

**TOWN OF FORESTPORT
SPECIAL WATER DISTRICT # 1
OTTER LAKE FIRE HALL
13853 State Rte. 28, Forestport, N.Y. 13338
May 18, 2022 @ 6:30 PM
AGENDA**

- 1. CALL TO ORDER:**
- 2. TOWN CLERK MINUTES:**
 - Special Water District #1 Minutes- April 20, 2022, Sent Electronically
- 3. ABSTRACT:**
 - Abstract # 5– Vouchers # 60-#73 in the amount of \$ 2,305.26
- 4. WATER REPORTS:**
 - Monthly Report
- 5. OLD BUSINESS:**
 - Buckhorn Update
- 6. NEW BUSINESS BOARD:**
 - Notice to Customers
- 7. NEW BUSINESS PUBLIC**
- 8. ADJOURNMENT:**

Water

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 4/22/2022 thru 5/17/2022

Description

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Center State Propane- Water	W22-60	56.7gal@2.3764 propane-Pierce P	#####	\$134.74	22523
Total for G/L Account		083204.08.000.00		\$134.74	
Total for all Vouchers				\$134.74	
Total for Vendor: Center State Propane- Water				\$134.74	

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Daktor, Ted - Water	W22-62	mileage-4/10-4/16/22 104@.56 rd	5/1/2022	\$58.24	
Daktor, Ted - Water	W22-62	mileage-4/3-4/9/22 72@.56 rds &	5/1/2022	\$40.32	
Daktor, Ted - Water	W22-62	mileage45/17-4/23/22 116@.56 rd	5/1/2022	\$64.96	
Daktor, Ted - Water	W22-62	mileage-4-24-4/30/22 72@.56 rds	5/1/2022	\$40.32	
Daktor, Ted - Water	W22-62	mileage-4/1-4/2/22 24@.56 gener	5/1/2022	\$13.44	
Total for G/L Account		083204.08.000.00		\$217.28	
Total for all Vouchers				\$217.28	
Total for Vendor: Daktor, Ted - Water				\$217.28	

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Frontier - Water	W22-63	5/22 tank level #315-392-2022	5/1/2022	\$71.44	
Frontier - Water	W22-64	5/22 line between plants #315-196	5/1/2022	\$143.58	
Total for G/L Account		083204.08.000.00		\$215.02	
Total for all Vouchers				\$215.02	
Total for Vendor: Frontier - Water				\$215.02	

G/L Number: 083204.08.000.00		Source Power Pump CE WATER DIST			
Life Science-Water	W22-73	5/5/22Water Chlorine test	#####	\$33.00	
Total for G/L Account		083204.08.000.00		\$33.00	

**Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 4/22/2022 thru 5/17/2022

Description				
Total for all Vouchers				\$33.00
Total for Vendor: Life Science-Water				\$33.00
G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST				
Nationalgrid - Water	W22-65	5/22 Chlorination Bldg #02330-89	5/1/2022	\$313.75
Nationalgrid - Water	W22-68	1/2 5/22 hydro pneu #06581-5700	5/1/2022	\$19.86
Nationalgrid - Water	W22-66	5/22 pump station Lorraine #5144	5/1/2022	\$37.15
Nationalgrid - Water	W22-67	5/22 pump station Irish #69649-42	5/1/2022	\$82.13
Total for G/L Account 083204.08.000.00				\$452.89
Total for all Vouchers				\$452.89
Total for Vendor: Nationalgrid - Water				\$452.89
G/L Number: 083202.08.000.00 Source Power Pump EQ WATER DIST				
Quill - Water	W22-69	APC back-Ups 500VA	#####	\$97.09
Total for G/L Account 083202.08.000.00				\$97.09
Total for all Vouchers				\$97.09
Total for Vendor: Quill - Water				\$97.09
G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST				
RL Stone Co - Water	W22-70	Tech support-repair tank level con	5/3/2022	\$1,100.00
Total for G/L Account 083204.08.000.00				\$1,100.00
Total for all Vouchers				\$1,100.00
Total for Vendor: RL Stone Co - Water				\$1,100.00
G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST				
Rome Sentinal-Water	W22-71	2021 Annual drinking water repor	5/4/2022	\$8.08
Total for G/L Account 083204.08.000.00				\$8.08

**Town Of Forestport
Oneida County
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Abstract of Audited Vouchers for the period: 4/22/2022 thru 5/17/2022

Description

Total for all Vouchers					\$8.08
Total for Vendor: Rome Sentinal-Water					\$8.08
G/L Number: 083104.08.000.00 Administration CE WATER DIST					
US Postal Service-Water	W22-72	1/2 yearly PO Box #63 annual ren	5/4/2022	\$31.00	
Total for G/L Account 083104.08.000.00					\$31.00
Total for all Vouchers					\$31.00
Total for Vendor: US Postal Service-Water					\$31.00
G/L Number: 083204.08.000.00 Source Power Pump CE WATER DIST					
Verizon - Water	W22-61	Ipad-water piping& hydrants sys 3 #####	\$16.16	22524	
Total for G/L Account 083204.08.000.00					\$16.16
Total for all Vouchers					\$16.16
Total for Vendor: Verizon - Water					\$16.16

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 4/22/2022 thru 5/17/2022

Description

Grand Total of all Vouchers \$2,305.26

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	April-22
PWS Federal ID Number	NY3202389		Town / City / Village	Forestport (T)
Population Served	800	Service Connections	225	Number of Sources / EPs Used
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		1.85	0.55		
2	X		0	0		1.7			
3	X		0	0		1.42			
4	X		51900	0		1.2	0.49		
5	X		9800	0		1.75			
6	X		0	0		1.92	0.64		
7	X		0	0		1.11			
8	X		43300	0		0.42	0.51		
9	X		17200	0		0.44			
10	X		0	0		0.54			
11	X		0	0		0.35	0.48		
12	X		0	0		0.8			
13	X		58400	0		1.77	0.48		
14	X		0	0		1.4			
15	X		5300	0		1.25	0.5		
16	X		48500	2		1.6			
17	X		12400	0		1.62			
18	X		0	0		1.6	0.46		
19	X		0	0		1.8			
20	X		0	0		2.08	0.48		
21	X		65000	0		1.7			
22	X		15600	0		1.4	0.52		
23	X		0	0		0.92			
24	X		0	0		0.65			
25	X		0	0		0.42	0.47		
26	X		62800	0		0.48			
27	X		0	0		0.51	0.45		
28	X		0	0		0.47			
29	X		0	0		0.82	0.5		
30	X		0	0		0.66			
31	X		0	0					
Total			390200.00	2.00		34.85	8.53		
Avg			13006.67	0.07		1.16	0.50		

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)	No	
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Reported by	Ted Daktor		Title	Water Treatment Plant Operator	
Signature	Ted Daktor		Date	5/4/22	
If NYS Certified Operator - Grade Level	C	NYS Water Operator #	NY0040067	Expiration Date	1/31/2023

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	April-22
PWS Federal ID Number	NY3202389		Population Served	800
Number of ROUTINE Coliform Samples Required	1	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, 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			
Campbell's diner, 10208 State Rte 28	04/07/22	1		No	No	0.38

Sample Collector: **Ted Doktor**
 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, 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: **Varona 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

(To be used in conjunction with quarterly report)

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

System / Treatment Plant:

Forestport Water District

PWS ID#:

NY3202389

Number of Samples Required:

1 per month

Prepared by:

Dawn Campbell - Water Clerk

[illegible]

ENTER
EACH
CHLORINE
RESIDUAL
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|      |
|------|
| 0.38 |
| 0    |
|      |
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Enter  
Average  
in Table

