TOWN OF FORESTPORT

SEWER DISTRICT # 1 MEETING

FORESTPORT TOWN HALL

10275 State Rte. 28, Forestport, N.Y. 133338

January 19, 2022 @ 6:30 PM

AGENDA

1. **CALL TO ORDER**

2. **TOWN CLERK MINUTES**
   - Special Sewer District #1 Minutes- December 15, 2021- Sent Electronically
3. **ABSTRACT:**
   - Abstract # 1, Voucher #1- #8 in the amount of $25,592.35
4. **SEWER REPORT:**
   - Monthly Report
5. **OLD BUSINESS BOARD:**
   - WWIP Grant
6. **NEW BUSINESS BOARD:**
7. **NEW BUSINESS PUBLIC:**

8. **ADJOURNMENT:**

Sewer

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

		Description		
G/L Number: 081304.09.000.00		**Treatmt/Disposal CE SEWER DIST**		
Center State Propane-Sewer	S22-1	61.5gal@2.1163 propane-Dutch L	1/3/2022	$130.15
Total for G/L Account		**081304.09.000.00**		**$130.15**
		Total for all Vouchers		**$130.15**
Total for Vendor:		**Center State Propane-Sewer**		**$130.15**
G/L Number: 081204.09.000.00		**Sanitary Sewers CE SEWER DIST**		
Daktor, Ted - Sewer	S22-2	12/26-31 mileage 30@.50	1/1/2022	$15.00
Daktor, Ted - Sewer	S22-2	12/19-25 mileage 30@.50	1/1/2022	$15.00
Daktor, Ted - Sewer	S22-2	12/12-18 mileage 30@.50	1/1/2022	$15.00
Daktor, Ted - Sewer	S22-2	12/5-11 mileage 30@.50	1/1/2022	$15.00
Daktor, Ted - Sewer	S22-2	12/1-3 mileage 15@.50	1/1/2022	$7.50
Daktor, Ted - Sewer	S22-2	11/26-30 mileage 25@.50	1/1/2022	$12.50
Total for G/L Account		**081204.09.000.00**		**$80.00**
		Total for all Vouchers		**$80.00**
Total for Vendor:		**Daktor, Ted - Sewer**		**$80.00**
G/L Number: 081304.09.000.00		**Treatmt/Disposal CE SEWER DIST**		
Dodson & Assoc - Sewer	S22-5	Engineering-sewage effluent disin	########	$24,500.00
Total for G/L Account		**081304.09.000.00**		**$24,500.00**
		Total for all Vouchers		**$24,500.00**
Total for Vendor:		**Dodson & Assoc - Sewer**		**$24,500.00**
G/L Number: 081304.09.000.00		**Treatmt/Disposal CE SEWER DIST**		
Nationalgrid - Sewer	S22-7	1/22 lift station Dutch Hill #57649	1/1/2022	$33.31
Nationalgrid - Sewer	S22-6	1/22 Sewer Plant #56849-42108	1/1/2022	$116.21
Total for G/L Account		**081304.09.000.00**		**$149.52**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

		Description		
		Total for all Vouchers		**$149.52**
Total for Vendor:	**Nationalgrid - Sewer**			**$149.52**
G/L Number: 081204.09.000.00		**Sanitary Sewers CE SEWER DIST**		
OmniSite - Sewer	S22-3	2022 wireless service-24hrs-Sewe	1/1/2022	$300.00
OmniSite - Sewer	S22-3	2022 wireless serv-24hrs-Dutch Li	1/1/2022	$300.00
Total for G/L Account		**081204.09.000.00**		**$600.00**
		Total for all Vouchers		**$600.00**
Total for Vendor:	**OmniSite - Sewer**			**$600.00**
G/L Number: 081204.09.000.00		**Sanitary Sewers CE SEWER DIST**		
Pelno, Jim - Sewer	S22-4	6.16 hrs@16.83 plowing Sewer Pr	1/1/2022	$103.68
Total for G/L Account		**081204.09.000.00**		**$103.68**
		Total for all Vouchers		**$103.68**
Total for Vendor:	**Pelno, Jim - Sewer**			**$103.68**
G/L Number: 081304.09.000.00		**Treatmt/Disposal CE SEWER DIST**		
Yorkville Battery-Sewer	S22-8	Battery Tender-includes ring term	########	$29.00
Total for G/L Account		**081304.09.000.00**		**$29.00**
		Total for all Vouchers		**$29.00**
Total for Vendor:	**Yorkville Battery-Sewer**			**$29.00**

Town Of Forestport
Oneida County
New York

Abstract of Audited Vouchers for the period: 1/1/2022 thru 1/18/2022

Description

Grand Total of all Vouchers **$25,592.35**

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: 12/1/2021 — MM/DD/YYYY: 12/31/2021

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	******	******	******	******	******	7.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Five per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	12.2				
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	******	******	******	******	******	300				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.33	******	6.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Five per Week	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.56	******	7.44				
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.

DISCHARGE MONITORING REPORT (DMR)

PAGE 2

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
12/1/2021	12/31/2021

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	******	******	******	******	******	100				
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	******	******	******	******	******	52.0				
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	******	******	******	96 %	******	******				
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 December, 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. (mg/l) Influent Type	Effluent Type	SUSPENDED SOLIDS (mg/l) Influent Type	Effluent Type
W	1	0	6150A	6146		11.3	7.5		7.08	6.75		20.0	<0.1				
T	2	0	6:07A	5306		11.6	7.0		6.93	6.65		36.0	<0.1	300	<4	100	<4
F	3	0	4:30A	4597		11.3	6.7		7.01	6.61		28.0	<0.1				
S	4																
S	5																
M	6	10mm	4:28A	15271		10.9	6.5		6.86	6.53		12.0	<0.1				
T	7	38mm	5:29A	7443		11.1	6.9		7.12	6.76		38.0	<0.1				
W	8	0	5:32A	5545		10.3	6.4		7.24	6.36		16.0	<0.1				
T	9	0	5:50A	6401		10.5	6.6		7.10	6.46		32.0	<0.1				
F	10	0	4:23A	4381		10.3	5.9		7.30	6.46		36.0	<0.1				
S	11																
S	12																
M	13	28mm	5:15A	18602		10.0	6.7		7.11	6.43		24.0	<0.1				
T	14	0	6:20A	4874		11.4	6.6		7.03	6.59		42.0	<0.1				
W	15	0	5:45A	4575		10.3	6.6		7.20	6.45		18.0	<0.1				
T	16	6mm	5:05A	4356		9.7	7.1		6.99	6.48		36.0	<0.1				
F	17	0	5:03A	4339		10.3	7.1		6.56	6.33		12.0	<0.1				
S	18																
S	19																
M	20	0	4:00A	14911		9.8	5.4		6.91	6.39		44.0	<0.1				
T	21	0	4:53A	5583		10.2	6.1		7.09	6.57		32.0	<0.1				
W	22	0	5:26A	4954		10.2	5.7		6.93	6.47		52.0	<0.1				
T	23	0	7:30A	6738		9.7	5.0		7.13	6.43		48.0	<0.1				
F	24	0	3:02A	4462		9.8	5.1		7.12	6.45		22.0	<0.1				
S	25																
S	26																
M	27	0	6:25A	16435		10.1	5.4		7.44	6.51		10.0	<0.1				
T	28	0	6:00A	4974		9.1	5.9		6.82	6.73		26.0	<0.1				
W	29	0	4:45A	4274		12.2	5.8		6.92	6.71		12.0	<0.1				
T	30	0	5:30A	4723		10.1	5.7		7.14	6.42		34.0	<0.1				
F	31	0	5:35A	4333		11.3	6.3		6.81	6.50		18.0	<0.1				
		Total Precip 82mm		Monthly Average .005		Monthly Average Influent 10.5°	Effluent 6.0°	Min Influent 6.56	Max Influent 7.44	Min Effluent 6.33	Max Effluent 6.76	Monthly Maximum 52.0	Monthly Maximum <0.1	30 day arithmetic mean (1) Inf.(mg/l) 300	Eff.(mg/l) <4	%Rem. 99%	30 day arithmetic mean (1) Inf.(mg/l) 100	Eff.(mg/l) <4	%Rem. 96%
												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						W R clean baskets
	2						T R Open 1+3 close 2+H Beds Sewer Samples
	3						F R clean baskets
	4						S —
	5						S —
	6						M R clean baskets
	7						T R
	8						W R clean baskets
	9						T R
	10						F R clean baskets
	11						S —
	12						S —
	13						M R clean baskets
	14						T R
	15						W R clean baskets
	16						T R
	17						F R clean baskets
	18						S —
	19						S —
	20						M R clean baskets
	21						T R
	22						W R clean baskets
	23						T R
	24						F R clean baskets
	25						S —
	26						S —
	27						M R clean baskets
	28						T R
	29						W R clean baskets
	30						T R
	31						F R clean baskets

	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															
	11															
	12															
	13															
	14															
	15															
	16															
	17															
	18															
	19															
	20															
	21															
	22															
	23															
	24															
	25															
	26															
	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 Dalton

Signature of Principal Executive Officer or Authorized Agent

1/3/2022

Date