

**TOWN OF FORESTPORT  
SPECIAL WATER DISTRICT # 1  
WOODGATE FIRE HALL  
12445 State Rte. 28, Woodgate, N.Y. 13494  
September 21, 2022 @ 6:30 PM  
AGENDA**

**1. CALL TO ORDER:**

**2. TOWN CLERK MINUTES:**

- Special Water District #1 Minutes- August 17, 2022 Sent Electronically

**3. ABSTRACT:**

- Abstract #9– Vouchers # 110-#120 in the amount of \$1,650.17

**4. WATER REPORTS:**

- Monthly Report

**5. OLD BUSINESS:**

- Buckhorn District Agreements

**6. NEW BUSINESS BOARD:**

**7. NEW BUSINESS PUBLIC**

**8. ADJOURNMENT:**



Water

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 8/19/2022 thru 9/20/2022**

**Description**

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Daktor, Ted - Water	W22-112	8/28-8/31-22	39miles@.56 reg rds	9/1/2022	\$21.84
Daktor, Ted - Water	W22-112	8/21-8/27/22	83miles@.56 Reg R	9/1/2022	\$46.48
Daktor, Ted - Water	W22-112	8/15-8/20/22	72milesA.56 reg rds	9/1/2022	\$40.32
Daktor, Ted - Water	W22-112	8/7-8/14/22	85miles@.56 reg Rds	9/1/2022	\$47.60
Daktor, Ted - Water	W22-112	8/1-8/6/22	138miles@.56 reg rds	9/1/2022	\$77.28
<b>Total for G/L Account 083204.08.000.00</b>					<b>\$233.52</b>
<b>Total for all Vouchers</b>					<b>\$233.52</b>
<b>Total for Vendor: Daktor, Ted - Water</b>					<b>\$233.52</b>

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Frontier - Water	W22-114	9/22	tank level line #315-392-202	9/1/2022	\$69.27
Frontier - Water	W22-113	9/22	lines between plants #315-19	9/1/2022	\$143.58
<b>Total for G/L Account 083204.08.000.00</b>					<b>\$212.85</b>
<b>Total for all Vouchers</b>					<b>\$212.85</b>
<b>Total for Vendor: Frontier - Water</b>					<b>\$212.85</b>

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Life Science-Water	W22-115	8/1/22	laed & cooper water testing	9/7/2022	\$300.00
<b>Total for G/L Account 083204.08.000.00</b>					<b>\$300.00</b>
<b>Total for all Vouchers</b>					<b>\$300.00</b>
<b>Total for Vendor: Life Science-Water</b>					<b>\$300.00</b>

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST				
Nationalgrid - Water	W22-110	1/2 9/22	Hydro Pneu #06581-570	9/1/2022	\$66.62	22557
Nationalgrid - Water	W22-120	1/2 9/22	Hydro Pneu #06581-570	9/1/2022	\$46.85	
Nationalgrid - Water	W22-118	9/22	pump station Lorraine #5144	9/1/2022	\$39.21	
Nationalgrid - Water	W22-117	9/22	pump station Irish #69649-42	9/1/2022	\$90.29	

**Town Of Forestport  
Oneida County  
New York**

**Abstract of Audited Vouchers for the period: 8/19/2022 thru 9/20/2022**

Description					
Nationalgrid - Water	W22-116	9/22 chlorination bldg #02330-89	9/1/2022	\$384.63	
<b>Total for G/L Account</b>				<b>083204.08.000.00</b>	<b>\$627.60</b>
<b>Total for all Vouchers</b>					<b>\$627.60</b>
<b>Total for Vendor: Nationalgrid - Water</b>					<b>\$627.60</b>
G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
NYRWA - Water	W22-119	2022-2023 Annual membership d	#####	\$260.00	
<b>Total for G/L Account</b>				<b>083204.08.000.00</b>	<b>\$260.00</b>
<b>Total for all Vouchers</b>					<b>\$260.00</b>
<b>Total for Vendor: NYRWA - Water</b>					<b>\$260.00</b>
G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Verizon - Water	W22-111	Ipad-Water piping & Hydrant sys	#####	\$16.20	22558
<b>Total for G/L Account</b>				<b>083204.08.000.00</b>	<b>\$16.20</b>
<b>Total for all Vouchers</b>					<b>\$16.20</b>
<b>Total for Vendor: Verizon - Water</b>					<b>\$16.20</b>

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**Town Of Forestport  
Oneida County  
New York**

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**Abstract of Audited Vouchers for the period: 8/19/2022 thru 9/20/2022**

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**Description**

**Grand Total of all Vouchers      \$1,650.17**

**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**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**

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**Authorized Official**



# Water Systems Operation Report

MONTHLY SUBMISSION FORM

## For Multiple Distribution System Chlorinated Disinfection Systems

Oneida County

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

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

Date	Source(s) in Use (= X)		Treated Water Volume (gallons per day)	Liquid Sodium Hypochlorite Used (Quarts added)	Free Chlorine Residual (mg/l)		Other Measurements
	Pierce Well	Carbon Wells			At ENTRY POINT	DISTRIBUTION (at sample locations)	
1	X		54500	2		0.69	0.46
2	X		26000	0		1.15	
3	X		0	0		0.79	0.49
4	X		36000	0		0.8	
5	X		37600	0		0.57	0.5
6	X		0	0		0.47	
7	X		0	0		0.52	
8	X		16400	0		0.48	0.45
9	X		68800	0		0.5	
10	X		0	0		0.63	0.53
11	X		0	0		0.35	
12	X		0	0		0.25	0.48
13	X		39300	0		0.5	
14	X		26600	0		0.61	
15	X		0	0		0.46	0.45
16	X		0	2		1.8	
17	X		68900	0		2.15	0.45
18	X		0	0		1.5	
19	X		0	0		1.39	0.46
20	X		0	0		1.5	
21	X		70700	0		1.48	
22	X		0	0		0.8	0.48
23	X		35000	0		0.66	
24	X		0	0		0.56	
25	X		0	0		0.48	
26	X		45400	0		1.2	0.52
27	X		19300	0		1.07	
28	X		0	0		0.62	
29	X		55100	0		0.45	0.49
30	X		9700	0		0.49	
31	X		0	0		0.52	0.66
Total			607300.00	2.00		25.44	6.42
Avg.			19590.32	0.07		0.82	0.49

Chlorine Mix Ratio

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

Did an emergency occur in any part of the water system? (if yes, explain)	<b>No</b>
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Reported by	<b>Ted Dakter</b>	Title	<b>Water Treatment Plant Operator</b>		
Signature	<i>Ted Dakter</i>	Date	<b>9/7/22</b>		
If NYS Certified Operator - Grade Level	<b>C</b>	NYS Water Operator #	<b>NY0040087</b>	Expiration Date	<b>1/31/2023</b>

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

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





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

MONTHLY SUBMISSION FORM  
 Oneida County

Public Water System Name	<b>FORESTPORT WATER DISTRICT</b>	Reporting Month / Year	<b>August-22</b>
PWS Federal ID Number	<b>NY3202389</b>	Population Served	<b>800</b>

Number of ROUTINE Coliform Samples Required	<b>1</b>	PER MONTH	Number of REPEAT Coliform Samples Required	
Number of ROUTINE Coliform Samples Collected	<b>1</b>		Number of REPEAT Coliform Samples Collected	

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

Sample Location (address, site #, etc...) per Approved Coliform Sample Plan	Date of Sample	Sample Type		Total Coliform Positive	E.coli Positive	Free Chlorine Residual
		1 - Routine	2 - Repeat			
Booster Station, Irish Settlement	08/04/22		1	No	No	0.23
Ballfield, Dutch Hill - non chlorinated	08/04/22		1	No	No	

Sample Collector: **Ted Doktor**  
 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 Doktor**  
 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





