Sewer

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 11/19/2021 thru 12/14/2021

Description

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

C & R Hardware - Sewer	S21-79	80oz diesel fuel additive-generator	########	$21.99
C & R Hardware - Sewer	S21-78	1500 MH Heater	########	$35.99
C & R Hardware - Sewer	S21-78	2@1.99 gloves latex lrg yellow	########	$3.98
C & R Hardware - Sewer	S21-78	spong commercial XL C41	########	$4.29
Total for G/L Account		**081304.09.000.00**		**$66.25**
		Total for all Vouchers		**$66.25**
Total for Vendor:		**C & R Hardware - Sewer**		**$66.25**

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

J Piper Consulting-Gen	S21-83	81304.01	########	$1,045.00
Total for G/L Account		**081304.09.000.00**		**$1,045.00**
		Total for all Vouchers		**$1,045.00**
Total for Vendor:		**J Piper Consulting-Gen**		**$1,045.00**

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

Life Science-Sewer	S21-80	2@22. SM 5210B-201 BOD-5 Da	########	$44.00
Life Science-Sewer	S21-80	2@10. SM 2540 D-2011 Total Su	########	$20.00
Total for G/L Account		**081304.09.000.00**		**$64.00**
		Total for all Vouchers		**$64.00**
Total for Vendor:		**Life Science-Sewer**		**$64.00**

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

Nationalgrid - Sewer	S21-82	12/21 Sewer plant #56849-42108	########	$213.90
Nationalgrid - Sewer	S21-81	12/21 lift station Dutch #57649-42	########	$34.23
Total for G/L Account		**081304.09.000.00**		**$248.13**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 11/19/2021 thru 12/14/2021

	Description			
	Total for all Vouchers	**$248.13**		
Total for Vendor: Nationalgrid - Sewer		**$248.13**		
G/L Number: 090108.09.000.00	**State Retirement SEWER DIST**			
NYS & Local Retirement - Se S21-77	2022 ER Retirement Contribution	########	$1,003.19	31489
Total for G/L Account	**090108.09.000.00**	**$1,003.19**		
	Total for all Vouchers	**$1,003.19**		
Total for Vendor: NYS & Local Retirement - Sewer		**$1,003.19**		

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 11/19/2021 thru 12/14/2021

Description

Grand Total of all Vouchers **$2,426.57**

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**

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: 11/1/2021
MM/DD/YYYY: 11/30/2021

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	******	******	******	******	******	13.0				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	14.1				
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		******	<4	<4				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	6 30DA AVG	9 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	******	160				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.27	******	6.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.50	******	7.10				
00400 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Five per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.2	0.2		******	<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			TELEPHONE		DATE
	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.				
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
11/1/2021	11/30/2021

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	******	******	******	******	******	140				
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.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF Nov , 2021.

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

Day	Date	Daily Precip In/day	VOLUME OF WASTEWATER TREATED Inst. Max MGD	Daily Ave. MGD	Inst. Min. MGD	TEMPERATURE (C°/F°) Influent (2)	Effluent (2)	pH (S.U.) Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	SETTLEABLE SOLIDS (ml/l) Influent Maximum	Effluent Maximum	B.O.D.5 (mg/l) Influent Type	Effluent Type	SUSPENDED SOLIDS (mg/l) Influent Type	Effluent Type
M	1	10mm	4126A	5518		14.1	13.0		6.50	6.41		28.0	<0.1				
T	2	2mm	6100A	6554		13.7	12.4		6.99	6.27		34.0	<0.1				
W	3	0	6110A	4001		13.3	11.8		7.00	6.43		16.0	<0.1				
T	4	0	5102A	4545		13.1	11.4		6.72	6.52		38.0	<0.1	160 d	<4	140	<4
F	5	0	6105A	4049		13.0	11.4		7.06	6.76		12.0	<0.1				
S	6																
S	7																
M	8	0	3130A	14517		14.0	10.5		6.92	6.68		48.0	<0.1				
T	9	0	4130A	5163		13.5	10.1		7.06	6.70		18.0	<0.1				
W	10	8mm	4109A	4501		13.3	10.4		6.89	6.51		36.0	<0.1				
T	11	0	4106A	5107		12.8	10.8		7.06	6.64		12.0	<0.1				
F	12	0	6100A	4606		13.3	11.0		6.97	6.72		24.0	<0.1				
S	13																
S	14																
M	15	44mm	3145A	16428		13.0	10.1		6.99	6.47		46.0	<0.1				
T	16	0	4107A	4989		13.1	10.2		6.89	6.54		22.0	<0.1				
W	17	0	4110A	4340		11.7	9.5		6.84	6.63		28.0	<0.1				
T	18	0	5101A	4583		13.0	9.7		6.90	6.51		44.0	<0.1				
F	19	12mm	6108A	4639		12.0	9.0		7.10	6.48		16.0	<0.1				
S	20																
S	21																
M	22	8mm	4101A	15275		13.0	9.1		6.79	6.49		12.0	<0.1				
T	23	0	3150A	5679		10.9	8.4		6.82	6.81		26.0	<0.1				
W	24	0	3102A	4209		10.1	8.4		6.99	6.69		34.0	<0.1				
T	25	0	3110A	5650		11.4	8.1		6.85	6.57		48.0	<0.1				
F	26	4mm	4145A	5581		12.8	8.8		6.85	6.54		14.0	<0.1				
S	27																
S	28																
M	29	0	6101A	16263		11.4	7.5		7.04	6.61		42.0	<0.1				
T	30	0	4150A	4496		11.2	6.6		6.92	6.52		16.0	<0.1				
	31																
		Total Precip 88mm		Monthly Average .005		Monthly Average Influent 13°	Effluent 10°	Min Influent 6.50	Max Influent 7.10	Min Effluent 6.27	Max Effluent 6.76	Monthly Maximum 48.0	Monthly Maximum <0.1	30 day arithmetic mean (1) Inf.(mg/l) 160	Eff.(mg/l) <4	%Rem. 98%	30 day arithmetic mean (1) Inf.(mg/l) 140	Eff.(mg/l) <4	%Rem. 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						M	R clean baskets
	2						T	R
	3						W	R clean baskets
	4						T	R Close 1+3 OPEN 2+4 Sewer Samples
	5						F	R clean baskets
	6						S	—
	7						S	—
	8						M	R clean baskets
	9						T	R
	10						W	R clean baskets
	11						T	R
	12						F	R clean baskets
	13						S	—
	14						S	—
	15						M	R clean baskets
	16						T	R
	17						W	R clean baskets
	18						T	R
	19						F	R clean baskets
	20						S	—
	21						S	—
	22						M	R clean baskets
	23						T	R
	24						W	R clean baskets
	25						T	R
	26						F	R clean baskets
	27						S	—
	28						S	—
	29						M	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				
		Sample Type:		Sample Type:		Sample Type:		Sample Type:		Recirculation Rate	Media Effluent Settleable Solids	Mixed Liquor S.S. (MLSS)	Settleable Sludge Volume (SSV) ml/l		Return Act. Sludge (RAS)	Waste Act. Sludge (WAS)
Day	Date	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	M.G.D.	ml/l	mg/l	5 Minutes	30 Minutes	M.G.D.	lbs/day
	1															
	2															
	3															
	4															
	5															
	6															
	7															
	8															
	9															
	10															
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	27															
	28															
	29															
	30															
	31															
30 day arithmetic mean (1)																
30 day Ave. Quantity Loading (1)			lbs/day		lbs/day		lbs/day		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.

Effect on Receiving Stream

NAME OF RECEIVING STREAM			
DATE	STATION	PARAMETER	RESULT

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

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

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

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

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		

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 Dahlton

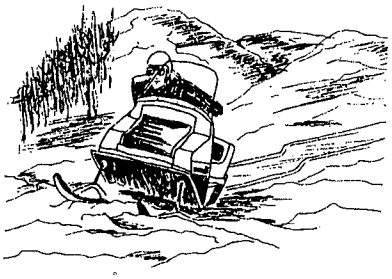
Signature of Principal Executive Officer or Authorized Agent

12/1/2021

Date

TOWN OF FORESTPORT

FORESTPORT, NEW YORK - 13338



Resolution No. 7 of 2021

WHEREAS New York State Department of Environmental Conservation has issued a mandate for all municipalities to disinfect sewer plant discharge by the year 2024, and

WHEREAS the Town of Forestport is committed to remaining compliant with all New York State sewage treatment regulations, and

WHEREAS, the Town of Forestport is committed to seeking grant monies to subsidize the cost of the required mandate, and

BE IT RESOLVED THAT the Town Board of the Town of Forestport authorizes the submission of a New York State Environmental Facilities Corporation – Clean Water State Revolving Fund Application for the Town's Wastewater Treatment Plant Upgrade and Sewage Effluent Disinfection project, and,

BE IT ALSO RESOLVED THAT, THE Town Board of the Town of Forestport authorizes the Town Supervisor to submit the application on behalf of the Town, for funding (EFC-CWSRF), and in doing so authorizes him to execute any agreements, instraments, or other documents in connection with the Town's acceptance thereof.

Unanimously adopted,