

**TOWN OF FORESTPORT
SPECIAL WATER DISTRICT # 1
FORESTPORT TOWN HALL
10275 State Rte. 28, Forestport, N.Y. 13338
November 17, 2021 @ 6:30 PM
AGENDA**

1. CALL TO ORDER:

2. TOWN CLERK MINUTES:

- Special Water District #1 Minutes- October 20, 2021, Sent Electronically

3. ABSTRACT:

- Abstract # 11– Vouchers # 132-#141 in the amount of \$1,573.14

4. WATER REPORTS:

- Monthly Report

5. OLD BUSINESS:

6. NEW BUSINESS BOARD:

7. EXECUTIVE SESSION:

8. NEW BUSINESS PUBLIC

9. ADJOURNMENT:

Water

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 10/22/2021 thru 11/16/2021

Description

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

Frontier - Water	W21-135	11/21 line between plans #315-91	#####	\$143.58
Frontier - Water	W21-134	11/21 Tank level line #315-392-2	#####	\$66.26
Total for G/L Account 083204.08.000.00				\$209.84

Total for all Vouchers \$209.84

Total for Vendor: Frontier - Water \$209.84

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

Life Science-Water	W21-136	10/21 Total coliform water test	#####	\$30.00
Total for G/L Account 083204.08.000.00				\$30.00

Total for all Vouchers \$30.00

Total for Vendor: Life Science-Water \$30.00

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

Nationalgrid - Water	W21-141	1/2 11/21 Hydro Pneu #06581-57	#####	\$15.29
Nationalgrid - Water	W21-138	11/21 pump station Lorraine #514	#####	\$36.93
Nationalgrid - Water	W21-137	11/21 Chlorination Bldg #02330-	#####	\$199.57
Nationalgrid - Water	W21-139	11/21 pump station Irish #69649-4	#####	\$89.58
Total for G/L Account 083204.08.000.00				\$341.37

Total for all Vouchers \$341.37

Total for Vendor: Nationalgrid - Water \$341.37

G/L Number: 083104.08.000.00 Administration CE WATER DIST

Quill - Water	W21-140	#10 business envelopes w/window	#####	\$30.75
Total for G/L Account 083104.08.000.00				\$30.75

Total for all Vouchers \$30.75

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 10/22/2021 thru 11/16/2021

Description

Total for Vendor: Quill - Water	\$30.75
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G/L Number: 083204.08.000.00	Source Power Pump CE WATER DIST
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RL Stone Co - Water	W21-132	9/29/21 Field serv-controls&alarm #####	\$945.00	22470
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Total for G/L Account	083204.08.000.00	\$945.00
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Total for all Vouchers	\$945.00
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Total for Vendor: RL Stone Co - Water	\$945.00
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G/L Number: 083204.08.000.00	Source Power Pump CE WATER DIST
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Verizon - Water	W21-133	Ipad-water piping 7 hydrants sys 3 #####	\$16.18	22471
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Total for G/L Account	083204.08.000.00	\$16.18
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Total for all Vouchers	\$16.18
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Total for Vendor: Verizon - Water	\$16.18
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**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 10/22/2021 thru 11/16/2021

Description

Grand Total of all Vouchers \$1,573.14

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

For Multiple Distribution System Chlorinated Disinfection Systems

MONTHLY SUBMISSION FORM

Oneida County

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

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

Public Water System Name	FORESTPORT WATER DISTRICT		Reporting Month / Year	October-21	
PWS Federal ID Number	NY3202389		Town / City / Village	Forestport (T)	
Population Served	800	Service Connections	276	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	Carbon Wells			At ENTRY POINT	DISTRIBUTION (at sample locations)		
1	X		0	2	1.93	0.75		
2	X		0	0	0.76			
3	X		29000	0	0.95			
4	X		37000	0	0.59	0.58		
5	X		0	0	0.5			
6	X		0	0	0.52	0.82		
7	X		18600	0	0.7			
8	X		45500	0	2	0.58		
9	X		0	0	1.78			
10	X		0	0	1.17			
11	X		23000	0	0.96			
12	X		42500	0	0.64			
13	X		0	0	0.49	0.68		
14	X		0	0	0.52			
15	X		0	0	0.49	0.9		
16	X		81400	2	0.48			
17	X		0	0	0.69			
18	X		0	0	0.31	0.72		
19	X		0	0	0.3			
20	X		59000	0	0.5	0.52		
21	X		0	0	0.39			
22	X		0	0	0.47	0.45		
23	X		0	0	0.5			
24	X		53700	0	0.58			
25	X		7800	0	0.54	0.54		
26	X		0	0	0.62			
27	X		0	0	0.34	0.42		
28	X		44000	0	0.68			
29	X		16100	0	0.58	0.4		
30	X		0	0	0.54			
31	X		0	0	0.55			
Total			437600.00	2.00	22.07	7.36		
Avg			14116.13	0.07	0.71	0.61		

Chlorine Mix Ratio

Quarts of hypochlorite used for mix (Qt)	Quarts of water used for mix (Qt)	Concentration Strength (%) of hypochlorite solution (Ct)	Concentration of solution (%) (Cal) (Ct/Qt) (Qt/Qt)
2	4	12.5	0.06

Did an emergency occur in any part of the water system? (if yes, explain)	No	
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Reported by	Ted Dakter	Title	Water Treatment Plant Operator
Signature	<i>Ted Dakter</i>	Date	11/1/21
NY State Certified Operator - Grade Level	2	NY State Operator #	NY10040067
Expiration Date	12/31/2023		

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

Microbiological Samples and Free Chlorine Residual + Other Samples

MONTHLY SUBMISSION FORM

Oneida County

Public Water System Name	FORESTPORT WATER DISTRICT	Reporting Month / Year	October-21
PWS Federal ID Number	NY3202389	Population Served	800

Number of ROUTINE Coliform Samples Required	7	PER MONTH	Number of REPEAT Coliform 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, etc., etc.) per Approved Coliform Sample Plan	Date of Sample	Sample Type		Total Coliform Positive	E.coli Positive	Free Chlorine Residual
		1 - Routine	2 - Repeat			
Campbell's Diner, 10208 State Rte 28	10/07/21	1		No	No	0.65

Sample Collector: **Ted Dekker**
 NYSDOH Certified Laboratory used: **Varona Laboratory, Inc.**

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

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

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

OTHER SAMPLES - Sample Location (address, etc., 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 Dekker**
 NYSDOH Certified Laboratory used: **Varona Laboratory, Inc.**

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

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

Forestport Water District

NY 3202389

1 year

David E. Campbell • Walter Clark

ENTER EACH CHLORINE RESIDUAL

0.68
0

Enter
Average
in Table