

Water

**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: 083204.08.000.00		Source Power Pump CE WATER DIST		
C & R Hardware - Water	W21-144	male hose repair 5/8" brs w/clamp	#####	\$5.99
C & R Hardware - Water	W21-144	shark adpt 1/2SB x 3/4 MPT	#####	\$8.99
C & R Hardware - Water	W21-145	16pk AA batteries-Medal Detector	#####	\$13.99
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$28.97</b>
<b>Total for all Vouchers</b>				<b>\$28.97</b>
<b>Total for Vendor: C &amp; R Hardware - Water</b>				<b>\$28.97</b>

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Center State Propane- Water	W21-147	83gal@2.2735 propane - Pierce pr	#####	\$188.70
Center State Propane- Water	W21-155	84.6gal@2.2735 propane-Carbene	#####	\$101.85
Center State Propane- Water	W21-146	70.6gal@2.2735 propane-pump st	#####	\$160.51
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$451.06</b>
<b>Total for all Vouchers</b>				<b>\$451.06</b>
<b>Total for Vendor: Center State Propane- Water</b>				<b>\$451.06</b>

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST		
Frontier - Water	W21-149	12/21 line between plants #315-19	#####	\$143.58
Frontier - Water	W21-148	12/21 tank level #315-392-2022	#####	\$67.29
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>		<b>\$210.87</b>
<b>Total for all Vouchers</b>				<b>\$210.87</b>
<b>Total for Vendor: Frontier - Water</b>				<b>\$210.87</b>

G/L Number: 083304.08.000.00		Purification CE WATER DIST		
Life Science-Water	W21-156	12/2/21 total coliform test	#####	\$30.00
Life Science-Water	W21-150	11/4/21 total chlorine test	#####	\$30.00
<b>Total for G/L Account</b>		<b>083304.08.000.00</b>		<b>\$60.00</b>

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New York**

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

Description			
<b>Total for all Vouchers</b>			<b>\$60.00</b>
<b>Total for Vendor: Life Science-Water</b>			<b>\$60.00</b>
<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>	
Nationalgrid - Water	W21-151	1/2 12/21 hydro pneu #06581-570 #####	\$25.80
Nationalgrid - Water	W21-152	12/21 chlorination bldg #02330-8 #####	\$430.73
Nationalgrid - Water	W21-153	12/21 pump station Lorraine #####	\$2.53
Nationalgrid - Water	W21-154	12/21 pump station #69649-42109 #####	\$98.93
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>	<b>\$557.99</b>
<b>Total for all Vouchers</b>			<b>\$557.99</b>
<b>Total for Vendor: Nationalgrid - Water</b>			<b>\$557.99</b>
<b>G/L Number: 090108.08.000.00</b>		<b>State Retirement WATER DIST</b>	
NYS & Local Retirement - Wat	W21-142	2022 ER Retirement Contribution #####	\$1,246.99
			22476
<b>Total for G/L Account</b>		<b>090108.08.000.00</b>	<b>\$1,246.99</b>
<b>Total for all Vouchers</b>			<b>\$1,246.99</b>
<b>Total for Vendor: NYS &amp; Local Retirement - Water</b>			<b>\$1,246.99</b>
<b>G/L Number: 083204.08.000.00</b>		<b>Source Power Pump CE WATER DIST</b>	
Verizon - Water	W21-143	ipad-water piping & hydrant sys # #####	\$16.18
			22477
<b>Total for G/L Account</b>		<b>083204.08.000.00</b>	<b>\$16.18</b>
<b>Total for all Vouchers</b>			<b>\$16.18</b>
<b>Total for Vendor: Verizon - Water</b>			<b>\$16.18</b>

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

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**Description**

Grand Total of all Vouchers      \$2,572.06

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.

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Authorized Official

\_\_\_\_\_  
Date

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Authorized Official

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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	<b>FORESTPORT WATER DISTRICT</b>		Reporting Month / Year	<b>November-21</b>	
PWS Federal ID Number	<b>NY3202389</b>		Town / City / Village	<b>Forestport (T)</b>	
Population Served	<b>869</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
	Piers Well	Carboe Wells			At ENTRY POINT	DISTRIBUTION (at sample locations)	
1	X		44400	2	1.43	0.72	
2	X		17100	0	0.57		
3	X		0	0	0.52	0.35	
4	X		0	0	0.32		
5	X		44300	0	0.58	0.41	
6	X		18500	0	0.87		
7	X		0	0	1.88		
8	X		0	0	1.36	0.78	
9	X		47700	0	0.78		
10	X		11700	0	0.52	0.61	
11	X		23500	0	0.43		
12	X		0	0	0.87	0.35	
13	X		0	0	0.68		
14	X		18400	0	0.74		
15	X		46800	0	0.4	0.38	
16	X		0	2	0.44		
17	X		0	0	0.35	0.98	
18	X		3400	0	0.53		
19	X		58300	0	1.06	0.68	
20	X		9400	0	0.63		
21	X		13700	0	0.47		
22	X		0	0	0.56	0.42	
23	X		0	0	1.63		
24	X		46800	0	1.29	0.56	
25	X		9900	0	0.89		
26	X		0	0	2.11	0.6	
27	X		0	0	1.8		
28	X		62300	0	1.2		
29	X		0	0	1.9	0.58	
30	X		0	0	2		
31	X		0	0			
Total			476500.00	2.00	28.81	7.42	
Avg			16883.33	0.07	0.96	0.57	

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*(Cs+Qw))
2	4	12.5	0.84

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 Dakton</b>	Title	<b>Water Treatment Plant Operator</b>
Signature	<i>Ted Dakton</i>	Date	<b>12/2/21</b>
If NYS Certified Operator - Grade Level	<b>C</b>	NYS Water Operator #	<b>NY0040067</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>November-21</b>
PWS Federal ID Number	<b>NY3202389</b>	Population Served	<b>600</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 Rd	11/04/21	1		No	No	0.64

Sample Collector: **Ted Dakor**  
 NYSDOH Certified Laboratory used: **Verona Laboratory, 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 Dakor**  
 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

