**Town Board CE GEN FD**			

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

NYS Tug Hill Commission - G	G24-150		3/1/2024	$0.00
NYS Tug Hill Commission - G	G24-150	5/24 Local Gov Day - Glenyce	3/1/2024	$85.00
NYS Tug Hill Commission - G	G24-150	5/24 Local Gov Day - Steven (free	3/1/2024	$0.00
Total for G/L Account	**010104.01.000.00**		**$85.00**	

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

NYS Tug Hill Commission - G	G24-150	5/24 Local Gov Day - TJ	3/1/2024	$85.00
Total for G/L Account	**012204.01.000.00**		**$85.00**	

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

NYS Tug Hill Commission - G	G24-150	5/24 Local Gov Day - Tracy	3/1/2024	$85.00
Total for G/L Account	**014104.01.000.00**		**$85.00**	

G/L Number: 080104.01.000.00 **Zoning CE GEN FD**

NYS Tug Hill Commission - G	G24-150	5/24 Local Gov Day - Carl & Jeff	3/1/2024	$170.00
Total for G/L Account	**080104.01.000.00**		**$170.00**	

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

NYS Tug Hill Commission - G	G24-150	5/24 Local Gov Day - Tyler,David	3/1/2024	$340.00
Total for G/L Account	**080204.01.000.00**		**$340.00**	

Total for all Vouchers **$765.00**

Total for Vendor: NYS Tug Hill Commission - Gen **$765.00**

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

NYSTC A- Gen	G24-149	NTSTA coference Reg 4/21-24/24	3/1/2024	$416.00
Total for G/L Account	**014104.01.000.00**		**$416.00**	

Total for all Vouchers **$416.00**

Total for Vendor: NYSTC A- Gen **$416.00**

G/L Number: 035104.01.000.00 **Dog Control CE GEN FD**

O'Connor Printing-Gen	G24-151	Notice to comply forms-Dog Cont	3/1/2024	$40.00

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

		Description		
	Total for G/L Account	**035104.01.000.00**	**$40.00**	
		Total for all Vouchers	**$40.00**	
Total for Vendor:	**O'Connor Printing-Gen**		**$40.00**	
G/L Number: 013104.01.000.00		**Bookkeeper C/E GEN FD**		
Quill - General	G24-162	Brother toner TN 760	#########	$82.57
	Total for G/L Account	**013104.01.000.00**	**$82.57**	
G/L Number: 016604.01.000.00		**Central Office Supplies GEN FD**		
Quill - General	G24-162	Tank Highlighters 12pk	#########	$10.13
Quill - General	G24-162	9x12 Large Envelopes 100ct	#########	$39.41
	Total for G/L Account	**016604.01.000.00**	**$49.54**	
		Total for all Vouchers	**$132.11**	
Total for Vendor:	**Quill - General**		**$132.11**	
G/L Number: 016204.01.000.00		**Buildings CE GEN FD**		
Rauscher Bros. - Gen	G24-152	2/24 Trash Pickup-Tow Hall 4yd	3/1/2024	$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	G24-152	2/24 Trash Pickup-Hwy Barn 2yd	3/1/2024	$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	G24-153	3/24 Medicare Reimbursement	3/1/2024	$69.10
	Total for G/L Account	**090608.01.000.00**	**$69.10**	

Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

		Total for all Vouchers		**$69.10**	
Total for Vendor:		**Ritter, Mark - Gen**		**$69.10**	

G/L Number: 080104.01.000.00 **Zoning CE GEN FD**

Rome Sentinel Co - Gen	G24-154	Carley-Planning Board of Appeals	#########	$9.00	
Total for G/L Account		**080104.01.000.00**	**$9.00**		

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

Rome Sentinel Co - Gen	G24-155	James Huss & Brian Broson-Busi	#########	$10.98	
Rome Sentinel Co - Gen	G24-156	Rockhill-Planning Board Subdivis	#########	$9.66	
Rome Sentinel Co - Gen	G24-157	William-Plan Board SUB & Parce	#########	$10.32	
Total for G/L Account		**080204.01.000.00**	**$30.96**		
		Total for all Vouchers	**$39.96**		
Total for Vendor:		**Rome Sentinel Co - Gen**	**$39.96**		

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

Rubyor, MaryAnn L.	G24-158	3/24 Medicare Reimbursement	3/1/2024	$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	G24-121	Internet serive Town Hall 2/24/24	#########	$189.98	110768
Total for G/L Account		**016504.01.000.00**	**$189.98**		
		Total for all Vouchers	**$189.98**		
Total for Vendor:		**Spectrum-Gen**	**$189.98**		

Town Of Forestport
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

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

State Controller-Justice	G24-122	1/24 fines & fees-State Controller	########	$2,505.00	110769
Total for G/L Account		**002610.01.000.00**	**$2,505.00**		
		Total for all Vouchers	**$2,505.00**		
Total for Vendor:		**State Controller-Justice**	**$2,505.00**		

G/L Number: 085104.01.000.00 Community Beautification GEN FD

Swartout Construction Co - Ge	G24-159	portapot Otter Lake 2/1-2/29/24	3/1/2024	$170.00	
Total for G/L Account		**085104.01.000.00**	**$170.00**		
		Total for all Vouchers	**$170.00**		
Total for Vendor:		**Swartout Construction Co - Gen**	**$170.00**		

G/L Number: 014104.01.000.00 Town Clerk CE GEN FD

Terry, Tracy-Gen	G24-160	mileage 84@.56 2/15-3/7/24 bank	3/7/2024	$47.04	
Total for G/L Account		**014104.01.000.00**	**$47.04**		
		Total for all Vouchers	**$47.04**		
Total for Vendor:		**Terry, Tracy-Gen**	**$47.04**		

G/L Number: 016804.01.000.00 Data Processing CE GEN FD

Total Solutions-Gen	G24-161	credit-microsoft 365 pps 3/4-3/31/	3/6/2024	($7.45)	
Total Solutions-Gen	G24-161	tech support 4/1-4/30/24	3/6/2024	$950.00	
Total Solutions-Gen	G24-161	5@6. microsoft 365 bus basic 4/1-	3/6/2024	$30.00	
Total Solutions-Gen	G24-161	9@12.5 microsoft 365 bus Std 4/1	3/6/2024	$112.50	
Total for G/L Account		**016804.01.000.00**	**$1,085.05**		
		Total for all Vouchers	**$1,085.05**		
Total for Vendor:		**Total Solutions-Gen**	**$1,085.05**		

Town Of Forestport
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

G/L Number: 016204.01.000.00 Buildings CE GEN FD

Verizon-Gen	G24-123	Acct Monthly charge	#########	$7.83	110770
Verizon-Gen	G24-123	Jackpack bill #315-271-7502	#########	$10.36	110770
	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	G24-123	Acct Monthly Charge	#########	$7.83	110770
Verizon-Gen	G24-123	Bldg & Grds cell bill #315-335-74	#########	$26.75	110770
	Total for G/L Account	**016504.01.000.00**		**$34.58**	

G/L Number: 050104.01.000.00 Highway Administration CE GEN FD

Verizon-Gen	G24-123	Hwy Super cell bill #315-335-760	#########	$24.52	110770
Verizon-Gen	G24-123	Acct Monthly charges	#########	$7.84	110770
	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	G24-123	Codes cell bill #315-795-0358	#########	$24.52	110770
Verizon-Gen	G24-123	Acct Monthly charge	#########	$7.84	110770
	Total for G/L Account	**086644.01.000.00**		**$32.36**	

Total for all Vouchers **$117.49**

Total for Vendor: Verizon-Gen **$117.49**

Town Of Forestport
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers **$29,256.60**

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
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

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

Amazon - Hwy	H24-70	2@33.77 vinyl mini blinds 33"W	#########	$67.54
	Total for G/L Account	**051304.03.000.00**	**$67.54**	

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

Amazon - Hwy	H24-69	Shop towels 500ct	#########	$67.97
	Total for G/L Account	**051324.03.000.00**	**$67.97**	
		Total for all Vouchers	**$135.51**	
	Total for Vendor: Amazon - Hwy		**$135.51**	

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

ARAMARK-Hwy	H24-65	2/14/24 Hwy Super uniforms	#########	$48.12
ARAMARK-Hwy	H24-66	3/13/24 Hwy Super uniforms	#########	$48.12
ARAMARK-Hwy	H24-67	2/21/24 Hwy Super Uniforms	#########	$48.12
ARAMARK-Hwy	H24-68	2/28/24 Hwy Super uniforms	#########	$48.12
	Total for G/L Account	**051324.03.000.00**	**$192.48**	
		Total for all Vouchers	**$192.48**	
	Total for Vendor: ARAMARK-Hwy		**$192.48**	

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

Boonville Napa Auto Parts - H	H24-74	Trk#10-Core Deposit-2015 dump	#########	($72.22)
Boonville Napa Auto Parts - H	H24-75	rk#10-Bake Fluid3-32oz - 2015 d	#########	$6.81
Boonville Napa Auto Parts - H	H24-75	Trk#9-oil filter - 2011 dump	#########	$17.05
Boonville Napa Auto Parts - H	H24-74	Trk#10-Core Deposit-2015 dump	#########	($72.22)
Boonville Napa Auto Parts - H	H24-74	Trk#10-Core Deposit-2015 dump	#########	$72.22
Boonville Napa Auto Parts - H	H24-74	Trk#10-Core Deposit-2015 dump	#########	$72.22
Boonville Napa Auto Parts - H	H24-74	Trk#10-One rear left-2015 dump	#########	$78.94
Boonville Napa Auto Parts - H	H24-74	Trk#10-rear brake pads-2015 dum	#########	$39.99
Boonville Napa Auto Parts - H	H24-72	Bench Grinding wheel	#########	$26.73
Boonville Napa Auto Parts - H	H24-72	all trks-6@12.99 25 Def	#########	$77.94

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

		Description			
Boonville Napa Auto Parts - H	H24-71	Trk#7-5W30 oil - 2020 GMC pic	########	$6.98	
Boonville Napa Auto Parts - H	H24-71	Trk#7-5W30 oil - 2020 GMC pic	########	$30.09	
Boonville Napa Auto Parts - H	H24-74	Trk#10-One rear right -2015 dum	########	$78.94	
Boonville Napa Auto Parts - H	H24-71	Trk#7-oil filter - 2020 GMC picku	########	$9.32	
Boonville Napa Auto Parts - H	H24-73	2@13.14 Snow plow head light b	########	$26.28	
Total for G/L Account		**051304.03.000.00**	**$399.07**		
		Total for all Vouchers	**$399.07**		
Total for Vendor: Boonville Napa Auto Parts - Hwy			**$399.07**		

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

CASE Brothers Auto Service-	H24-62	Repair John Dote Truck hit by To	########	$7,645.64	255161
Total for G/L Account		**051424.03.000.00**	**$7,645.64**		
		Total for all Vouchers	**$7,645.64**		
Total for Vendor: CASE Brothers Auto Service-Hwy			**$7,645.64**		

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

Cintas Corp-Hwy	H24-76	hard surface disinfec svc	########	$8.45	
Cintas Corp-Hwy	H24-76	lens/screen wipes 36ct	########	$13.88	
Cintas Corp-Hwy	H24-76	elastic strip small	########	$11.21	
Cintas Corp-Hwy	H24-76	1x3 plastic bandage sm	########	$11.21	
Total for G/L Account		**051324.03.000.00**	**$44.75**		
		Total for all Vouchers	**$44.75**		
Total for Vendor: Cintas Corp-Hwy			**$44.75**		

G/L Number: 050104.03.000.00 **Highway Administration CE HWY FD**

Column Software PBC-Hwy	H24-77	pub notice- posted roads for weig	########	$16.90	
Total for G/L Account		**050104.03.000.00**	**$16.90**		

Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

		Total for all Vouchers		**$16.90**
Total for Vendor:		**Column Software PBC-Hwy**		**$16.90**

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

Davidon Collision-Hwy	H24-60	Repair John Dote Truck hit by To	#########	($7,645.64)
Davidon Collision-Hwy	H24-60	Repair John Dote Truck hit by To	#########	$7,645.64
Total for G/L Account		**051424.03.000.00**		**$0.00**
		Total for all Vouchers		**$0.00**
Total for Vendor:		**Davidon Collision-Hwy**		**$0.00**

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

Halpin's Fuel Service, Inc.-Hw	H24-84	450.2gal@2.899 gasoline unleade	#########	$1,305.13
Total for G/L Account		**051304.03.000.00**		**$1,305.13**

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

Halpin's Fuel Service, Inc.-Hw	H24-78	419.8gal@3.749 on-rd diesel 50/5	#########	$1,573.83
Halpin's Fuel Service, Inc.-Hw	H24-79	400.1gal@3.749 on-rd diesel 50/5	#########	$1,499.97
Total for G/L Account		**051424.03.000.00**		**$3,073.80**
		Total for all Vouchers		**$4,378.93**
Total for Vendor:		**Halpin's Fuel Service, Inc.-Hwy**		**$4,378.93**

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

Haun Welding Supply - Hwy	H24-81	140-req cyl maint&requalification	#########	$4.40
Haun Welding Supply - Hwy	H24-80	140-1 Daily cly rental 341days@.	#########	$136.40
Haun Welding Supply - Hwy	H24-80	140- rental credit for lease 62days	#########	($24.80)
Haun Welding Supply - Hwy	H24-80	140-365 cyl days beyond 365 217	#########	$54.25
Haun Welding Supply - Hwy	H24-80	140-Req cyl maint&requalificatio	#########	$4.40
Haun Welding Supply - Hwy	H24-81	140-1 daily cyl rental 341days@.4	#########	$136.40
Haun Welding Supply - Hwy	H24-81	140-1 Rental credit for lease 62da	#########	($24.80)

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

		Description			
Haun Welding Supply - Hwy	H24-81	140-365 cyl days beyond 365 217	########	$54.25	
Total for G/L Account		**051304.03.000.00**	**$340.50**		
		Total for all Vouchers	**$340.50**		
Total for Vendor: Haun Welding Supply - Hwy			**$340.50**		

G/L Number: 051422.03.000.00 **Snow Removal EQ HWY FD**

Interstate Billing Service-Hwy	H24-82	Broom-144@10.64 10x32 wire co	########	$1,532.16	
Interstate Billing Service-Hwy	H24-82	Broom-225@9.25 10x32 poly con	########	$2,081.25	
Total for G/L Account		**051422.03.000.00**	**$3,613.41**		
		Total for all Vouchers	**$3,613.41**		
Total for Vendor: Interstate Billing Service-Hwy			**$3,613.41**		

G/L Number: 050101.03.000.00 **Highway Administration PS HWY FD**

Kardash, Nancy - Gen	H24-63	48hrs@20. Hwy Clerk job	3/1/2024	$960.00	255162
Total for G/L Account		**050101.03.000.00**	**$960.00**		
		Total for all Vouchers	**$960.00**		
Total for Vendor: Kardash, Nancy - Gen			**$960.00**		

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

Light's Auto Parts - Hwy	H24-83	Gold Air Filter	3/4/2024	$28.12	
Light's Auto Parts - Hwy	H24-83	Oil filter	3/4/2024	$8.23	
Light's Auto Parts - Hwy	H24-83	Gold Air filter	3/4/2024	$98.23	
Light's Auto Parts - Hwy	H24-83	Hydraulac filter	3/4/2024	$79.19	
Light's Auto Parts - Hwy	H24-83	Hydraulac filter	3/4/2024	$44.32	
Light's Auto Parts - Hwy	H24-83	Gold Air filter	3/4/2024	$75.60	
Light's Auto Parts - Hwy	H24-83	Gold Air filter	3/4/2024	$49.21	
Light's Auto Parts - Hwy	H24-83	Gold Hydraulic filter	3/4/2024	$79.19	
Light's Auto Parts - Hwy	H24-83	Gold Air filer	3/4/2024	$76.35	

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

		Description		
Light's Auto Parts - Hwy	H24-83	Oil Filter	3/4/2024	$9.74
Light's Auto Parts - Hwy	H24-83	Fuel filter	3/4/2024	$9.89
Light's Auto Parts - Hwy	H24-83	Oil Filter	3/4/2024	$5.33
Light's Auto Parts - Hwy	H24-83	Air Filter	3/4/2024	$49.82
Light's Auto Parts - Hwy	H24-83	Oil Filter	3/4/2024	$5.33
Light's Auto Parts - Hwy	H24-83	Gold Oil Filter	3/4/2024	$19.51
Light's Auto Parts - Hwy	H24-83	Gold Fuel Filter	3/4/2024	$23.89
Light's Auto Parts - Hwy	H24-83	Gold Fuel Filter	3/4/2024	$28.10
Light's Auto Parts - Hwy	H24-83	Gold Enviroshield cabin air filter	3/4/2024	$13.31
Light's Auto Parts - Hwy	H24-83	Gold Fuel filter	3/4/2024	$14.12
Light's Auto Parts - Hwy	H24-83	Gold Air Filter	3/4/2024	$49.21
Light's Auto Parts - Hwy	H24-83	2@50.43 gold Air filer	3/4/2024	$100.86
Light's Auto Parts - Hwy	H24-83	Gold Oil filer	3/4/2024	$63.98
Light's Auto Parts - Hwy	H24-83	Gold Oil filer	3/4/2024	$34.85
Light's Auto Parts - Hwy	H24-83	Gold Air filer	3/4/2024	$22.33
Light's Auto Parts - Hwy	H24-83	Gold Oil filer	3/4/2024	$12.16
Light's Auto Parts - Hwy	H24-83	Gold Fuel filer	3/4/2024	$44.23
Light's Auto Parts - Hwy	H24-83	Gold Air filter	3/4/2024	$47.82
Light's Auto Parts - Hwy	H24-83	Gold Air Filter	3/4/2024	$35.84
Light's Auto Parts - Hwy	H24-83	Fuel filter	3/4/2024	$9.19
Light's Auto Parts - Hwy	H24-83	Gold Oil Filter	3/4/2024	$19.51
Light's Auto Parts - Hwy	H24-83	Gold Fuel Filter	3/4/2024	$23.89
Light's Auto Parts - Hwy	H24-83	Gold Air Filter	3/4/2024	$48.18
Light's Auto Parts - Hwy	H24-83	Gold Air Filter	3/4/2024	$50.45
Light's Auto Parts - Hwy	H24-83	Hydraulic Filer	3/4/2024	$82.23
Light's Auto Parts - Hwy	H24-83	Fuel Filter	3/4/2024	$22.10
Light's Auto Parts - Hwy	H24-83	Oil Filter	3/4/2024	$45.29
Light's Auto Parts - Hwy	H24-83	Fuel filter	3/4/2024	$18.03
Light's Auto Parts - Hwy	H24-83	Oil filter	3/4/2024	$11.66
Light's Auto Parts - Hwy	H24-83	Air filter	3/4/2024	$44.20
Light's Auto Parts - Hwy	H24-83	Gold Air filter	3/4/2024	$33.25
Light's Auto Parts - Hwy	H24-83	Oil filer	3/4/2024	$5.33
Total for G/L Account		**051304.03.000.00**	**$1,542.07**	

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

		Description			
		Total for all Vouchers		**$1,542.07**	
Total for Vendor:	**Light's Auto Parts - Hwy**			**$1,542.07**	
G/L Number: 090608.03.000.00		**Medical Insuance (Town Share) HWY FD**			
NYS Teamsters H & H - Hwy	H24-61	2/24 Hwy EE Health ins share	#########	$537.18	255160
NYS Teamsters H & H - Hwy	H24-61	2/24 Hwy ER Health ins share	#########	$4,834.90	255160
Total for G/L Account		**090608.03.000.00**		**$5,372.08**	
		Total for all Vouchers		**$5,372.08**	
Total for Vendor:	**NYS Teamsters H & H - Hwy**			**$5,372.08**	
G/L Number: 051324.03.000.00		**Hwy Garage Bldg CE HWY FD**			
Verizon-Hwy	H24-64	Acct Monthl charge	#########	$7.83	255163
Verizon-Hwy	H24-64	Hwy Foreman cell bill #315-335-	#########	$30.52	255163
Total for G/L Account		**051324.03.000.00**		**$38.35**	
		Total for all Vouchers		**$38.35**	
Total for Vendor:	**Verizon-Hwy**			**$38.35**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers **$24,679.69**

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

STAR Ambulance

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

G/L Number: 045404.24.000.00 **Ambulance CE Ambulance-STAR**

STAR Vol. Ambulance	AMB24-2	2024 Star Ambulance contract	########	$59,062.50	110763
Total for G/L Account		**045404.24.000.00**		**$59,062.50**	
		Total for all Vouchers		**$59,062.50**	
Total for Vendor:		**STAR Vol. Ambulance**		**$59,062.50**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers $59,062.50

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

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

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

Center State Propane- Water	W24-28	1/2 129.3gal@1.809 propane-Hyd	3/4/2024	$116.97	
Center State Propane- Water	W24-29	66.8gal@1.773 propane-Pierce pr	########	$118.45	
Center State Propane- Water	W24-30	140.2gal@1.8092 propane-Pump	########	$253.65	
	Total for G/L Account	**083204.08.000.00**	**$489.07**		
		Total for all Vouchers	**$489.07**		
	Total for Vendor:	**Center State Propane- Water**	**$489.07**		

G/L Number: 083404.08.000.00 **Transmission/Distribution CE WATER DIST**

Core & Main LP (HD Supply)-	W24-41	2024 software support-water mete	3/7/2024	$2,437.43	
	Total for G/L Account	**083404.08.000.00**	**$2,437.43**		
		Total for all Vouchers	**$2,437.43**		
	Total for Vendor:	**Core & Main LP (HD Supply)-Water**	**$2,437.43**		

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

Frontier - Water	W24-32	3/24 line between plats #315-196-	3/1/2024	$171.96	
Frontier - Water	W24-31	3/24 tank level #315-392-2022	3/1/2024	$89.75	
	Total for G/L Account	**083204.08.000.00**	**$261.71**		
		Total for all Vouchers	**$261.71**		
	Total for Vendor:	**Frontier - Water**	**$261.71**		

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

Life Science-Water	W24-25	chlorine free water test	########	$40.00	22726
Life Science-Water	W24-25	Inflationary surcharge	########	$3.20	22726
	Total for G/L Account	**083304.08.000.00**	**$43.20**		
		Total for all Vouchers	**$43.20**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Total for Vendor: Life Science-Water **$43.20**

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

Nationalgrid - Water	W24-36	3/24 chlorination Bldg #02330-89	3/1/2024	$398.71	
Nationalgrid - Water	W24-35	1/2 3/24 htdro pneu #06581-5700	3/1/2024	$24.46	
Nationalgrid - Water	W24-34	3/24 Pump station Lorraine #5144	3/1/2024	$41.75	
Nationalgrid - Water	W24-33	3/24 Pump station Irish #69649-4	3/1/2024	$116.39	
	Total for G/L Account	**083204.08.000.00**	**$581.31**		

Total for all Vouchers **$581.31**

Total for Vendor: Nationalgrid - Water **$581.31**

G/L Number: 083201.08.000.00 **Source Power Pump PS WATER DIST**

Pelno, Jim - Water	W24-38	Coverage for Lucas vacation 2/29-	#########	$243.60	
	Total for G/L Account	**083201.08.000.00**	**$243.60**		

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

Pelno, Jim - Water	W24-37	2hrs@19.04 plowing water site -m	#########	$38.08	
Pelno, Jim - Water	W24-26	7hrs@19.04 plowing Water sites 1	3/1/2024	$133.28	22727
	Total for G/L Account	**083204.08.000.00**	**$171.36**		

Total for all Vouchers **$414.96**

Total for Vendor: Pelno, Jim - Water **$414.96**

G/L Number: 083104.08.000.00 **Administration CE WATER DIST**

Quill - Water	W24-42	#10 window envelopes 100ct	#########	$20.26	
Quill - Water	W24-39	#10 window envelope 100ct	3/4/2024	$21.59	
	Total for G/L Account	**083104.08.000.00**	**$41.85**		

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

Quill - Water	W24-40	composition Notebook 4pk	#########	$0.09	
	Total for G/L Account	**083204.08.000.00**	**$0.09**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

		Total for all Vouchers		**$41.94**	
Total for Vendor: Quill - Water				**$41.94**	
G/L Number: 083204.08.000.00		**Source Power Pump CE WATER DIST**			
Verizon - Water	W24-27	Acct monthly charge	#########	$7.83	22728
Verizon - Water	W24-27	Ipad-Water piping & hydrants sys	#########	$10.36	22728
Total for G/L Account		**083204.08.000.00**		**$18.19**	
		Total for all Vouchers		**$18.19**	
Total for Vendor: Verizon - Water				**$18.19**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers $4,287.81

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 Water

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

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

Center State Propane - Buckhor	B24-12	95.8gal@1.773 propane	#########	$169.87	
	Total for G/L Account	**083204.12.000.00**	**$169.87**		
		Total for all Vouchers	**$169.87**		
Total for Vendor:	**Center State Propane - Buckhorn**		**$169.87**		

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

Life Science Lag-Buckhorn	B24-10	Inflationary surcharge	#########	$3.20	1058
Life Science Lag-Buckhorn	B24-10	chlorine free water test	#########	$40.00	1058
	Total for G/L Account	**083204.12.000.00**	**$43.20**		
		Total for all Vouchers	**$43.20**		
Total for Vendor:	**Life Science Lag-Buckhorn**		**$43.20**		

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

National Grid-Buckhorn	B24-13	3/24 Buckhorn #80437-73117	3/1/2024	$78.85	
	Total for G/L Account	**083204.12.000.00**	**$78.85**		
		Total for all Vouchers	**$78.85**		
Total for Vendor:	**National Grid-Buckhorn**		**$78.85**		

G/L Number: 083201.12.000.00 **Source Power Pump PS BUCKHOR WATER DISTRICT**

Pelno, Jim - Water	B24-14	Coverage for Lucas Vacation 2/29	#########	$59.16	
	Total for G/L Account	**083201.12.000.00**	**$59.16**		

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

Pelno, Jim - Water	B24-11	1hr@19.04 plowing Buckhorn site	#########	$19.04	1059
	Total for G/L Account	**083204.12.000.00**	**$19.04**		
		Total for all Vouchers	**$78.20**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Total for Vendor:	**Pelno, Jim - Water**			**$78.20**

G/L Number: 083104.12.000.00 **Administration CE BUCKHOR WATER DISTRICT**

Quill LLC - Buckhorn	B24-15	#10 window envelopes 100ct	3/4/2024	$21.59
Total for G/L Account		**083104.12.000.00**	**$21.59**	
		Total for all Vouchers	**$21.59**	
Total for Vendor:	**Quill LLC - Buckhorn**		**$21.59**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers **$391.71**

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: 2/23/2024 thru 3/19/2024

Description

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

Center State Propane-Sewer	S24-19	81.5gal@1.773 propane-Lift Stati	3/6/2024	$144.52
	Total for G/L Account	**081304.09.000.00**	**$144.52**	
		Total for all Vouchers	**$144.52**	
	Total for Vendor:	**Center State Propane-Sewer**	**$144.52**	

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

Life Science-Sewer	S24-20	Inflationary surcharge 8%	#########	$5.12
Life Science-Sewer	S24-20	2@22. SM 5210B-2016 BOD-5 D	#########	$44.00
Life Science-Sewer	S24-20	2@10. SM 2540 D-2015 Total Su	#########	$20.00
	Total for G/L Account	**081304.09.000.00**	**$69.12**	
		Total for all Vouchers	**$69.12**	
	Total for Vendor:	**Life Science-Sewer**	**$69.12**	

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

Nationalgrid - Sewer	S24-22	3/24 Sewer Plant #56849-42108	3/1/2024	$151.06
Nationalgrid - Sewer	S24-21	3/24 Lift Station Dutch #57649-42	3/1/2024	$348.58
	Total for G/L Account	**081304.09.000.00**	**$499.64**	
		Total for all Vouchers	**$499.64**	
	Total for Vendor:	**Nationalgrid - Sewer**	**$499.64**	

G/L Number: 081201.09.000.00 **Sanitary Sewers PS SEWER DIST**

Pelno, Jim - Sewer	S24-23	Coverage for Lucas vacation 2/29-	#########	$267.96
	Total for G/L Account	**081201.09.000.00**	**$267.96**	

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

Pelno, Jim - Sewer	S24-18	3.5hrs@19.04 plowing Sewer site	#########	$66.64	31672
	Total for G/L Account	**081204.09.000.00**	**$66.64**		

		Description		
		Total for all Vouchers	**$334.60**	
Total for Vendor: Pelno, Jim - Sewer			**$334.60**	
G/L Number: 081104.09.000.00		**Administration CE SEWER DIST**		
Quill - Sewer	S24-24	#10 window envelopes 100ct	3/4/2024	$21.59
Total for G/L Account		**081104.09.000.00**	**$21.59**	
		Total for all Vouchers	**$21.59**	
Total for Vendor: Quill - Sewer			**$21.59**	

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers **$1,069.47**

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**

Planning Board Esc Acct

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

G/L Number: 080904.17.014.00 **Admin CE Planning Escrow Copies/fax**

Forestport, Town Of - Esc	PB24-8	Huss/Btoson -bussiness - photo co	########	$3.00
	Total for G/L Account	**080904.17.014.00**	**$3.00**	

G/L Number: 080904.17.016.00 **Admin CE Planning Escrow Mailing/postage/envelopes**

Forestport, Town Of - Esc	PB24-8	Huss/Btoson -bussiness - mail,pos	########	$11.16
	Total for G/L Account	**080904.17.016.00**	**$11.16**	

G/L Number: 080904.17.017.00 **Admin CE Planning Escrow Ads**

Forestport, Town Of - Esc	PB24-8	Huss/Btoson -bussiness - adv	########	$10.98
	Total for G/L Account	**080904.17.017.00**	**$10.98**	

G/L Number: 080904.17.018.00 **Admin CE Planning Escrow checks written**

Forestport, Town Of - Esc	PB24-8	Huss/Btoson -bussiness - Checks	########	$2.00
	Total for G/L Account	**080904.17.018.00**	**$2.00**	

Total for all Vouchers **$27.14**

Total for Vendor: Forestport, Town Of - Esc **$27.14**

G/L Number: 080904.17.000.00 **Admin CE Planning Escrow**

James Huss/Brian Bronson-Esc	PB24-9	James Huss/Brian Bronson -Refun	########	$62.86
	Total for G/L Account	**080904.17.000.00**	**$62.86**	

Total for all Vouchers **$62.86**

Total for Vendor: James Huss/Brian Bronson-Esc **$62.86**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 2/23/2024 thru 3/19/2024

Description

Grand Total of all Vouchers **$90.00**

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

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

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	February-24
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		0	0		1.2	0.79		
2	X		0	0		1.98	0.88		
3	X		0	0		1.4	0.82		
4	X		62400	0		0.82	0.72		
5	X		0	0		1.41	0.66		
6	X		0	0		1.3	0.69		
7	X		6300	0		0.79	0.7		
8	X		53100	0		1.1	0.7		
9	X		0	0		1.46	0.68		
10	X		0	0		1.4	0.66		
11	X		22500	0		0.98	0.63		
12	X		41700	0		1.39	0.67		
13	X		0	0		1.11	0.66		
14	X		0	0		1.03	0.7		
15	X		29600	0		0.85	0.69		
16	X		31700	0		1.12	0.68		
17	X		0	0		1.48	0.69		
18	X		0	0		1.3	0.62		
19	X		45400	0		1.01	0.43		
20	X		16700	0		1.17	0.47		
21	X		0	0		1.4	0.62		
22	X		0	0		1.08	0.67		
23	X		60100	0		1.17	0.65		
24	X		400	0		1.3	0.65		
25	X		0	0		1.41	0.66		
26	X		13100	0		1.11	0.63		
27	X		46900	0		1.18	0.75		
28	X		0	0		0.82	0.6		
29	X		0	0		0.74	0.67		
30	X								
31	X								
Total			429900.00	0.00		34.51			
Avg.			14824.14	0.00		1.19	0.67		

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)
20	*220*	*12.5*	0.01	**0.2 mg/l**

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

Reported by	*Lucas Kafka*	Title	*Water Treatment Plant Operator*
Signature	*Lucas Kafka*	Date	*3/11/24*

If NYS Certified Operator – Grade Level	C	NYS Water Operator #	*NY0043640*	Expiration Date	*1/31/2027*

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

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

Water Systems Operation Report
Microbiological Samples and Free Chlorine Residual + Other Samples

MONTHLY SUBMISSION FORM
Oneida County

Public Water System Name	FORESTPORT WATER DISTRICT	Reporting Month / Year	February-24
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
Irish Settlment	02/08/24	1	No	No	0.64

Sample Collector: Lucas Kafka
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: Lucas Kafka
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

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	February-24
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: 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			0.38	0.15					
2	Well			0.4	0.21					
3	Well			0.43	0.3					
4	Well		0.317	0.39	0.24					
5	Well			0.53	0.25					
6	Well			0.44	0.24					
7	Well			0.46	0.2					
8	Well			0.71	0.3					
9	Well		0.317	0.43	0.3					
10	Well			0.45	0.31					
11	Well			0.42	0.3					
12	Well			0.28	0.26					
13	Well			0.34	0.28					
14	Well		0.317	0.54	0.3					
15	Well			0.5	0.29					
16	Well			0.46	0.29					
17	Well			0.44	0.28					
18	Well			0.31	0.27					
19	Well		0.317	0.27	0.26					
20	Well			0.23	0.3					
21	Well			0.27	0.3					
22	Well			0.4	0.29					
23	Well			0.59	0.26					
24	Well			0.52	0.28					
25	Well			0.46	0.29					
26	Well			0.44	0.27					
27	Well		0.317	0.43	0.28					
28	Well			0.4	0.29					
29	Well			0.48	0.27					
30	Well									
31	Well									
Total		0.00	0.00	0.00	0.00			0.00		
Avg.		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#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
0.317	20	12.5	0.002	0.7

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

Reported by	Lucas Kafka	Title	Operator
Signature	*Lucas Kafka*	Date	2/11/2024
If NYS Certified Operator – Grade Level	C	NYS Water Operator #	NY0043840

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	February-24
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 2 - Repeat	Total Coliform Positive (Yes /No)	E.coli Positive (Yes / No)	Free Chlorine Residual
Buckhorn Pump Station	2/8/2024	1	No	No	0.71

Sample Collector: Lucas Kafka
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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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
2/1/2024	2/29/2024

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	******	******	******	******	******	6.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	8.9				
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	0.2	0.2		******	5.2	5.2				
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	******	******	******	******	******	390				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.28	******	6.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	7.14	******	7.90				
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	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.

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
2/1/2024	2/29/2024

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
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	130				
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	******	******	******	99%	******	******				
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.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF February, 2024.

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
T	1	0	7:36A	8218		8.9	5.8		7.26	6.39		38.0	<0.1				
F	2	0	6:45A	6242		8.2	6.2		7.38	6.45		42.0	<0.1				
S	3																
S	4																
m	5	0	7:11A	18227		7.8	5.8		7.46	6.62		26.0	<0.1				
T	6	0	7:35A	5206		7.6	5.1		7.28	6.37		48.0	<0.1				
W	7	0	7:33A	4984		7.9	5.2		7.31	6.28		34.0	<0.1				
T	8	0	6:57A	4453		8.2	5.7		7.49	6.46		44.0	<0.1	390 •	5.2	130	<4
F	9	0	7:06A	4049		8.4	5.8		7.68	6.64		36.0	<0.1				
S	10																
S	11																
m	12	0	7:22A	17551		8.3	5.6		7.31	6.47		48.0	<0.1				
T	13	0	7:08A	4762		8.1	5.9		7.26	6.36		24.0	<0.1				
W	14	0	7:24A	4662		7.7	5.7		7.72	6.49		34.0	<0.1				
T	15	0	7:03A	4837		7.2	5.1		7.55	6.67		38.0	<0.1				
F	16	0	8:15A	4841		7.8	5.2		7.38	6.47		22.0	<0.1				
S	17																
S	18																
m	19	0	8:07A	15206		7.6	5.1		7.46	6.49		32.0	<0.1				
T	20	0	6:12A	3875		7.7	4.1		7.52	6.78		40.0	<0.1				
W	21	0	8:35A	4073		7.3	4.8		7.90	6.64		24.0	<0.1				
T	22	0	8:04A	3887		7.6	5.1		7.44	6.59		38.0	<0.1				
F	23	2mm	8:02A	4289		8.2	5.2		7.62	6.46		26.0	<0.1				
S	24																
S	25																
m	26	0	7:05A	12478		7.8	5.2		7.36	6.43		42.0	<0.1				
T	27	0	7:02A	4392		8.4	5.7		7.14	6.52		36.0	<0.1				
W	28	2mm	7:10A	4894		8.1	6.1		7.38	6.48		24.0	<0.1				
T	29	0	7:45A	6522		7.0	5.8		7.60	6.32		44.0	<0.1				
	30																
	31																

	Total Precip		Monthly Average		Monthly Average Influent	Monthly Average Effluent	Min Influent	Max Influent	Min Effluent	Max Effluent	Monthly Maximum	Monthly Maximum	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.	30 day arithmetic mean (1) Inf.(mg/l)	Eff.(mg/l)	%Rem.
	4mm		.005		7.9	5.4	7.14	7.90	6.28	6.78	48.0	<0.1	390	5.2	99%	130	<4	97%
											30 Day Average Quantity Loading (1)		0.2	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						T	R
	3						F	R clean baskets
	4						S	—— 6:15 AM OK
	5						S	—— 10:10 AM OK
	6						M	R clean baskets
	7						T	R
	8						W	R clean baskets
	9						T	R Close 1+3 OPEN 2+4 B+D'S Sewer Samples
	10						F	R clean baskets
	11						S	—— 8:25 AM OK
	12						S	—— 7:44 AM OK
	13						M	R clean baskets
	14						T	R
	15						W	R clean baskets
	16						T	R
	17						F	R clean basket
	18						S	—— 6:12 AM OK
	19						S	—— 6:25 AM OK
	20						M	R clean baskets
	21						T	R
	22						W	R clean baskets
	23						T	R
	24						F	R clean baskets
	25						S	—— 8:28 AM OK
	26						S	—— 8:01 AM OK
	27						M	R clean baskets
	28						T	R
	29						W	R clean baskets
	30						T	R
	31							

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	Effluent	Sample Type: Influent	Effluent	Sample Type: Influent	Effluent	Sample Type: Influent	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															
	4															
	5															
	6															
	7															
	8															
	9															
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	27															
	28															
	29															
	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.

Lucas Kafka
Signature of Principal Executive Officer or Authorized Agent

3/1/2024
Date

Town Clerk Monthly Report Monthly Report
February 01, 2024 - February 29, 2024

Account#	Account Description	Fee Description	Qty	Local Share
A2544	Dog Licensing	Female, Spayed	4	16.00
		Male, Neutered	1	4.00
		Male, Unneutered	1	12.00
			Sub-Total:	$32.00

Total Local Shares Remitted:	**$32.00**

Amount paid to: NYS Ag. & Markets for spay/neuter program 8.00

Total State, County & Local Revenues: $40.00

Total Non-Local Revenues: $8.00

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 3/7/24 Date Tracy M Terry Town Clerk 3/5/2024 Date

NEW YORK
STATE OF
OPPORTUNITY

Department of
Environmental
Conservation

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
625 Broadway, Albany, NY 12233

Phone 1-800-962-5622

TOWN OF FORESTPORT
10275 New York 28 P O Box 137, Forestport NY, 13338

Invoice Period: **02/01/2024** to **02/29/2024**

Invoice Summary

Sales Summary	Items Sold	Sales Total	Vendor Commission	Sweep Amount
	0	$0.00	$0.00	$0.00

Reversals / Voids Summary	Items Reversed / Voided	Reversal / Void Total	Vendor Commission	Sweep Amount
	0	$0.00	$0.00	$0.00

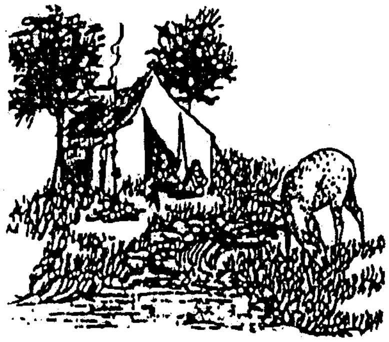
Manual Adjustment Summary	Adjustment Note	Adjustment Type	Adjustment Amount

Invoice Totals	Sweep
	$0.00

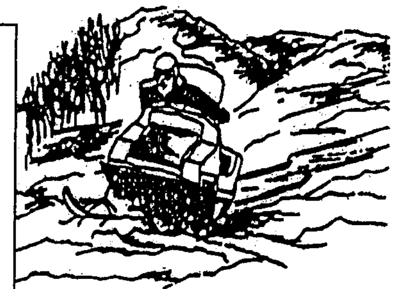
$0.00 Will be swept from your bank account on **3/14/2024**

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 – February 2024

Judge Hours 48.5

Clerk hours   33

Number of Cases Disposed Of

Vehicle & Traffic – 23 Parks & Rec. - 3 Penal Law - 6 Civil / Codes - 0   Small Claims - 0
ENCON -0   Public Health Law- 0   Navigation Law - 0

Month	Fine, Forfeitures & Civil	Civil Fees	Mandatory Surcharges	Monthly Total
February	$1660.00	$140.00	$1353.00	$3153.00

4 Traffic Cases Disposed through Traffic Diversion. 1 Criminal Case transferred to Mental Health Court, 1 Criminal Case Transferred to County Court.

Signed,

Hon. Anthony W. Sege
Town Justice

MONTLY DCO WORKSHEET	MONTH February 2024	
Action Initiated By: Craig Jenks	NUMBER	COMMENTS
Phone Calls Received	5	
Complaints Investigated	2	
Calls from Police	0	
Calls from Oneida Cty. Health	0	
Dogs Killed by Cars	0	
Cat Calls	0	
Dogs Running Deer	0	
Dogs Escaped	0	
Other		
ACTION TAKEN:		
Dogs Impounded	0	
Dogs Redeemed	0	
Dangerous Dogs: Ordered to Confine	0	
Calls to Oneida Cty. Health Dept.	0	
Calls to State Police	0	
Dogs Adopted	0	
Dogs Euthanized	0	
Dogs Killed by Cars (Buried)	0	
Other: Dogs Carried Over	0	

OTHER:

FEES COLLECTED:

INVESTIGATION: 1. dog issue on Dades Thruway

REMARKS: 2. dog running on Obrien Rd

TOWN OF FORESTPORT
PLANNING BOARD SUMMARY

February 14, 2024

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 January 10, 2024 Minutes (Ultsch/Damiano-DeTraglia)

Old Business:

- James Huss/Brian Bronson, 50.003-1-16, 11964 River St., Forestport: Business Permit. Applicants' re-submitted information was reviewed; all the Board's questions were satisfactorily addressed, and the issue was sent to a Public Hearing: March 13, 6:30 pm (motion by Daktor/ Damiano-DeTraglia)

New Business:

- Mark Kane/Peter Carley, South Shore Rd, White Lake/Woodgate, Tax ID 13.003-1-1: Subdivision of Lot 6 (D. Frymire)
  Subdivision request was denied and sent to PBA on motion by Daktor/Terry

- James Williams, Bear Creek Rd, Woodgate, Tax ID 14.000-1-41, Subdivision D. Frymire outlined the request for subdivision of the property and a boundary line adjustment. Public Hearing scheduled for March 13, 6:45 pm (on motion by Terry/ Damiano-DeTraglia)

- William/Nancy Rockhill, 1530 Bear Creek Rd, Tax ID 13.000-2-15: 4-Lot Subdivision. Maps were reviewed; noted that current "road" will become and easement and will be improved. Public Hearing scheduled for March 13, at 7 pm (on motion by Terry/Daktor)

- Connor Rockhill, Bear Creek Rd, Tax ID 13.000-2-16: Business permit for Bear Creek Resort. Board determined they require a more comprehensive

business plan and tabled the matter until the March 13 meeting. (Ultsch/Terry)

Discussion:

- Updated Draft of proposed changes to Site Review Law regarding septic reviews/approvals was sent to Board members. It will now be presented to the Town Board by D. Ultsch for their review (motion: Ultsch/Daktor)

Adjourn Meeting: Adjourned at 7:48 pm (Daktor/ Damiano-DeTraglia) Next meeting scheduled for March 13, 2024