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Meeting ID: 830 3245 2642

**TOWN OF THOMPSON  
-Regular Meeting Agenda-**

THIS MEETING WILL BE HELD IN-PERSON LOCATED AT TOWN HALL, 4052 STATE ROUTE 42, MONTICELLO, NY 12701. THE MEETING WILL ALSO BE STREAMED LIVE ON ZOOM: TO JOIN PLEASE SEE TOWN WEBSITE AT: [WWW.TOWNOFTHOMPSON.COM](http://WWW.TOWNOFTHOMPSON.COM)

**TUESDAY, NOVEMBER 19, 2024**

**7:00 PM MEETING**

CALL TO ORDER

ROLL CALL

PLEDGE TO THE FLAG

APPROVAL OF PREVIOUS MINUTES: **November 07, 2024 Regular Town Board Meeting**

PUBLIC COMMENT

CORRESPONDENCE:

- **Miles Fah, NYS DEC, Division of Water, Region 3:** (4) Letters dated 10/31/24 & 11/05/24 to Supervisor Rieber & Town Board Re: Compliance Inspection Reports for Melody Lake STP, SPDES Permit # NY0030708 Completed on 10/30/24, Emerald Green Lake Louise Marie STP, SPDES Permit # NY0035645 Completed on 10/30/24, Sackett Lake STP, SPDES Permit # NY0030716 Completed on 11/01/24 and Dillon Farms Sewer District, SPDES Permit # NY0214507 Completed on 11/01/24.

AGENDA ITEMS:

- 1) **ROCKRIDGE 123 LLC: REQUEST FOR SEWER SERVICE EXTENSION (CONSOLIDATED KIAMESHA SEWER DISTRICT) – ROCK RIDGE ROAD, MONTICELLO, SBL #13.-3-10.2**
- 2) **RESOLUTION TO ESTABLISH DATE FOR PUBLIC HEARING: PROPOSED LOCAL LAW NO. 04 OF 2024 – SEWER RENTS FOR 2025 ON 12/03/2024 AT 7PM**
- 3) **ESTABLISH DATE FOR FISCAL YEAR 2025 ORGANIZATIONAL MEETING: TUESDAY, JANUARY 07, 2025 AT 7PM**
- 4) **MATAMIM CATERING: REQUEST TO RETURN \$4,000.00 TENT & CONTAINER REMOVAL CASH BOND RECEIVED 08/25/2024 FOR ALAN KESTEN, 1 SHROEDER STREET PROJECT – PLANNING BOARD**
- 5) **RESOLUTION TO APPROVE CHANGES TO EMPLOYEE HANDBOOK**
- 6) **SULLIVAN COUNTY YOUTH BUREAU – RESOLUTION TO APPROVE GRANT FUNDING CONTRACTS FOR YOUTH SPORTS PROGRAM, YOUTH EVENTS & YOUTH EXCURSIONS, FUNDING AMOUNT TOTALING \$12,500.00**
- 7) **DISCUSSION AND APPROVAL OF COMPUTER & MONITOR UPGRADES**
- 8) **BILLS OVER \$5,000.00**
- 9) **BUDGET TRANSFERS & AMENDMENTS**
- 10) **ORDER BILLS PAID**

OLD BUSINESS

NEW BUSINESS

REPORTS: SUPERVISOR, COUNCILMEN, & DEPARTMENT HEADS

PUBLIC COMMENT

ADJOURN

**PLEASE TAKE NOTICE, that this Town Board meeting will be held in person and via videoconferencing, as permitted by the NYS Open Meetings Law. The zoom invite is merely a courtesy and convenience to the public. If there is a disruption in the ability of the zoom meeting to commence or even continue once a meeting has been commenced, the official meeting of the Town Board shall continue in person without interruption.**

YF

**Minutes of a Regular Meeting** of the Town Board of the Town of Thompson held at the Town Hall, 4052 State Route 42, Monticello, New York and held remotely via Zoom on **November 07, 2024.**

**ROLL CALL:**

**Present:** Supervisor William J. Rieber, Jr., Presiding  
Councilwoman Melinda S. Meddaugh  
Councilman Ryan T. Schock  
Councilman Scott S. Mace

**Absent:** Councilman John A. Pavese

**DRAFT**

**Also Present:** Marilee J. Calhoun, Town Clerk  
Michael B. Mednick Esq., Town Attorney  
Jill M. Weyer, Director of Community Development  
Melissa DeMarmels, Town Comptroller  
Glenn Somers, Parks & Recreation Superintendent  
Michael G. Messenger, Water & Sewer Superintendent  
James L. Carnell, Jr., Director of Building, Planning & Zoning  
Kelly Murran, Deputy Town Clerk

**Present Via Zoom:** None

**REGULAR MEETING – CALL TO ORDER**

Supervisor Rieber opened the meeting at 5:00 PM with the Pledge to the Flag. This meeting was held in person and remotely via Videoconferencing streamed live on the Zoom app, which is accessible to the public. The meeting is also being recorded for full transcription purposes should it be required.

**1) PUBLIC HEARING: PROPOSED LOCAL LAW # 03 OF 2024 - OVERRIDE TAX LEVY LIMIT**

Supervisor Rieber opened the Public Hearing at 5:00 PM. Town Clerk, Marilee J. Calhoun read the legal public notice and stated that she had an original affidavit of publication. Notice of said hearing was duly published in the Sullivan County Democrat on October 25, 2024 with same being posted at the Town Hall and Town Website on October 22, 2023.

TOWN OF THOMPSON  
NOTICE OF PUBLIC HEARING  
ON PROPOSED LOCAL LAW

**NOTICE IS HEREBY GIVEN** that there has been duly introduced at a meeting of the Town Board of the Town of Thompson, New York, held on October 15, 2024, a proposed Local Law No. 03 of 2024, entitled "A Local Law to Override the Tax Levy Limit Established in General Municipal Law §3-c".

**NOTICE IS FURTHER GIVEN** that the Town Board of the Town of Thompson will conduct a Public Hearing on the aforesaid proposed Local Law at the Town Hall, 4052 Route 42, Monticello, New York, on November 07, 2024 at 5:00 P.M., or as soon thereafter as said Public Hearing shall be convened, at which time all persons interested will be heard.

The proposed Local Law seeks to override the tax levy limit of two-percent (2%).

Copies of the Local Law described above are on file in the office of the Town Clerk of the Town of Thompson, where the same are available to public inspection during regular office hours.

**PLEASE TAKE FURTHER NOTICE**, that all interested persons will be given an opportunity to be heard on said proposed Local Law at the place and time aforesaid.

**NOTICE IS HEREBY GIVEN**, pursuant to the requirements of the Open Meetings Law of the State of New York, that the Town Board of the Town of Thompson will convene in public meeting at the place and time aforesaid for the purpose of conducting a Public Hearing on the proposed Local Law described above and, as deemed advisable by said Board, taking action on the enactment of said Local Law.

Dated: October 15, 2024

BY ORDER OF THE TOWN BOARD

TOWN OF THOMPSON

MARILEE J. CALHOUN, TOWN CLERK

Supervisor Rieber explained the purpose of the proposed local law. He stated that the Town does not expect to exceed the tax levy limit. This local law is being proposed as a precaution should the budget come in over the limit after relevies and chargebacks are imposed by the County.

Supervisor Rieber asked if the Town Board had any comments. The Board had no comments.

Supervisor Rieber asked if anyone from the public would like to be heard on this matter. There was no public comment made.

After an opportunity for all persons to be heard Supervisor Rieber entertained a motion that the public hearing be closed.

A motion to close the Public Hearing at 5:03 PM was made by Councilwoman Meddaugh and seconded by Councilman Schock.

**2) PUBLIC HEARING: 2025 FISCAL-YEAR PRELIMINARY BUDGET HEARING**

Supervisor Rieber opened the Public Hearing at 5:04 PM.

Town Clerk, Marilee J. Calhoun read the legal public notice and stated that she had an original affidavit of publication. Notice of said hearing was duly published in the Sullivan County Democrat on November 01, 2024 with same being posted at the Town Hall and Town Website on October 30, 2024.

**LEGAL NOTICE  
PRELIMINARY BUDGET HEARING**

NOTICE IS HEREBY GIVEN, that the Preliminary Budget for the Town of Thompson, Sullivan County, New York, of the fiscal year beginning January 01, 2025 will be completed and filed in the Office of the Town Clerk of said Town of Thompson, Town Hall, 4052 State Route 42, Monticello, New York, where it will be available beginning Friday, November 01, 2024 for inspection by any interested person during normal office hours.

FURTHER NOTICE IS HEREBY GIVEN, That the Town Board of the Town of Thompson will meet and review said Preliminary Budget and hold a Public Hearing thereon at the Town Hall, 4052 State Route 42, Monticello, New York at 5:00 P.M., Prevailing Time, on the 7<sup>th</sup> Day of November, 2024, and at such hearing any person may be heard in favor or against the preliminary budget as compiled, or against any item therein contained.

As a courtesy and convenience, such hearing will also be held remotely by video-conference. The public may participate via video-conference at <https://us02web.zoom.us/j/83032452642> - Meeting ID: 830 3245 2642, dial by your location +1 646 558 8656 US (New York). Please be advised that if there is disruption in the ability of the Zoom Video-Conference, said hearings will commence &/or continue to commence in-person without interruption.

AND FURTHER NOTICE IS HEREBY GIVEN, pursuant to Section 108 of the Town Law, that the following are the proposed yearly salaries of the Elected Officers of the Town:

4 Councilpersons, Each	\$21,733.07
Total Salaries	\$86,932.28
2 Justices of the Peace, Each	\$49,836.58

Total Salaries	\$99,673.16
Supervisor	\$124,188.25
Receiver of Taxes	\$41,620.38
Town Clerk	\$81,021.20
Highway Superintendent	\$124,188.25

Dated: October 29, 2024  
 By Order of the Town Board  
 Town of Thompson  
 Marilee J. Calhoun  
 Town Clerk

Supervisor Rieber provided a brief explanation regarding the Preliminary Budget. A copy of the Adopted Budget will be posted on the Town Website.

Supervisor Rieber asked if the Town Board had any comments. The Board had no comments.

Supervisor Rieber asked if anyone from the public would like to be heard on this matter. There was no public comment made.

After an opportunity for all persons to be heard Supervisor Rieber entertained a motion that the public hearing be closed.

A motion to close the Public Hearing at 5:06 PM was made by Councilman Mace and seconded by Councilman Schock.

The regular meeting was reconvened at 5:06 PM.

**APPROVAL OF MINUTES:**

On a motion made by Councilman Mace and seconded by Councilman Schock the minutes of the October 15<sup>th</sup>, 2024 Regular Town Board Meeting and the October 15<sup>th</sup>, 2024 & October 29<sup>th</sup>, 2024 Budget Work-Sessions were approved as presented.

Vote: Ayes 4 Rieber, Schock, Meddaugh and Mace  
 Nays 0  
 Absent 1 Pavese

**PUBLIC COMMENT**

There was no public comment given.

**CORRESPONDENCE:**

Supervisor Rieber reported on correspondence that was sent or received as follows:

- **Sullivan County Treasurer’s Office:** 3<sup>rd</sup> Quarter Mortgage Tax Payment, Check #3385, Dated 10/25/24 for \$141,474.78.
- **Town of Thompson Planning Board:** Letter dated 10/24/24 to All Interested or Involved Agencies: Re: Notice of Lead Agency Designation on Proposed Type 1 Action: CP Thompson One LLC (Robert Romine, Project Developer), Thompson’s Own Solar Project, Downs Rd, Monticello, NY – Including EAF Part 1 and Site Plan Map.
- **Sullivan County Division of Public Health & Human Services:** News Release dated 10/30/24 Re: Skunk Testing Positive for Rabies in the Town of Thompson, Monticello Area.

**AGENDA ITEMS:**

**1) RESOLUTION TO ENACT: PROPOSED LOCAL LAW NO. 03 OF 2024 –  
OVERRIDE TAX LEVY LIMIT**

**The Following Resolution Was Duly Adopted: Res. No. 322 of the Year 2024.**

At a regular meeting of the Town Board of the Town of Thompson held at the Town Hall, 4052 Route 42, Monticello, New York on November 07, 2024

**RESOLUTION TO ENACT LOCAL LAW NO. 03 OF 2024**

**WHEREAS**, proposed Local Law No. 03 of the year 2024 entitled, "A Local Law to Override the Tax Levy Limit Established in General Municipal Law §3-c" was introduced to the Town Board at a meeting held October 15, 2024, at the Town Hall, Monticello, New York, to consider said proposed Local Law and Notice of Public Hearing having been duly published and posted as required by law, and said Public Hearing having been held and all persons appearing at said public hearing deeming to be heard having been heard, and

**WHEREAS**, said Local Law was duly adopted after a public hearing.

**NOW, THEREFORE, BE IT RESOLVED**, that the Town Board of the Town of Thompson, New York, does hereby enact and adopt Local Law No. 03 for the year 2024, Town of Thompson, State of New York, which Local Law is annexed hereto and made a part hereof.

Moved by: Councilwoman Melinda S. Meddaugh

Seconded by: Councilman Ryan T. Schock

Adopted on Motion November 07, 2024

Supervisor WILLIAM J. RIEBER, JR.	Yes [X ]	No [ ]
Councilman SCOTT S. MACE	Yes [X ]	No [ ]
Councilman JOHN A. PAVESE	Yes [ ]	No [ ] ABSENT
Councilwoman MELINDA S. MEDDAUGH	Yes [X ]	No [ ]
Councilman RYAN T. SCHOCK	Yes [X ]	No [ ]

Town of Thompson

Local Law No. 03 of the year 2024

A Local Law to Override the Tax Levy Limit Established in General Municipal Law §3-c

Be it enacted by the Town Board of the

Town of Thompson

1. Legislative Intent. It is the intent of this Local Law to allow the Town of Thompson to adopt a budget for the fiscal year commencing 2025 that requires a Real Property Tax Levy in excess of the “Tax Levy Limit” as defined by General Municipal Law §3-c.
2. Authority. This Local Law is adopted pursuant to subdivision 5 of General Municipal Law §3-c, which expressly authorizes a local government’s governing body to override the Property Tax Cap for the coming fiscal year by the adoption of a Local Law approved by a vote of sixty percent (60%) of said governing body.
3. Tax Levy Limit Override. The Town Board of the Town of Thompson, County of Sullivan, is hereby authorized to adopt a budget for the fiscal year commencing 2025 that requires a Real Property Tax Levy in excess of the amount otherwise prescribed in General Municipal Law §3-c.
4. If any clause, sentence, paragraph, subdivision, section or part thereof this Local Law shall be adjudged by any court of competent jurisdiction to be invalid, such judgment, decree or order shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment, decree or order shall have been rendered and the remainder of this Local Law shall not be affected thereby and shall remain in full force and effect.
5. This Local Law shall take effect immediately upon filing with the Secretary of State.



Recused 1 Rieber

**5) BUCKET TRUCK RENTAL REQUEST FOR BANNER INSTALLATION AT \$325.00/DAY, COST NOT TO EXCEED \$2,000.00**

**The Following Resolution Was Duly Adopted: Res. No. 326 of the Year 2024.**

Resolved that the purchase request of Community Development Director Jill Weyer for the rental of a Altec Digger Derrick and Bucket Truck, from B&B Electric, LLC at the following rental rates:

Truck daily rental rate based on 8-hour day \$325.00

Total Cost not to Exceed \$2,000.00

for the Roadside Banner Installation Project hereby be approved.

Moved by: Councilman Schock                      Seconded by: Councilman Mace

Vote: Ayes 3                      Schock, Meddaugh and Mace

Nays 0

Absent 1                      Pavese

Recused 1                      Rieber

Supervisor Rieber returned to the meeting after action was taken.

**6) APPROVE PERMANENT APPOINTMENT OF TYLER BOSSERT, PARKS & RECREATION DEPARTMENT EMPLOYEE & JOANNE GEROW, DOG CONTROL OFFICER – 6-MONTH PROBATIONARY PERIOD COMPLETED**

**The Following Resolution Was Duly Adopted: Res. No. 327 of the Year 2024.**

Resolved, that the Town Board of the Town of Thompson upon Completion of the 6-Month Probationary Period hereby approves the Permanent Appointment of Tyler Bossert as a Full-Time Laborer in the Parks & Recreation Department at the 2024 contracted rate of \$23.43 per hour and hereby approves the Permanent Appointment of Joanne Gerow as Dog Control Officer for the remainder of 2024 at an annual salary of \$40,000.00.

Motion by: Councilman Schock                      Seconded by: Councilwoman Meddaugh

Vote: Ayes 4                      Rieber, Schock, Meddaugh, and Mace

Nays 0

Absent 1                      Pavese

**7) EV CHARGING PROJECT UPGRADE: DISCUSS & APPROVE EV CHARGER PROPOSAL WITH WOODHOLLOW FOR TOWN HALL, EAST MONGAUP PARK & LAKE IDA PARK**

**The Following Resolution Was Duly Adopted: Res. No. 328 of the Year 2024.**

Resolved, that the Town Board of the Town of Thompson hereby accepts the EV Charger Proposal from Woodhollow Energy Group from the Sourcewell Contract # 042221-CPI for the EV Charging Stations to be installed at Town Hall, East Mongaup Park and Lake Ida Park for a total cost of \$160,000.00 with \$135,000.00 in estimated



and Disposal, in accordance with specifications prepared therefore, said bids to be opened on Monday, December 02, 2024, at 2:00 o'clock P.M., Prevailing Time, at the Town Hall, 4052 Route 42 North, Monticello, New York, and the Town Clerk be, and she hereby is directed to advertise for bids in the official newspaper of the Town.

Moved by: Councilwoman Meddaugh                      Seconded by: Councilman Schock

Vote: Ayes 4              Rieber, Schock, Meddaugh and Mace

Nays 0

Absent 1      Pavese

**B) AUTHORIZE 1-YEAR EXTENSION OF BIDS: BULK SODIUM HYPOCHLORITE & SODIUM BI-CARBONATE**

Water & Sewer Department Superintendent Michael Messenger is recommending that the bid of Wechsler Pool Supply for Bulk Sodium Hypochlorite at \$3.30 per gallon and the bid of Cochection Mills for Sodium Bi-Carbonate at \$17.50 per bag, which were both opened on 11/30/2023 and approved on 12/05/2023 be extended for 1-Year.

**The Following Resolution Was Duly Adopted: Res. No. 331 of the Year 2024.**

Resolved, that the bid of Wechsler Pool Supply, for Bulk Sodium Hypochlorite, in the amount of \$3.30 per gallon and the bid of Cochection Mills for Sodium Bi-Carbonate, in the amount of \$17.50 per bag, hereby be extended for one additional year and that the Water & Sewer Department Superintendent be authorized to notify the vendor of said extension.

Motion by: Councilwoman Meddaugh                      Seconded by: Councilman Mace

Vote: Ayes 4              Rieber, Schock, Meddaugh and Mace

Nays 0

Absent 1      Pavese

**10) BILLS OVER \$5,000.00 – TOWN HALL**

**The Following Resolution Was Duly Adopted: Res. No. 332 of the Year 2024.**

Resolved, that the following bills over \$5,000.00 for the Town Hall be approved for payment as follows:

**Holiday Outdoor Decor    \$7,968.01 Total Cost**

Invoice # INV16673 – (37) Roadside Banners for \$5,157.17

Invoice # INV16675 – Hardware for Installation of Banners for \$2,810.84

(Procurement: Authorized by Resolution No. 129, Adopted on 03/05/2024 as part of the Sullivan 180 Municipal Partnership Grant.)

Moved by: Councilman Mace                                      Seconded by: Councilwoman Meddaugh

Vote: Ayes 4              Rieber, Schock, Meddaugh and Mace

Nays 0

Absent 1      Pavese

## **11) BUDGET TRANSFERS & AMENDMENTS**

To: Town of Thompson - Supervisor and Council

From: Melissa DeMarmels - Comptroller

Re: Budget Transfers & Amendments - FYE 12/31/24

Board

Date: Meeting 11/7/2024

Memo: The following Budget Transfers & Amendments are proposed for the following purposes:

- 1) Amend A Fund Budget for purchase of Highway building and additional transfer to DA Fund, and true up other revenues & expenses to actuals so far
- 2) Amend B Fund Budget for Truck purchase and sale of vehicles
- 3) Amend DA budget for additional transfer from A fund, and true up other revenues & expenses to actuals so far
- 4) Amend Dillon Water District budget for additional income and expenses

### **The Following Resolution Was Duly Adopted: Res. No. 333 of the Year 2024.**

Resolved, that the following budgetary transfers/amendments hereby be approved as presented.

# Town Of Thompson

## Budget Transfers/Amendments

Town Board Meeting

FYE 12/31/24

Date: 11/7/2024

<u>Account Number</u>	<u>Account Description</u>		<u>Revenue Increase</u>	<u>Revenue Decrease</u>	<u>Appropriation Increase</u>	<u>Appropriation Decrease</u>
A000.2706.000	Grants from Other Governments	Youth Bureau	12,500.00			
A000.3005.000	Mortgage Tax		372,550.00			
A000.3089.000	State Aid	NYSERDA	9,925.00			
A000.1330.400	Tax Collector - Contractual	2024 County Roll Prep Charge			11,126.00	
A000.1670.400	Central Printing (postage)				5,000.00	
A000.5132.200	Building Purchase	96 Cold Spring Road			753,321.00	
A000.9901.900	Transfers to Other Funds	Additional \$ to DA			500,000.00	
B000.2665.000	Sale of Equipment		18,500.00			
B000.3620.200	Equipment Purchase				7,975.00	
DA00.2665.000	Sales of Equipment		13,000.00			
DA00.2401.000	Interest Earnings		20,855.00			
DA00.5031.000	Transfer From A Fund		500,000.00			
DA00.5130.200	Highway Equipment				56,530.00	
SWD0.2401.000	Interest earnings		400.00			
SWD0.8320.400	O&M Contractual				400.00	

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Totals	947,730.00	-	1,334,352.00	-
		Net Effect To Budget		386,622.00

Moved by: Councilwoman Meddaugh                      Seconded by: Councilman Schock  
Vote: Ayes 4              Rieber, Schock, Meddaugh and Mace  
Nays 0  
Absent 1              Pavese

**12) ORDER BILLS PAID**

**The Following Resolution Was Duly Adopted: Res. No. 334 of the Year 2024.**

Resolved, that all regular bills for the course of the month, which have been properly audited be approved for payment. A complete list of the regular bills as identified can be found appended to these minutes as per attached.<sup>3</sup>

Moved by: Councilman Schock                      Seconded by: Councilwoman Meddaugh  
Vote: Ayes 4              Rieber, Schock, Meddaugh and Mace  
Nays 0  
Absent 1              Pavese

**OLD BUSINESS**

There was no old business reported on.

**NEW BUSINESS**

**1) RESOLUTION TO AUTHORIZE RE-APPOINTMENT OF KATHLEEN DEPUY TO BOARD OF ASSESSMENT REVIEW, TERM TO EXPIRE 09/30/2029**

**The Following Resolution Was Duly Adopted: Res. No. 335 of the Year 2024.**

Resolved, that Kathleen DePuy hereby be appointed to the Board of Assessment Review with a term to expire on September 30, 2029, appointee shall attend all necessary training to be able to serve.

Moved by: Councilwoman Meddaugh                      Seconded by: Councilman Schock  
Vote: Ayes 4              Rieber, Meddaugh, Schock and Mace  
Nays 0  
Absent 1              Pavese

**2) RESOLUTION TO AUTHORIZE GRANTING EASEMENT AGREEMENT WITH SILVERCREST HOLDING, INC. ON COLD SPRING ROAD PROPERTY FOR WATERMAIN TO PROVIDE MUNICIPAL WATER SERVICE**

**The Following Resolution Was Duly Adopted: Res. No. 336 of the Year 2024.**

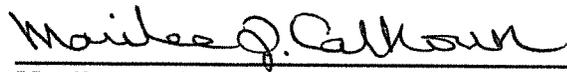
<sup>3</sup> ATTACHMENT: ORDER BILLS PAID



**ADJOURNMENT**

On a motion made by Councilwoman Meddaugh and seconded by Councilman Schock the meeting was adjourned at 5:31 PM. All board members voted in favor of adjourning the meeting.

**Respectfully Submitted By:**



**Marilee J. Calhoun, Town Clerk**

## Town of Thompson Water &amp; Sewer Districts

## Relevy Report

Session: Relevy - Cycle: Annually Billed Accounts - 10/24/2024 12:18:04 PM

Account #	Billed Contact	Service Location	Print Key	Relevy Amount
<i>Account Type: COLD SPRING W/S</i>				
4205	Bianucci, Wayne	40 Fairground Rd	30.-2-15.1	\$380.60
4238	Valentin, Jeanmarie	151 Cold Spring Rd	29.-2-19	\$33.43
4239	DeVeau, Steven	155 Cold Spring Rd	29.-2-20	\$414.03
4391	Baitch, Jacob	188 Cold Spring Rd	29.-1-20.2/0302	\$223.75
4392	Katzenellenbogen, Michael	188 Cold Spring Rd	29.-1-20.2/0401	\$223.75
4396	Feigenson, Abigail	188 Cold Spring Rd	29.-1-20.2/0601	\$223.75
4402	Wilschanski, Zlata	188 Cold Spring Rd	29.-1-20.2/0901	\$223.75
4403	Edelman, Aaron L	188 Cold Spring Rd	29.-1-20.2/0902	\$223.75
4406	Piekarski, Ephraim	188 Cold Spring Rd	29.-1-20.2/1501	\$223.75
4409	Minsky, Shalom	188 Cold Spring Rd	29.-1-20.2/1602	\$223.75
4412	Bluming, Chana	188 Cold Spring Rd	29.-1-20.2/1101	\$223.75
4423	Marasow, Samuel & Menucha	188 Cold Spring Rd	29.-1-20.2/1702	\$223.75
4424	Junik, David	188 Cold Spring Rd	29.-1-20.2/1902	\$223.75
4440	Chaim Brocha Corp	Cold Spring Rd	29.-1-19.1	\$117.02
706	Kendig, Robert & Cecilia	49 Fairground Rd	29.-1-8	\$140.42
718	Cleveland, Johnny	84 Fairground Rd	29.-1-12	\$380.60
741	Murudumday Montero, Segundo M	81 Fairground Rd	30.-3-10	\$380.60
757	Williams, Delores	95 Cold Spring Rd	30.-4-15	\$380.60
763	Wheat and Sons Property Mgmt	105-107 Cold Spring Rd	30.-4-18	\$761.22
765	MediRush Transporation LLC	82 Cold Spring Rd	30.-5-1	\$761.22
767	MediRush Transporation LLC	78 Cold Spring Rd	30.-5-2	\$761.22
771	Rossini Management Corp	Cold Spring Rd	30.-5-4	\$761.22
<b>Account Type COLD SPRING W/S</b>				<b>\$7,509.68</b>
<i>Account Type: DILLON FARMS W/S</i>				
694	Kaplan, Deborah	19 Hanover Dr	19.-2-3	\$638.08
<b>Account Type DILLON FARMS W/S</b>				<b>\$638.08</b>
<i>Account Type: KIAMESHA W/S</i>				
161	Concord Associates LP	Concord Rd	9.-1-38	\$27.27
163	Schulman, Mark	Route 42	9.-1-39.1	\$22.81
165	The Monroe Cable Company, Inc.	Route 42	9.-1-40.2	\$19.86
167	The Monroe Cable Company Inc.	4496 State Route 42	9.-1-41	\$198.51
171	American Theological Inst Inc	Route 42	9.-1-43.1	\$39.93
173	American Theological Institute Inc.	Route 42	9.-1-45.2	\$6.99
201	Mayberg, Rachel & David	24 Kreir Ln	9.-1-80./0108	\$8.29
203	Gittell, Myron	52 Kreir Ln	9.-1-80./0201	\$8.29
209	US BANK NA	46 Krier Ln	9.-1-80./0204	\$8.29
212	Mayberg, David	40 Krier Ln	9.-1-80./0207	\$8.29
219	Perez, Natalie	21 Kenny Ln	9.-1-80./0401	\$7.44
223	Lanzilotta, Peter	25 Kenny Ln	9.-1-80./0403	\$7.44
225	Adika, Baruch	27 Kenny Ln	9.-1-80./0404	\$7.44
229	Tacy, Carmela	31 Kenny Ln	9.-1-80./0406	\$7.44
235	Moseley, Joscelyn W	3 Kenny Ln	9.-1-80./0501	\$6.62

Town of Thompson Water & Sewer Districts

**Relevy Report**

<b>Account #</b>	<b>Billed Contact</b>	<b>Service Location</b>	<b>Print Key</b>	<b>Relevy Amount</b>
596	American Theological Institute Inc	Route 42	13.-1-27	\$291.21
615	G&C Lentini Corp.	Route 42	13.-2-2.1	\$16.55
623	Binyan 42 LLC	Route 42	13.-2-4	\$44.65
<b>Account Type KIAMESHA W/S Totals:</b>				<b>\$737.32</b>
<i>Account Type: LUCKY LAKE WATER</i>				
1126	Edwards, Brian S. & Michelle	40 Lucky Lake Dr	51.A-1-8	\$593.58
1133	Correa, Jonathan Noel & Serena	57 Lucky Lake Dr	51.A-2-9	\$593.58
1138	Demestrio, Antonio	125 Lucky Lake Dr	51.A-2-14	\$593.58
1139	Woffard, Jeffrey J. & Caroline	91 Lucky Lake Dr	51.A-2-15	\$593.58
1140	Lindholm, Ronald E & Stephanie Ann	97 Lucky Lake Dr	51.A-2-16.1	\$593.58
<b>Account Type LUCKY LAKE WATER</b>				<b>\$2,967.90</b>
<b>Grand Total:</b>				<b>\$11,852.98</b>

Town of Thompson Water & Sewer Districts

**Relevy Report - Fund Breakdown**

Session: Relevy - Cycle: Annually Billed Accounts - 10/24/2024 12:18:04 PM

Category	Fund	Item Description	Amount	Total
<i>Account Type: COLD SPRING W/S</i>				
Water	WD044 General Fund	WD044--INT	\$3,920.40	
		WD044-EXT	\$565.39	
		WD044-PARCEL	\$1,960.20	\$6,445.99
	WD044 Penalty Fund	Penalty(WD044--INT)	\$646.88	
		Penalty(WD044-EXT)	\$93.21	
		Penalty(WD044-PARCEL)	\$323.60	\$1,063.69
		<b>Water</b>		<b>\$7,509.68</b>
<b>Account Type: COLD</b>				
<i>Account Type: DILLON FARMS W/S</i>				
	WD042 General Fund	WD042	\$547.70	\$547.70
	WD042 Penalty Fund	Penalty(WD042)	\$90.38	\$90.38
		<b>Water</b>		<b>\$638.08</b>
<b>Account Type:</b>				
<i>Account Type: KIAMESHA W/S</i>				
	WD043 General Fund	WD043	\$632.83	\$632.83
	WD043 Penalty Fund	Penalty(WD043)	\$104.49	\$104.49
		<b>Water</b>		<b>\$737.32</b>
<b>Account Type:</b>				
<i>Account Type: LUCKY LAKE WATER</i>				
	WD041 General Fund	WD041	\$2,547.50	\$2,547.50
	WD041 Penalty Fund	Penalty(WD041)	\$420.40	\$420.40
		<b>Water</b>		<b>\$2,967.90</b>
<b>Account Type: LUCKY</b>				
		<b>Grand Total</b>		<b>\$11,852.98</b>

Town of Thompson Water & Sewer Districts

**Relevy Report - Grand Totals**

Session: Relevy - Cycle: Annually Billed Accounts - 10/24/2024 12:18:04 PM

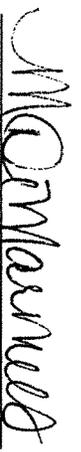
Fund	Item Description	Amount	Total
<i>Category: Water</i>			
WD041 General Fund	WD041	\$2,547.50	\$2,547.50
WD041 Penalty Fund	Penalty(WD041)	\$420.40	\$420.40
WD042 General Fund	WD042	\$547.70	\$547.70
WD042 Penalty Fund	Penalty(WD042)	\$90.38	\$90.38
WD043 General Fund	WD043	\$632.83	\$632.83
WD043 Penalty Fund	Penalty(WD043)	\$104.49	\$104.49
WD044 General Fund	WD044-EXT	\$565.39	
	WD044--INT	\$3,920.40	
	WD044-PARCEL	\$1,960.20	\$6,445.99
WD044 Penalty Fund	Penalty(WD044-EXT)	\$93.21	
	Penalty(WD044--INT)	\$646.88	
	Penalty(WD044-PARCEL)	\$323.60	\$1,063.69
		<b>Water</b>	<b>\$11,852.98</b>
		<b>Grand Total</b>	<b>\$11,852.98</b>



Town of Thompson  
Warrant Report

Town of Thompson  
Warrant Report

I hereby certify that the vouchers listed on the attached abstracts of prepaid and claims payable have been duly audited and are presented for payment to the Town Board of the Town of Thompson at the regular meeting there of, held on the 7<sup>th</sup> day of November 20<sup>th</sup> in the amounts respectively specified. Authorization is hereby given and direction is made to pay each of the claimants in the amount as specified upon each claim stated.

  
Melissa DeMarnels, Comptroller

  
William J. Rieker Jr., Supervisor



Town of Thompson  
Warrant Report

Unposted Batch Totals		Manual Checks		Purchase Cards		Total
Fund	Fund Description	Invoice Batch	Manual Checks	Purchase Cards		Total
T000	TRUST & AGENCY FUND	\$0.00	\$0.00	\$15,574.75		\$15,574.75
<b>Unposted Batch Grand Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$15,574.75</b>		<b>\$15,574.75</b>

Posted Batch Totals

Fund	Fund Description	Invoice Batch		Manual Checks		Purchase Cards		Total	
		Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
A000	GENERAL FUND TOWN WIDE	\$348,010.05	\$0.00	\$723,004.50	\$0.00	\$0.00	\$0.00	\$1,071,014.55	\$0.00
B000	GENERAL TOWN OUTSIDE	\$85,135.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85,135.55	\$0.00
DA00	HWY#3 / 4 - TOWN WIDE	\$233,413.12	\$0.00	\$0.00	\$0.00	\$300,000.00	\$0.00	\$533,413.12	\$0.00
DB00	HWY#1 - TOWN OUTSIDE	\$22,235.24	\$0.00	\$0.00	\$0.00	\$150,000.00	\$0.00	\$172,235.24	\$0.00
H000	CAPITAL PROJECTS	\$2,984.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,984.92	\$0.00
RD00	ADELAAR ROAD IMPROVEMENT DISTRICT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SL01	ROCK HILL LIGHTING	\$1,842.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,842.35	\$0.00
SL02	LUCKY LAKE LIGHTING	\$422.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$422.84	\$0.00
SL03	LAKE LOUISE MARIE	\$1,270.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,270.62	\$0.00
SL04	PATIO HOMES LIGHTING	\$848.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$848.54	\$0.00
SL05	KIAMESHA SHORES LIGHTING	\$253.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$253.22	\$0.00
SL06	EMERALD GREEN LIGHTING	\$7,104.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,104.10	\$0.00
SL07	TREASURE LAKE LIGHTING	\$105.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105.95	\$0.00
SL08	CONGERO ROAD LIGHTING	\$256.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$256.24	\$0.00
SL09	YESHIVA/KIAM. LIGHTING DISTRICT	\$1,085.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,085.95	\$0.00
SL10	EMERALD CORP. PARK L/D#10	\$77.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$77.87	\$0.00
SL11	ADELAAR Lighting	\$460.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$460.45	\$0.00
SL12	Route 42 N Lighting	\$887.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$887.82	\$0.00
SRH0	ROCK HILL AMBULANCE DIST	\$8,187.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,187.50	\$0.00
SSAR	Adelaar Sewer District	\$513,021.94	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$538,021.94	\$0.00
SSHRC	Harris Consolidated Sewer District	\$15,257.87	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	\$25,257.87	\$0.00
SSKC	Kiamasha Consolidated Sewer District	\$105,650.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105,650.89	\$0.00
SSM0	MELODY LAKE SEWER DISTR.	\$5,912.21	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$10,912.21	\$0.00
SSRC	Rock Hill Emerald Green Consolidated Sewer Dist	\$43,037.03	\$0.00	\$0.00	\$0.00	\$65,100.00	\$0.00	\$108,137.03	\$0.00
SSSO	SACKETT LAKE SEWER DISTR	\$24,883.10	\$0.00	\$0.00	\$0.00	\$21,000.00	\$0.00	\$45,883.10	\$0.00
SWA0	ADELAAR RESORT WATER DISTRICT	\$2,542.34	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$10,542.34	\$0.00
SWC0	COLD SPRING WATER	\$1,512.68	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$3,512.68	\$0.00
SWD0	DILLON WATER DISTRICT	\$375.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$375.85	\$0.00
SWK0	KIAMESHA RT42 WATER	\$258.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$258.76	\$0.00



Town of Thompson  
Warrant Report

Fund	Fund Description	Invoice Batch		Manual Checks		Purchase Cards		Total	
		Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
SWL0	LUCKY LAKE WATER DISTR	\$376.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$376.85	\$0.00
SWM0	MELODY LAKE WATER	\$1,049.94	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$2,049.94	\$0.00
T000	TRUST & AGENCY FUND	\$10,924.13	\$0.00	\$0.00	\$0.00	\$28,251.49	\$0.00	\$39,175.62	\$0.00
<b>Posted Batch Grand Totals</b>		<b>\$1,439,385.92</b>	<b>\$0.00</b>	<b>\$763,004.50</b>	<b>\$0.00</b>	<b>\$693,351.49</b>	<b>\$0.00</b>	<b>\$2,895,741.91</b>	<b>\$0.00</b>
		<b>Report Grand Totals</b>							
A000	GENERAL FUND TOWN WIDE	\$348,010.05	\$0.00	\$723,004.50	\$0.00	\$0.00	\$0.00	\$1,071,014.55	\$0.00
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SL03	LAKE LOUISE MARIE	\$1,270.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,270.62	\$0.00
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SWM0	MELODY LAKE WATER	\$1,049.94	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$2,049.94	\$0.00



Town of Thompson  
Warrant Report

T000	TRUST & AGENCY FUND								
		\$10,924.13	\$0.00	\$0.00	\$0.00	\$28,251.49	\$15,574.75	\$39,175.62	\$15,574.75
<b>Grand Totals</b>		<b>\$1,439,385.92</b>	<b>\$0.00</b>	<b>\$763,004.50</b>	<b>\$0.00</b>	<b>\$693,351.49</b>	<b>\$15,574.75</b>	<b>\$2,895,741.91</b>	<b>\$15,574.75</b>

C1

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

Division of Water, Region 3

21 South Putt Corners Road, New Paltz, New York, 12561-1696 Phone:

(845) 256-3000

[www.dec.ny.gov](http://www.dec.ny.gov)

October 31, 2024

Supervisor and Town Board

Town Hall

4052 Route 42

Monticello, NY, 12701

**Compliance Inspection**

Thompson Melody Lake Sewage Treatment Plant

Town of Thompson, Sullivan County

SPDES Permit No.: **NY0030708**

Dear Permittee:

On October 30<sup>th</sup>, 2024 an inspection of the above referenced facility was performed for the purpose of evaluating compliance with the State Pollutant Discharge Elimination System (SPDES) Permit and Article 17 of the Environmental Conservation Law. Please refer to the attached Wastewater Treatment Facility Inspection Form and note the Satisfactory rating.

Your cooperation in operating and maintaining this facility, complying with your SPDES permit and protection of New York's Water is appreciated. Should you have any questions please contact me at [Miles.fah@dec.ny.gov](mailto:Miles.fah@dec.ny.gov) or (845) 633 5452

Regards,

*Miles Fah*

Miles Fah

EET 1

cc: Vijay Gandhi NYSDEC  
[supervisor@townofthompson.com](mailto:supervisor@townofthompson.com)  
Mike Messenger  
Keith Rieber

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER  
MUNICIPAL WASTEWATER TREATMENT FACILITY INSPECTION**



Violations of 6 NYCRR Part 750 are subject to applicable civil, administrative, and criminal sanctions set forth in ECL Article 17 and as appropriate, the Clean Water Act. This form is a record of conditions which are observed in the field at the time of inspection and documentation of compliance with Part 750.

Facility Name, Address, Phone Number(s): <b>Melody Lake SD STP, Hemlock Drive, Monticello, NY 12701</b>	
Permittee Name, Address, Phone Number(s): <b>Town of Thompson, Town Hall, 4052 Route 42, Monticello, NY 12701 Supervisor@townofthompson.com</b>	
Permittee/LRP E-mail: <b>supervisor@townofthompson.com</b>	Municipality (C/T/V): <b>Thompson (T)</b> County: <b>Sullivan</b> SPDES Number: <b>NY 0030708</b> DEC Region: <b>03</b>
Inspector's Name and Title: <b>Miles Fah EET1</b>	Date: <b>10/30/2024</b>
Facility Representative(s) and Company(ies): <b>Mike Messenger, mmessenger@townofthompson.com</b>	Time: <b>10:30 AM</b>
Name and Class of Receiving Water: <b>Turner Brook, Class B</b>	Weather: <b>Sunny</b>
Inspection Type: <b>COMPREHENSIVE</b>	ANNOUNCED Overall Inspection Rating: <b>SATISFACTORY</b>
CODES: S = Satisfactory M = Marginal U = Unsatisfactory F = Follow-up NR: Not Rated NA: Not Applicable NI = Not Inspected	

<b>A. Facility Description / General:</b>		<input type="checkbox"/> NI	<input type="checkbox"/> NA
Rating	Item:	Comments	
1. S	A copy of SPDES permit available on-site?	Yes.	Citation/Reference Part 750-2.1
2. S	(a) Permit valid or expired (Date if expired)?	Permit expires 2/28/2025	Part 750-2.1
3. S	Are all outfall discharge points permitted?		Part 750-1.12
4. NA	Notified DEC of new/modified discharges?		Part 750-1.12
5. S	Housekeeping (Office/grounds/lab)?		Part 750-2.8
6. S	Flow metering (Types/location/calibration)?	Ultrasonic meter at effluent. Calibrated 10/8/2024 annual calibration	Part 750-2.5
7. S	Odor complaints/issue? (If any odor issues, dates/corrective actions)	None.	Part 750-2.8
8. S	Noise complaints/issue? (If any noise issues, dates/corrective actions)	None.	Part 750-2.8
9. S	WTCs used/records properly maintained?	None.	Part 750-2.5
10. NA	Nearby water supply(concerns)?		Part 750-2.8
	Other (Specify)?		

**Click Left Button to Clear the Form**

**B. Collection System / Pump Station:**

NI  NA

100 % Separate,  % Combined.

Population of collection system: 62

Miles of Pipe:

Number of pump stations in system:

Number pump stations inspected:

Rating	Item:	F
1. S	Sewer overflows upstream of the plant? If any CSO/SSO (List reason/location)	<input type="checkbox"/> Part 750-2.8
2. NA	Unpermitted overflows/bypasses inside the plant since last inspection? (If any, list date/corrective action)	<input type="checkbox"/> Part 750-2.8
3. NA	Date when overflow/bypass channel used?	<input type="checkbox"/> Part 750-2.8
4. NA	Any other in plant bypass designed for WWTP?	<input type="checkbox"/> Part 750-2.8
	(a) List bypass frequency (Times per year).	<input type="checkbox"/> Part 750-2.8
	(b) List average duration of bypass (Hours).	<input type="checkbox"/> Part 750-2.8
5. NA	CSO/SSO reported via NY-Alert/corrective action?	<input type="checkbox"/> Part 750-2.7
6. NA	CSO/SSO routinely inspected?	<input type="checkbox"/> Part 750-2.8
7. S	Infiltration/Inflow (I/I) (Present)?	<input type="checkbox"/> Part 750-2.9
8. S	I/I corrective actions? (TV/lining/sealing/replacement/inspections)	<input type="checkbox"/> Part 750-2.9
9. S	Collection system inspection program?	<input type="checkbox"/> Part 750-2.8
	(a) Pump station inspection program?	<input type="checkbox"/> Part 750-2.8
10. S	BMP/Wet Weather Plan (Date/reviewed)?	<input type="checkbox"/> Part 750-2.9
11. S	Sewer Use Ordinance (SUO) (Date/copy)?	<input type="checkbox"/> Part 750-2.9
12. NA	Are all pump stations operational? (Backup/SCADA/telemetry/monitoring)	<input type="checkbox"/> Part 750-2.8
	(a) No. pumps operational (Dry/wet weather)?	<input type="checkbox"/> Part 750-2.8
13. S	Backup/spare pumps/parts available?	<input type="checkbox"/> Part 750-2.8
14. NA	Other (Specify)?	<input type="checkbox"/>

None.

Some I/I from seasonal homes, sumps and water use.

Mr. Manhole on chimney sections are effective.

No pump stations

Reduce air flow and thin sludge. Written procedure coming.

1986 Mention of new one proposed.

Gravity driven plant. No pumps

Spare parts and pumps stored and shelved

**C. Industrial Waste/Pretreatment:**

Rating	Item	NI	NA
<input type="checkbox"/>	1. Mini program required by SPDES permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	2. Industrial waste discharge permits issued?	Part 750-2.9	<input type="checkbox"/>
<input type="checkbox"/>	3. Industrial waste accepted (Problems)?	Part 750-2.9	<input type="checkbox"/>
<input type="checkbox"/>	4. Outside septage accepted (Problems)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	5. Monitoring reqd./available for hauled waste?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	6. Other (Specify)?	Part 750-2.5	<input type="checkbox"/>

**D. Preliminary/Primary Treatment:**

Rating	Item	NI	NA
<input type="checkbox"/>	1. Influent pumps/wet wells/SCADA?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	2. (a) Corrosion observed?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	3. Screens/Comminutor?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	4. (a) No./type/cleaning method (Auto/manual)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	5. Screenings/Grit removal (records)?	Part 750-2.5	<input type="checkbox"/>
<input type="checkbox"/>	6. Flow equalization present/needed?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	7. Settling/Septic tanks?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	8. Sludge depth in primary clarifiers?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	9. Condition of primary clarifier effluent?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	10. Other (Specify)?	Part 750-2.8	<input type="checkbox"/>

Manual screen operates and handles flow.

Primary and secondary clarifier. Sludge depth 6 to 10 inches during inspection.

**E. Secondary Biological Treatment:**

Rating	Item	NI	NA
<input type="checkbox"/>	1. Fixed film/Suspended growth? (Specify recycle rate)	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	2. Rotating Biological Contactors? (Specify shaft weight/flow)	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	3. Activated sludge/MBR/SBRs?	Part 750-2.8	<input type="checkbox"/>

Oxidation ditch and extended aeration.

4.	NA	Foaming/filamentous issues?	Part 750-2.8	<input type="checkbox"/>
5.	NA	Stabilization Ponds/Lagoons?	Part 750-2.8	<input type="checkbox"/>
6.	NA	Sand filter (recycle rate) ?	Part 750-2.8	<input type="checkbox"/>
7.	S	Process control values?	Part 750-2.8	<input type="checkbox"/>
8.	NA	Other(Specify)?		<input type="checkbox"/>

**F. Secondary Clarifier:**  NI  NA

Rating	Item:	F
1.	S Foam/solids/grease present on surface?	<input type="checkbox"/>
2.	S Tank/weir cleaning date & weir level?	<input type="checkbox"/>
3.	S Denitrification/gas bubbles on surface?	<input type="checkbox"/>
4.	NA Sludge blanket depth & RAS/WAS rates?	<input type="checkbox"/>
5.	NA Scum arm condition?	<input type="checkbox"/>
6.	S Secondary effluent quality?	<input type="checkbox"/>
7.	S Loss of solids reported/observed? Other	<input type="checkbox"/>
8.	NA (Specify)?	<input type="checkbox"/>

Units are cleaned daily during rounds.  
None.

**G. Tertiary Treatment:**  NI  NA

Rating	Item:	F
1.	<input type="checkbox"/> Filtration (Specify type)?	<input type="checkbox"/>
2.	<input type="checkbox"/> Microfiltration?	<input type="checkbox"/>
3.	<input type="checkbox"/> Activated carbon adsorption?	<input type="checkbox"/>
4.	<input type="checkbox"/> Nitrification?	<input type="checkbox"/>
5.	<input type="checkbox"/> Denitrification?	<input type="checkbox"/>
6.	<input type="checkbox"/> Post-aeration?	<input type="checkbox"/>
7.	<input type="checkbox"/> Phosphorus removal?	<input type="checkbox"/>
8.	<input type="checkbox"/> Other (i.e. Polishing ponds, Ammonia stripping, etc.) (Specify)?	<input type="checkbox"/>

**H. Disinfection:**

<u>Rating</u>	<u>Item:</u>	<input type="checkbox"/> NI	<input type="checkbox"/> NA
<input type="checkbox"/> S	Chlorination/Dechlorination type (Gas/Liquid/Solid)? (Dose/feed pump settings)		<input type="checkbox"/> F
	Chlorine monitoring (Level)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Ultraviolet (UV) light (Setting)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> NA	Other (Specify)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Post aeration after contact tank.		<input type="checkbox"/>

Chlorination and Dechlorination with Sodium Bisulfate

Post aeration after contact tank.

**I. Final Effluent:**

<u>Rating</u>	<u>Item:</u>	<input type="checkbox"/> NI	<input type="checkbox"/> NA
<input type="checkbox"/> NA	Polishing pond (Odor/foam/solids/algae)?	Part 750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Effluent quality (Odor/turbidity/color)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Receiving water condition(Up/downstream)	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Outfall sign at each discharge point?	Part 750-1.12	<input type="checkbox"/>
<input type="checkbox"/> NA	Other (Specify)?		<input type="checkbox"/>

No odor or contrast visible.

No contrast, clear flows upstream and downstream

**J. Sludge Handling:**

<u>Rating</u>	<u>Item:</u>	<input type="checkbox"/> NI	<input type="checkbox"/> NA
<input type="checkbox"/> S	Sludge disposal? (List name and loc. of disposal sites/hauler)	Part 750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> NA	Digestion (Functioning properly/type)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Sludge pumps?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Sludge Dewatering (Type)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Maintenance of sludge pumps ?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Records available for disposal practices?	Part 750-2.5	<input type="checkbox"/>
<input type="checkbox"/> NA	Other (Specify)?		<input type="checkbox"/>

Self haul to Kiamesha Lake WWTP, Hauler Permit # 3A-682

Sump pump used to decant

Airlifts installed in 2019 for solids

**K. Sampling Evaluation and Lab Information:**

Rating	Item:	NI	NA
S	Written sampling plan? (Plan being followed)?		F
NA	Need to modify sampling frequency/types? (Explain)	Part 750-2.5	
S	Samples collected at specified locations?	Part 750-2.5	
S	Adequate for representative sample?	Part 750-2.5	
NA	Automatic sampler used? (Condition)	Part 750-2.5	
S	Type of samples collected (Grab/composite)?	Part 750-2.5	
NA	If composite, minimum of 8 grab samples?	Part 750-2.5	
S	Permittee ELAP certified? (If yes, provide ELAP certificate #)	Part 750-2.5	
S	Is the commercial laboratory ELAP certified? (List lab name, address and ELAP cert. #)	Part 750-2.5	
S	EPA-approved testing procedures followed?	Part 750-2.5	
S	Testing done for all parameters as required?	Part 750-2.5	
NA	WET (Whole Effluent Toxicity) testing?	Part 750-2.5	
S	Instrumentation calibrated & maintained?	Part 750-2.5	
S	Daily calibration, log books maintained?	Part 750-2.5	
S	Lab supplies are not expired? (Date if expired)	Part 750-2.5	
S	Are lab records retained at facility?	Part 750-2.5	
S	Is process control testing performed? (Discuss target values)	Part 750-2.5	
S	MLSS for day/week/month?	Part 750-2.8	
S	SVI for day/week/month?	Part 750-2.5	
S	Microscopic analysis of MLSS?	Part 750-2.5	
S	5/30 minutes settleometer (Day/week/month)?	Part 750-2.5	
S	Monitoring records kept minimum 5 years?	Part 750-2.5	
S	Flow records maintained (Influent/effluent)?	Part 750-2.5	
NR	Other (Specify)	Part 750-2.5	

Calendered grab sampling and schedule

Daily grab samples

Sullivan County Labs

Testing done in line with permit requirements

Service calendar followed for all procedures and systems

Daily sheets available and lab books records for flow, TSS, Alkalinity, and sludge depth.

Buffer solutions are good and supplies are up to date.

Daily lab sheets. Full records kept at Kiamesha Lake WWTP

Alkalinity, MLSS, and clarifier sludge depth.

Daily.

Once per month or as needed.

Kiamesha Lake WWTP.

All flow records are available at Kiamesha Lake WWTP

**L. Operation and Maintenance (Additional Info.):**

Rating	Item:	NI	NA
<input type="checkbox"/> S	Preventive maintenance plan (Method)?	<input type="checkbox"/>	<input type="checkbox"/> F
<input type="checkbox"/> S	Records of maintenance/repair cost maintained (Method)?	Part750-2.5	<input type="checkbox"/>
<input type="checkbox"/> S	Spare parts inventory?	Part750-2.5	<input type="checkbox"/>
<input type="checkbox"/> S	Current O&M manual?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	O & M manual maintained?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Organizational chart for O &M staff?	Part750-2.5	<input type="checkbox"/>
<input type="checkbox"/> S	Alarm systems (List)?	Part750-2.5	<input type="checkbox"/>
<input type="checkbox"/> S	Back-up power (Exercised)?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> NA	Unapproved bypass during power failure (If any, date/corrective action)	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Written back-up power emergency plan?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	All required treatment units in service during back-up power use?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> NA	Hydraulic/organic overloads?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Schedule for removing critical equipment from service for routine maintenance?	Part750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Safety railings/gratings in place/good condition?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	Lights, ventilation operational (Wet wells)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/> S	As-built plans for collection system /WWTP?	Part750-2.5	<input type="checkbox"/>
<input type="checkbox"/> NA	Other (Specify)?		<input type="checkbox"/>

Monthly inspection of sewers and blowers routinely serviced.

O&M maintained at Kiamesha Lake WWTP

Direct call out by autodialer

Automatic diesel generator tested weekly. Peak Power Service, 15 min test on Mondays

Rely on automatic generator

All units in service during power loss

Never enough flow to overload. Usually between 12,000 and 26,000 gpd

Maintenance schedule attached equipment and blowers.

As built plans stored at Kiamesha Lake

**M. Staffing / Personnel Information:**

Rating	Item:	NI	NA
<input type="checkbox"/> S	Staffing adequate?	<input type="checkbox"/>	<input type="checkbox"/> F
<input type="checkbox"/> S	Certification/grade adequate?	Part 650	<input type="checkbox"/>
<input type="checkbox"/> S	Plant score and grade?	Part 750-2.8 & Part 650	<input type="checkbox"/>

Plant Score 25, scored in 2012.

- 4.  S Chief operator name, Grade, Cert. #, Exp?
- 5.  S Asst. operator Name, Grade, Cert. #, Exp.?
- 6.  S WWTP responsible for collection system?
- 7.  NA Operators responsible for water supply?
- 8.  S Is Chief Operator present at the WWTP as per required guideline?
- 9.  S Is certified WWTP operator present at the plant as per required guideline?

Mike Messenger, 3A Cert. #13049, 10/1/2025

Keith Rieber, 3A Cert. #14113, 4/01/25

- & Part 650  
Part 750-2.8  
& Part 650
- Part 750-2.8  
& Part 650
- Part 650
- Part 650
- Part 650
- Part 650

**N. Fiscal:**  NI  NA

How sewer rates are assessed (Flat vs metering)? Flat rate basis billing system

How is the plant budget developed? Town Board

Asset Management Plan (AMP)? Town Board

Is AMP used to assess/prioritize critical system components?

Plans to update AMP?

**Compliance Status (Orders, Schedules, etc.):**

**Comments:**

- Photographs attached:
- Attachments (graphs, diagrams, etc.):
- DMR Issues:
- SPRTK Issues:
- NetDMR Issues:

*Miles Fah*

Miles Fah

Inspector's Signature / Date

10/31/2024

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

Division of Water, Region 3  
21 South Putt Corners Road, New Paltz, New York, 12561-1696 Phone:  
(845) 256-3000  
[www.dec.ny.gov](http://www.dec.ny.gov)

October 31, 2024

Supervisor and Town Board  
Town Hall  
4052 Route 42  
Monticello, NY, 12701

**Compliance Inspection**

Emerald Green Lake Louise Marie Sewage Treatment Plant  
Town of Thompson, Sullivan County  
SPDES Permit No.: **NY0035645**

Dear Permittee:

On October 30<sup>th</sup>, 2024 an inspection of the above referenced facility was performed for the purpose of evaluating compliance with the State Pollutant Discharge Elimination System (SPDES) Permit and Article 17 of the Environmental Conversation Law. Please refer to the attached Wastewater Treatment Facility Inspection Form and note the Satisfactory rating.

Your cooperation in operating and maintaining this facility, complying with your SPDES permit and protection of New York's Water is appreciated. Should you have any questions please contact me at [Miles.fah@dec.ny.gov](mailto:Miles.fah@dec.ny.gov) or (845) 633 5452

Regards,  
*Miles Fah*  
Miles Fah  
EET 1

cc: Vijay Gandhi NYSDEC  
[supervisor@townofthompson.com](mailto:supervisor@townofthompson.com)  
Mike Messenger  
Keith Rieber



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER  
MUNICIPAL WASTEWATER TREATMENT FACILITY INSPECTION**



Violations of 6 NYCRR Part 750 are subject to applicable civil, administrative, and criminal sanctions set forth in ECL Article 17 and as appropriate, the Clean Water Act. This form is a record of conditions which are observed in the field at the time of inspection and documentation of compliance with Part 750.

<b>Facility Name, Address, Phone Number(s):</b> Emerald Green Lake Louise Marie STP, Lake Louise Marie Road, Thompson, NY 12701			
<b>Permittee Name, Address, Phone Number(s):</b> Town of Thompson, 4052 State Route 52, Monticello, NY 12701			
<b>Permittee/LRP E-mail:</b> supervisor@townofthompson.com	<b>Municipality (C/T/N):</b> Thompson (T)	<b>County:</b> Sullivan	<b>SPDES Number:</b> NY 0035645 <b>DEC Region:</b> 03
<b>Inspector's Name and Title:</b> Miles Fah EETS 1		<b>Date:</b> 10/30/2024	<b>Time:</b> 11:30 AM
<b>Facility Representative(s) and Company(ies):</b> Mike Messenger, Superintendent, mmessenger@townofthompson.com		<b>Weather:</b> Sunny	
<b>Name and Class of Receiving Water:</b> McKee Brook B(T)			
<b>Inspection Type:</b> COMPREHENSIVE		<b>Overall Inspection Rating:</b> SATISFACTORY	
<b>CODES:</b> S = Satisfactory M = Marginal U = Unsatisfactory F = Follow-up NR: Not Rated NA: Not Applicable NI = Not Inspected			

<b>A. Facility Description / General:</b>		<input type="checkbox"/> NI	<input type="checkbox"/> NA
<b>Rating</b>	<b>Item:</b>	<b>Comments</b>	<b>Citation/Reference</b>
1. S	A copy of SPDES permit available on-site?	Yes	Part 750-2.1
2. S	(a) Permit valid or expired (Date if expired)?	None.	Part 750-2.1
3. S	Are all outfall discharge points permitted?	None.	Part 750-1.12
4. S	Notified DEC of new/modified discharges?		Part 750-1.12
5. S	Housekeeping (Office/grounds/lab)?		Part 750-2.8
6. S	Flow metering (Types/location/calibration)?	Metered at influent and effluent. V-notch weir box with three entries.	Part 750-2.5
7. S	Odor complaints/issue? (If any odor issues, dates/corrective actions)	None.	Part 750-2.8
8. S	Noise complaints/issue? (If any noise issues, dates/corrective actions)	None.	Part 750-2.8
9. S	WTCs used/records properly maintained?	None.	Part 750-2.5
10. S	Nearby water supply (concerns)?	None.	Part 750-2.8
10. S	Other (Specify)?		Part 750-2.8

**Click Left Button to Clear the Form**

**B. Collection System / Pump Station:**

NI  NA

100 % Separate,  % Combined. Miles of Pipe: 14

Population of collection system: 800

Number of pump stations in system: 11 Number pump stations inspected: 0

Rating	Item:	F
1. S	Sewer overflows upstream of the plant? If any CSO/SSO (List reason/location)	Part 750-2.8 <input type="checkbox"/>
2. S	Unpermitted overflows/bypasses inside the plant since last inspection? (If any, list date/corrective action)	Part 750-2.8 <input type="checkbox"/>
3. NA	Date when overflow/bypass channel used?	Part 750-2.8 <input type="checkbox"/>
4. NA	Any other in plant bypass designed for WWTP?	Part 750-2.8 <input type="checkbox"/>
	(a) List bypass frequency (Times per year).	Part 750-2.8 <input type="checkbox"/>
	(b) List average duration of bypass (Hours).	Part 750-2.8 <input type="checkbox"/>
5. NA	CSO/SSO reported via NY-Alert/corrective action?	Part 750-2.7 <input type="checkbox"/>
6. NA	CSO/SSO routinely inspected?	Part 750-2.8 <input type="checkbox"/>
7. S	Infiltration/Inflow (I/I) (Present)?	Part 750-2.9 <input type="checkbox"/>
8. S	I/I corrective actions? (TV/lining/sealing/replacement/inspections)	Part 750-2.9 <input type="checkbox"/>
9. S	Collection system inspection program?	Part 750-2.8 <input type="checkbox"/>
10. S	(a) Pump station inspection program?	Part 750-2.8 <input type="checkbox"/>
	(b) Pump station inspection program?	Part 750-2.8 <input type="checkbox"/>
11. S	BMP/Wet Weather Plan (Date/reviewed)?	Part 750-2.9 <input type="checkbox"/>
12. S	Sewer Use Ordinance (SUO) (Date/copy)?	Part 750-2.9 <input type="checkbox"/>
	Are all pump stations operational? (Backup/SCADA/telemetry/monitoring)	Part 750-2.8 <input type="checkbox"/>
	(a) No. pumps operational (Dry/wet weather)?	Part 750-2.8 <input type="checkbox"/>
13. S	Backup/spare pumps/parts available?	Part 750-2.8 <input type="checkbox"/>
14. S	Other (Specify)?	Part 750-2.8 <input type="checkbox"/>

<b>C. Industrial Waste/Pretreatment:</b>		<input type="checkbox"/> NI	<input type="checkbox"/> NA
<u>Rating</u>	<u>Item:</u>	<b>F</b>	
1.	Mini program required by SPDES permit?	<input type="checkbox"/>	Part 750-2.9
2.	Industrial waste discharge permits issued?	<input type="checkbox"/>	Part 750-2.9
3.	Industrial waste accepted (Problems)?	<input type="checkbox"/>	Part 750-2.8
4.	Outside septage accepted (Problems)?	<input type="checkbox"/>	Part 750-2.8
5.	Monitoring reqd./available for hauled waste?	<input type="checkbox"/>	Part 750-2.5
6.	Other (Specify)?	<input type="checkbox"/>	

<b>D. Preliminary/Primary Treatment:</b>		<input type="checkbox"/> NI	<input type="checkbox"/> NA
<u>Rating</u>	<u>Item:</u>	<b>F</b>	
1.	Influent pumps/wet wells/SCADA?	<input type="checkbox"/>	Part 750-2.8
	(a) Corrosion observed?	<input type="checkbox"/>	Part 750-2.8
2.	Screens/Comminutor?	<input type="checkbox"/>	Part 750-2.8
	(a) No./type/cleaning method (Auto/manual)?	<input type="checkbox"/>	Part 750-2.8
3.	Screenings/Grit removal (records)?	<input type="checkbox"/>	Part 750-2.5
4.	Flow equalization present/needed?	<input type="checkbox"/>	Part 750-2.8
5.	Settling/Septic tanks?	<input type="checkbox"/>	Part 750-2.8
6.	Sludge depth in primary clarifiers?	<input type="checkbox"/>	Part 750-2.8
7.	Condition of primary clarifier effluent?	<input type="checkbox"/>	Part 750-2.8
8.	Other (Specify)?	<input type="checkbox"/>	

<b>E. Secondary Biological Treatment:</b>		<input type="checkbox"/> NI	<input type="checkbox"/> NA
<u>Rating</u>	<u>Item:</u>	<b>F</b>	
1.	Fixed film/Suspended growth? (Specify recycle rate)	<input type="checkbox"/>	Part 750-2.8
2.	Rotating Biological Contactors? (Specify shaft weight/flow)	<input type="checkbox"/>	Part 750-2.8
3.	Activated sludge/MBR/SBRs?	<input type="checkbox"/>	Part 750-2.8

4.	S	Foaming/filamentous issues?	None noted	Part 750-2.8	<input type="checkbox"/>
5.	NA	Stabilization Ponds/Lagoons?		Part 750-2.8	<input type="checkbox"/>
6.	NA	Sand filter (recycle rate) ?		Part 750-2.8	<input type="checkbox"/>
7.	NA	Process control values?		Part 750-2.8	<input type="checkbox"/>
8.		Other(Specify)?			<input type="checkbox"/>

**F. Secondary Clarifier:**

				<input type="checkbox"/> NI	<input checked="" type="checkbox"/> NA
	<b>Rating</b>	<b>Item:</b>			<b>F</b>
1.		Foam/solids/grease present on surface?		Part 750-2.8	<input type="checkbox"/>
2.		Tank/weir cleaning date & weir level?		Part 750-2.8	<input type="checkbox"/>
3.		Denitrification/gas bubbles on surface?		Part 750-2.8	<input type="checkbox"/>
4.		Sludge blanket depth & RAS/WAS rates?		Part 750-2.8	<input type="checkbox"/>
5.		Scum arm condition?		Part 750-2.8	<input type="checkbox"/>
6.		Secondary effluent quality?		Part 750-2.8	<input type="checkbox"/>
7.		Loss of solids reported/observed? Other		Part 750-2.8	<input type="checkbox"/>
8.		(Specify)?			<input type="checkbox"/>

**G. Tertiary Treatment:**

				<input type="checkbox"/> NI	<input type="checkbox"/> NA
	<b>Rating</b>	<b>Item:</b>			<b>F</b>
1.	S	Filtration (Specify type)?	Second EQ tank pumps to three rapid sand filters	Part 750-2.8	<input type="checkbox"/>
2.	NA	Microfiltration?		Part 750-2.8	<input type="checkbox"/>
3.	NA	Activated carbon adsorption?		Part 750-2.8	<input type="checkbox"/>
4.	S	Nitrification?		Part 750-2.8	<input type="checkbox"/>
5.	NA	Denitrification?		Part 750-2.8	<input type="checkbox"/>
6.	S	Post-aeration?	Occurs at CL contact tank and aeration stairs.	Part 750-2.8	<input type="checkbox"/>
7.	S	Phosphorus removal?		Part 750-2.8	<input type="checkbox"/>
8.		Other (i.e. Polishing ponds, Ammonia stripping, etc.) (Specify)?		Part 750-2.8	<input type="checkbox"/>

**H. Disinfection:**

NI  NA

Rating	Item:	F
<input type="checkbox"/> S	Chlorination/Dechlorination type (Gas/Liquid/Solid)? (Dose/feed pump settings)	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Chlorine monitoring (Level)?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> NA	Ultraviolet (UV) light (Setting)?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Other (Specify)?	<input type="checkbox"/>

Liquid dose before and after filtration

Cl monitoring in permit has been updated to reflect the 2.0 mg/L interim limit.

Mentions of upgrades for UV disinfection in the future.

**I. Final Effluent:**

NI  NA

Rating	Item:	F
<input type="checkbox"/> NA	Polishing pond (Odor/foam/solids/algae)?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Effluent quality (Odor/turbidity/color)?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Receiving water condition(Up/downstream)	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Outfall sign at each discharge point?	<input type="checkbox"/> Part 750-1.12
<input type="checkbox"/>	Other (Specify)?	<input type="checkbox"/>

No odor and effluent is clear.

Yes

**J. Sludge Handling:**

NI  NA

Rating	Item:	F
<input type="checkbox"/> S	Sludge disposal? (List name and loc. of disposal sites/hauler)	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> NA	Digestion (Functioning properly/type)?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Sludge pumps?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Sludge Dewatering (Type)?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Maintenance of sludge pumps ?	<input type="checkbox"/> Part 750-2.8
<input type="checkbox"/> S	Records available for disposal practices?	<input type="checkbox"/> Part 750-2.5
<input type="checkbox"/>	Other (Specify)?	<input type="checkbox"/>

Decant at SBR's and sludge waste sent to Digester. Self haul to Kiamasha WWTP

One transfer pump to Digester.

Decanted

Records maintained at Kiamasha along with hauling permit

**K. Sampling Evaluation and Lab Information:**

			<input type="checkbox"/> NI	<input type="checkbox"/> NA	<b>F</b>
1.	<b>Rating</b>	<b>Item:</b>			
	<input type="checkbox"/> S	Written sampling plan? (Plan being followed)?			Part 750-2.5
	<input type="checkbox"/> S	Need to modify sampling frequency/types? (Explain)			Part 750-2.5
	<input type="checkbox"/> S	Samples collected at specified locations?			Part 750-2.5
	<input type="checkbox"/> S	Adequate for representative sample?			Part 750-2.5
	<input type="checkbox"/> S	Automatic sampler used? (Condition)			Part 750-2.5
	<input type="checkbox"/> S	Type of samples collected (Grab/composite)?			Part 750-2.5
	<input type="checkbox"/> S	If composite, minimum of 8 grab samples?			Part 750-2.5
	<input type="checkbox"/> NA	Permittee ELAP certified? (If yes, provide ELAP certificate #)			Part 750-2.5
	<input type="checkbox"/> S	Is the commercial laboratory ELAP certified? (List lab name, address and ELAP cert. #)			Part 750-2.5
	<input type="checkbox"/> S	EPA-approved testing procedures followed?			Part 750-2.5
	<input type="checkbox"/> S	Testing done for all parameters as required?			Part 750-2.5
	<input type="checkbox"/> NA	WET (Whole Effluent Toxicity) testing?			Part 750-2.5
	<input type="checkbox"/> S	Instrumentation calibrated & maintained?			Part 750-2.5
	<input type="checkbox"/> S	Daily calibration, log books maintained?			Part 750-2.5
	<input type="checkbox"/> S	Lab supplies are not expired? (Date if expired)			Part 750-2.5
	<input type="checkbox"/> S	Are lab records retained at facility?			Part 750-2.5
	<input type="checkbox"/> S	Is process control testing performed? (Discuss target values)			Part 750-2.5
	<input type="checkbox"/> S	MLSS for day/week/month?			Part 750-2.8
	<input type="checkbox"/> S	SVI for day/week/month?			Part 750-2.5
	<input type="checkbox"/> S	Microscopic analysis of MLSS?			Part 750-2.5
	<input type="checkbox"/> S	5/30 minutes settleometer (Day/week/month)?			Part 750-2.5
	<input type="checkbox"/> S	Monitoring records kept minimum 5 years?			Part 750-2.5
	<input type="checkbox"/> S	Flow records maintained (Influent/effluent)?			Part 750-2.5
	<input type="checkbox"/>	Other (Specify)			
		Sampling plan available.			
		Ammonia daily, phosphorus sampled 2x per month. Otherwise, sampling frequencies are twice per month.			
		Influent and Effluent			
		Refrigerated auto-samplers			
		Process control by grab samples, 13 composite samples taken.			
		Minimum of 8 samples taken			
		Sullivan County Labs, Cert. # 12081			
		Most lab records are maintained either digitally or at Kiamasha Lake.			
		MLSS at 2000 in Summer and 2500/3000 in Winter.			
		Daily SVI.			
		As necessary.			
		Daily Settleometer readings			
		Maintained.			
		Maintained.			
		Yes.			

**L. Operation and Maintenance (Additional Info.):**

Rating	Item:	NI	NA
<input type="checkbox"/> S	Preventive maintenance plan (Method)?	<input type="checkbox"/> Part750-2.5	<input type="checkbox"/> F
<input type="checkbox"/> S	Records of maintenance/repair cost maintained (Method)?	<input type="checkbox"/> Part750-2.5	<input type="checkbox"/> F
<input type="checkbox"/> S	Spare parts inventory?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Current O&M manual?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	O & M manual maintained?	<input type="checkbox"/> Part750-2.5	<input type="checkbox"/> F
<input type="checkbox"/> S	Organizational chart for O &M staff?	<input type="checkbox"/> Part750-2.5	<input type="checkbox"/> F
<input type="checkbox"/> S	Alarm systems (List)?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Back-up power (Exercised)?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Unapproved bypass during power failure (If any, date/corrective action)	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Written back-up power emergency plan?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	All required treatment units in service during back-up power use?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Hydraulic/organic overloads?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Schedule for removing critical equipment from service for routine maintenance?	<input type="checkbox"/> Part750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Safety railings/gratings in place/good condition?	<input type="checkbox"/> Part 750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	Lights, ventilation operational (Wet wells)?	<input type="checkbox"/> Part 750-2.8	<input type="checkbox"/> F
<input type="checkbox"/> S	As-built plans for collection system /WWTP?	<input type="checkbox"/> Part750-2.5	<input type="checkbox"/> F
<input type="checkbox"/> S	Other (Specify)?	<input type="checkbox"/>	<input type="checkbox"/> F

**M. Staffing / Personnel Information:**

Rating	Item:	NI	NA
<input type="checkbox"/> S	Staffing adequate?	<input type="checkbox"/> Part 650	<input type="checkbox"/> F
<input type="checkbox"/> S	Certification/grade adequate?	<input type="checkbox"/> Part 750-2.8 & Part 650	<input type="checkbox"/> F
<input type="checkbox"/> S	Plant score and grade?	<input type="checkbox"/> Part 750-2.8	<input type="checkbox"/> F

4.	<input type="checkbox"/> S	Chief operator name, Grade, Cert. #, Exp?	Mike Messenger, 3A Cert. # 13049 Exp. 10/01/2025	<input type="checkbox"/>	& Part 650 Part 750-2.8 & Part 650
5.	<input type="checkbox"/> S	Asst. operator Name, Grade, Cert. #, Exp?	Keith Rieber, 3A Cert. # 14113 Exp. 04/01/2025	<input type="checkbox"/>	Part 750-2.8 & Part 650
6.	<input type="checkbox"/> S	WWTP responsible for collection system?		<input type="checkbox"/>	Part 650
7.	<input type="checkbox"/> NA	Operators responsible for water supply?		<input type="checkbox"/>	Part 650
8.	<input type="checkbox"/> S	Is Chief Operator present at the WWTP as per required guideline?		<input type="checkbox"/>	Part 650
9.	<input type="checkbox"/> S	Is certified WWTP operator present at the plant as per required guideline?		<input type="checkbox"/>	Part 650

**N. Fiscal:**  NI  NA

How sewer rates are assessed (Flat vs metering)? Flat rate based on living units i.e., 800 homes

How is the plant budget developed? Town develops based on needs. Payroll, consumables, capital improvements, plans, and budget.

Asset Management Plan (AMP)? O&M AMP Prepared/Date? NI Plans to update AMP? Annually

Is AMP used to assess/prioritize critical system components?

**Compliance Status (Orders, Schedules, etc.):**

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**Comments:**

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<input type="checkbox"/> Photographs attached:	
<input type="checkbox"/> Attachments (graphs, diagrams, etc.):	
<input type="checkbox"/> DMR Issues:	
<input type="checkbox"/> SPRTK Issues:	
<input type="checkbox"/> NetDMR Issues:	

<i>Miles Fah</i>	10/31/2024
Miles Fah	Inspector's Signature / Date

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

Division of Water, Region 3  
21 South Putt Corners Road, New Paltz, New York, 12561-1696 Phone:  
(845) 256-3000  
[www.dec.ny.gov](http://www.dec.ny.gov)

November 5<sup>th</sup>, 2024

Supervisor and Town Board  
Town Hall  
4052 Route 42  
Monticello, NY, 12701

**Compliance Inspection**

Sackett Lake Sewage Treatment Plant  
Sackett Lake Rd, Sullivan County  
SPDES Permit No.: **NY0030716**

Dear Permittee:

On October 30<sup>th</sup>, 2024 an inspection of the above referenced facility was performed for the purpose of evaluating compliance with the State Pollutant Discharge Elimination System (SPDES) Permit and Article 17 of the Environmental Conversation Law. Please refer to the attached Wastewater Treatment Facility Inspection Form and note the Satisfactory rating.

Your cooperation in operating and maintaining this facility, complying with your SPDES permit and protection of New York's Water is appreciated. Should you have any questions please contact me at [Miles.fah@dec.ny.gov](mailto:Miles.fah@dec.ny.gov) or (845) 633 5452

Regards,  
*Miles Fah*  
Miles Fah  
EET 1

cc: Vijay Gandhi NYSDEC  
[supervisor@townofthompson.com](mailto:supervisor@townofthompson.com)  
Mike Messenger  
Keith Rieber



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER  
MUNICIPAL WASTEWATER TREATMENT FACILITY INSPECTION**



Violations of 6 NYCRR Part 750 are subject to applicable civil, administrative, and criminal sanctions set forth in ECL Article 17 and as appropriate, the Clean Water Act. This form is a record of conditions which are observed in the field at the time of inspection and documentation of compliance with Part 750.

<b>Facility Name, Address, Phone Number(s):</b> Sackett Lake STP, 754 Sackett Lake Road, Monticello, NY 12701	
<b>Permittee Name, Address, Phone Number(s):</b> Town of Thompson, Town Hall 4052 Route 45, Monticello, NY 12501 supervisor@townofthompson.com	
<b>Permittee/LRP E-mail:</b> mmessenger@townofthompson.com	<b>Municipality (C/T/V):</b> (T) Thompson <b>County:</b> Sullivan <b>SPDES Number:</b> NY 0030716 <b>DEC Region:</b> 03
<b>Inspector's Name and Title:</b> Miles Fah EETS 1 <b>Date:</b> 11/1/2024	
<b>Facility Representative(s) and Company(ies):</b> Michael Messenger, Superintendent, mmessenger@townofthompson.com <b>Time:</b> 10:30	
<b>Name and Class of Receiving Water:</b> Sackett Lake DRBC <b>Weather:</b> Sunny	
<b>Inspection Type:</b> RECONNAISSANCE	<b>Overall Inspection Rating:</b> SATISFACTORY
<b>CODES:</b> S = Satisfactory M = Marginal U = Unsatisfactory F = Follow-up NR: Not Rated NA: Not Applicable NI = Not Inspected	

<b>A. Facility Description / General:</b>		<input type="checkbox"/> NI	<input type="checkbox"/> NA
<b>Rating</b>	<b>Item:</b>	<b>Comments</b>	
1. S	A copy of SPDES permit available on-site?	Yes.	Citation/ Reference Part 750-2.1 <input type="checkbox"/> F
S	(a) Permit valid or expired (Date if expired)?	Permit being used.	Part 750-2.1 <input type="checkbox"/> F
2. NA	Are all outfall discharge points permitted?		Part 750-1.12 <input type="checkbox"/> F
S	Notified DEC of new/modified discharges?		Part 750-1.12 <input type="checkbox"/> F
S	Housekeeping (Office/grounds/lab)?		Part 750-2.8 <input type="checkbox"/> F
S	Flow metering (Types/location/calibration)?	Ultrasonic parshall flume at effluent. Calibrated annually. 10/8/24	Part 750-2.5 <input type="checkbox"/> F
S	Odor complaints/issue? (If any odor issues, dates/corrective actions)	None.	Part 750-2.8 <input type="checkbox"/> F
S	Noise complaints/issue? (If any noise issues, dates/corrective actions)	None.	Part 750-2.8 <input type="checkbox"/> F
S	WTCs used/records properly maintained?	Chlorine records, dosage residual and pump setting records kept on site and at Kiamesha Lake	Part 750-2.5 <input type="checkbox"/> F
S	Nearby water supply (concerns)?		Part 750-2.8 <input type="checkbox"/> F
10. <input type="checkbox"/>	Other (Specify)?		Part 750-2.8 <input type="checkbox"/> F

**Click Left Button to Clear the Form**

**B. Collection System / Pump Station:**

NI  NA

% Separate,  % Combined.

Miles of Pipe:

Population of collection system:

Number of pump stations in system:

Number pump stations inspected:

**Rating Item:**

**F**

1.	Sewer overflows upstream of the plant? If any CSO/SSO (List reason/location)	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
2.	Unpermitted overflows/bypasses inside the plant since last inspection? (If any, list date/corrective action)	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
3.	Date when overflow/bypass channel used?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
4.	Any other in plant bypass designed for WWTP?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
	(a) List bypass frequency (Times per year).	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
	(b) List average duration of bypass (Hours).	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
5.	CSO/SSO reported via NY-Alert/corrective action?	<input type="text"/>	Part 750-2.7	<input type="checkbox"/>
6.	CSO/SSO routinely inspected?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
7.	Infiltration/Inflow (I/I) (Present)?	<input type="text"/>	Part 750-2.9	<input type="checkbox"/>
8.	I/I corrective actions? (TV/lining/sealing/replacement/inspections)	<input type="text"/>	Part 750-2.9	<input type="checkbox"/>
9.	Collection system inspection program?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
	(a) Pump station inspection program?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
10.	BMP/Wet Weather Plan (Date/reviewed)?	<input type="text"/>	Part 750-2.9	<input type="checkbox"/>
11.	Sewer Use Ordinance (SUO) (Date/copy)?	<input type="text"/>	Part 750-2.9	<input type="checkbox"/>
12.	Are all pump stations operational? (Backup/SCADA/telemetry/monitoring)	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
	(a) No. pumps operational (Dry/wet weather)?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
13.	Backup/spare pumps/parts available?	<input type="text"/>	Part 750-2.8	<input type="checkbox"/>
14.	Other (Specify)?	<input type="text"/>		<input type="checkbox"/>

**C. Industrial Waste/Pretreatment:**

Rating	Item:	NI	NA
1.	Mini program required by SPDES permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Industrial waste discharge permits issued?	Part 750-2.9	<input type="checkbox"/>
3.	Industrial waste accepted (Problems)?	Part 750-2.9	<input type="checkbox"/>
4.	Outside septage accepted (Problems)?	Part 750-2.8	<input type="checkbox"/>
5.	Monitoring reqd./available for hauled waste?	Part 750-2.8	<input type="checkbox"/>
6.	Other (Specify)?	Part 750-2.5	<input type="checkbox"/>

**D. Preliminary/Primary Treatment:**

Rating	Item:	NI	NA
1.	Influent pumps/wet wells/SCADA?	Part 750-2.8	<input type="checkbox"/>
2.	(a) Corrosion observed?	Part 750-2.8	<input type="checkbox"/>
3.	Screens/Comminutor?	Part 750-2.8	<input type="checkbox"/>
4.	(a) No./type/cleaning method (Auto/manual)?	Part 750-2.8	<input type="checkbox"/>
5.	Screenings/Grit removal (records)?	Part 750-2.5	<input type="checkbox"/>
6.	Flow equalization present/needed?	Part 750-2.8	<input type="checkbox"/>
7.	Settling/Septic tanks?	Part 750-2.8	<input type="checkbox"/>
8.	Sludge depth in primary clarifiers?	Part 750-2.8	<input type="checkbox"/>
	Condition of primary clarifier effluent?	Part 750-2.8	<input type="checkbox"/>
	Other (Specify)?		<input type="checkbox"/>

**E. Secondary Biological Treatment:**

Rating	Item:	NI	NA
1.	Fixed film/Suspended growth? (Specify recycle rate)	Part 750-2.8	<input type="checkbox"/>
2.	Rotating Biological Contactors? (Specify shaft weight/flow)	Part 750-2.8	<input type="checkbox"/>
3.	Activated sludge/MBR/SBRs?	Part 750-2.8	<input type="checkbox"/>

4.	NA	Foaming/filamentous issues?	Part 750-2.8	<input type="checkbox"/>
5.	NA	Stabilization Ponds/Lagoons?	Part 750-2.8	<input type="checkbox"/>
6.	NA	Sand filter (recycle rate) ?	Part 750-2.8	<input type="checkbox"/>
7.	NA	Process control values?	Part 750-2.8	<input type="checkbox"/>
8.		Other(Specify)?		<input type="checkbox"/>

**F. Secondary Clarifier:**

			<input type="checkbox"/>	NI	<input type="checkbox"/>	NA
	<b>Rating</b>	<b>Item:</b>				<b>F</b>
1.	S	Foam/solids/grease present on surface?	None noted	Part 750-2.8	<input type="checkbox"/>	
2.	S	Tank/weir cleaning date & weir level?	Weirs cleared daily	Part 750-2.8	<input type="checkbox"/>	
3.	NA	Denitrification/gas bubbles on surface?		Part 750-2.8	<input type="checkbox"/>	
4.	NA	Sludge blanket depth & RAS/WAS rates?		Part 750-2.8	<input type="checkbox"/>	
5.	S	Scum arm condition?		Part 750-2.8	<input type="checkbox"/>	
6.	S	Secondary effluent quality?		Part 750-2.8	<input type="checkbox"/>	
7.	S	Loss of solids reported/observed? Other	None.	Part 750-2.8	<input type="checkbox"/>	
8.		(Specify)?			<input type="checkbox"/>	

**G. Tertiary Treatment:**

			<input type="checkbox"/>	NI	<input type="checkbox"/>	NA
	<b>Rating</b>	<b>Item:</b>				<b>F</b>
1.	NA	Filtration (Specify type)?		Part 750-2.8	<input type="checkbox"/>	
2.	NA	Microfiltration?		Part 750-2.8	<input type="checkbox"/>	
3.	NA	Activated carbon adsorption?		Part 750-2.8	<input type="checkbox"/>	
4.	NA	Nitrification?		Part 750-2.8	<input type="checkbox"/>	
5.	NA	Denitrification?		Part 750-2.8	<input type="checkbox"/>	
6.	S	Post-aeration?	Functioning and light foaming	Part 750-2.8	<input type="checkbox"/>	
7.	NA	Phosphorus removal?		Part 750-2.8	<input type="checkbox"/>	
8.		Other (i.e. Polishing ponds, Ammonia stripping, etc.) (Specify)?		Part 750-2.8	<input type="checkbox"/>	

**H. Disinfection:** NI  NA**Rating****F**

1.  S Chlorination/Dechlorination type (Gas/Liquid/Solid)? (Dose/feed pump settings)

Liquid chlorination at chlorine contact tank.

Part 750-2.8

2.  S Chlorine monitoring (Level)?

Between 0.5 and 2.0 mg/L

Part 750-2.8

3.  NA Ultraviolet (UV) light (Setting)?

Part 750-2.8

4.  Other (Specify)?

**I. Final Effluent:** NI  NA**Rating****F**

1.  NA Polishing pond (Odor/foam/solids/algae)?

Part 750-2.8

2.  S Effluent quality (Odor/turbidity/color)?

No odor

Part 750-2.8

3.  S Receiving water condition (Up/downstream)

Good quality

Part 750-2.8

4.  S Outfall sign at each discharge point?

Yes double sided

Part 750-1.12

5.  Other (Specify)?

**J. Sludge Handling:** NI  NA**Rating****F**

1.  S Sludge disposal? (List name and loc. of disposal sites/hauler)

Self haul to Kiamesha Lake WWTP then to Cassella Organics which hauls to landfill

Part 750-2.8

2.  S Digestion (Functioning properly/type)?

Anaerobic digestion in digester at head of plant

Part 750-2.8

3.  S Sludge pumps?

Sludge pumps located below main building

Part 750-2.8

4.  S Sludge Dewatering (Type)?

Sand drying beds

Part 750-2.8

5.  S Maintenance of sludge pumps?

Sludge pumps &amp; valves serviced based on O&amp;M

Part 750-2.8

6.  S Records available for disposal practices?

Yes, Kept at Kiamesha Lake

Part 750-2.5

7.  Other (Specify)?

**K. Sampling Evaluation and Lab Information:**

NI  NA

Rating	Item:	F
<input type="checkbox"/>	1. Written sampling plan? (Plan being followed)?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	2. Need to modify sampling frequency/types? (Explain)	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	3. Samples collected at specified locations?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	4. Adequate for representative sample?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	5. Automatic sampler used? (Condition)	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	6. Type of samples collected (Grab/composite)?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	7. If composite, minimum of 8 grab samples?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	8. Permittee ELAP certified? (If yes, provide ELAP certificate #)	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	9. Is the commercial laboratory ELAP certified? (List lab name, address and ELAP cert. #)	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	10. EPA-approved testing procedures followed?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	Testing done for all parameters as required?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	11. WET (Whole Effluent Toxicity) testing?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	12. Instrumentation calibrated & maintained?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	13. Daily calibration, log books maintained?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	14. Lab supplies are not expired? (Date if expired)	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	15. Are lab records retained at facility?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	16. Is process control testing performed? (Discuss target values)	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	17. MLSS for day/week/month?	Part 750-2.8 <input type="checkbox"/>
<input type="checkbox"/>	18. SVI for day/week/month?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	19. Microscopic analysis of MLSS?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	20. 5/30 minutes settleometer (Day/week/month)?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	21. Monitoring records kept minimum 5 years?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	22. Flow records maintained (Influent/effluent)?	Part 750-2.5 <input type="checkbox"/>
<input type="checkbox"/>	23. Other (Specify)	Part 750-2.5 <input type="checkbox"/>

**L. Operation and Maintenance (Additional Info.):**

Rating	Item:	NI	NA
<input type="checkbox"/>	Preventive maintenance plan (Method)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Records of maintenance/repair cost maintained (Method)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spare parts inventory?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Current O&M manual?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	O & M manual maintained?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Organizational chart for O & M staff?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Alarm systems (List)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Back-up power (Exercised)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Unapproved bypass during power failure (If any, date/corrective action)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Written back-up power emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	All required treatment units in service during back-up power use?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hydraulic/organic overloads?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Schedule for removing critical equipment from service for routine maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Safety railings/gratings in place/good condition?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lights, ventilation operational (Wet wells)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	As-built plans for collection system /WWTP?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (Specify)?	<input type="checkbox"/>	<input type="checkbox"/>

**M. Staffing / Personnel Information:**

Rating	Item:	NI	NA
<input type="checkbox"/>	Staffing adequate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Certification/grade adequate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plant score and grade?	<input type="checkbox"/>	<input type="checkbox"/>

4.	<input type="checkbox"/> S	Chief operator name, Grade, Cert. #, Exp?	Mike Mesenger, 3A Cert. #13049 Exp. 10/10/2025	<input type="checkbox"/> & Part 650 <input type="checkbox"/> Part 750-2.8 & Part 650
5.	<input type="checkbox"/> S	Asst. operator Name, Grade, Cert. #, Exp.?	Keith Rieber, 3A Cert. #14113 Exp. 04/01/2025	<input type="checkbox"/> Part 750-2.8 & Part 650
6.	<input type="checkbox"/> S	WWTP responsible for collection system?	Yes	<input type="checkbox"/> Part 650
7.	<input type="checkbox"/> NA	Operators responsible for water supply?		<input type="checkbox"/> Part 650
8.	<input type="checkbox"/> S	Is Chief Operator present at the WWTP as per required guideline?		<input type="checkbox"/> Part 650
9.	<input type="checkbox"/> S	Is certified WWTP operator present at the plant as per required guideline?		<input type="checkbox"/> Part 650

**N. Fiscal:**  NI  NA

How sewer rates are assessed (Flat vs metering)?  Flat rate

How is the plant budget developed?  Town develops based on needs. Payroll, consumables, capital improvements, plans, and budget

Asset Management Plan (AMP)?  O&M  AMP Prepared/Date? NI  Plans to update AMP?  Updated annually

Is AMP used to assess/prioritize critical system components?

**Compliance Status (Orders, Schedules, etc.):**

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**Comments:**

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Photographs attached:

Attachments (graphs, diagrams, etc.):

DMR Issues:

SPRTK Issues:

NetDMR Issues:

*Miles Fah*

Miles Fah 11/05/2024

Inspector's Signature / Date

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

Division of Water, Region 3  
21 South Putt Corners Road, New Paltz, New York, 12561-1696 Phone:  
(845) 256-3000  
[www.dec.ny.gov](http://www.dec.ny.gov)

November 5<sup>th</sup>, 2024

Supervisor and Town Board  
Town Hall  
4052 Route 42  
Monticello, NY, 12701

**Compliance Inspection**

Dillon Farms Sewer District  
Hanover Drive, Sullivan County  
SPDES Permit No.: **NY0214507**

Dear Permittee:

On November 5<sup>th</sup>, 2024 an inspection of the above referenced facility was performed for the purpose of evaluating compliance with the State Pollutant Discharge Elimination System (SPDES) Permit and Article 17 of the Environmental Conversation Law. Please refer to the attached Wastewater Treatment Facility Inspection Form and note the Satisfactory rating.

Your cooperation in operating and maintaining this facility, complying with your SPDES permit and protection of New York's Water is appreciated. Should you have any questions please contact me at [Miles.fah@dec.ny.gov](mailto:Miles.fah@dec.ny.gov) or (845) 633 5452

Regards,

*Miles Fah*

Miles Fah

EET 1

cc: Vijay Gandhi NYSDEC  
[supervisor@townofthompson.com](mailto:supervisor@townofthompson.com)  
Mike Messenger  
Keith Rieber



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER  
MUNICIPAL WASTEWATER TREATMENT FACILITY INSPECTION**



Violations of 6 NYCRR Part 750 are subject to applicable civil, administrative, and criminal sanctions set forth in ECL Article 17 and as appropriate, the Clean Water Act. This form is a record of conditions which are observed in the field at the time of inspection and documentation of compliance with Part 750.

Facility Name, Address, Phone Number(s): Dillon Farms Sewer District, Hanover Drive, (845-794-5280)		DEC Region: 03
Permittee Name, Address, Phone Number(s): Town of Thompson, Town Hall - 4052 Route 42 Monticello, NY 12701		Date: 11/1/2024
Permittee/LRP E-mail: imessenger@townofthompson.com	Municipality (C/T/V): Thompson	County: Sullivan
Inspector's Name and Title: Miles Fah EETS 1		SPDES Number: NY 0214507
Facility Representative(s) and Company(ies): Mike Messenger Town Superintendent and Chief Operator.		
Name and Class of Receiving Water: Unnamed tributary to the Kinne Brook, Class (B)		
Inspection Type: RECONNAISSANCE	ANNOUNCED	Overall Inspection Rating: SATISFACTORY
CODES: S = Satisfactory M = Marginal U = Unsatisfactory F = Follow-up NR: Not Rated NA: Not Applicable NI = Not Inspected		

A. Facility Description / General:		NI	NA
Rating	Item:	Comments	Citation/ Reference
S	A copy of SPDES permit available on-site?	Yes	Part 750-2.1
S	(a) Permit valid or expired (Date if expired)?		Part 750-2.1
S	Are all outfall discharge points permitted?		Part 750-1.12
S	Notified DEC of new/modified discharges?		Part 750-1.12
S	Housekeeping (Office/grounds/lab)?		Part 750-2.8
S	Flow metering (Types/location/calibration)?	New Badger M200 flow meter calibrated 10/8/2024	Part 750-2.5
S	Odor complaints/issue? (If any odor issues, dates/corrective actions)	None.	Part 750-2.8
S	Noise complaints/issue? (If any noise issues, dates/corrective actions)	None.	Part 750-2.8
S	WTCs used/records properly maintained?		Part 750-2.5
S	Nearby water supply(concerns)?		Part 750-2.8
	Other (Specify)?		

**Click Left Button to Clear the Form**

**B. Collection System / Pump Station:**

NI  NA

% Separate,  % Combined.

Population of collection system:  Miles of Pipe:

Number of pump stations in system:

Number pump stations inspected:

**Rating Item:**

**F**

- |     |   |                      |              |                          |
|-----|---|----------------------|--------------|--------------------------|
| 1.  | Sewer overflows upstream of the plant?<br>If any CSO/SSO (List reason/location)   | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 2.  | Unpermitted overflows/bypasses inside the plant since last inspection? (If any, list date/corrective action)                                    | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 3.  | Date when overflow/bypass channel used?   | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 4.  | Any other in plant bypass designed for WWTP?  | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 5.  | (a) List bypass frequency (Times per year).<br>(b) List average duration of bypass (Hours).<br>CSO/SSO reported via NY-Alert/corrective action? | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 6.  | CSO/SSO routinely inspected?  | <input type="text"/> | Part 750-2.7 | <input type="checkbox"/> |
| 7.  | Infiltration/Inflow (I/I) (Present)?  | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 8.  | I/I corrective actions?<br>(TV/lining/sealing/replacement/inspections)  | <input type="text"/> | Part 750-2.9 | <input type="checkbox"/> |
| 9.  | Collection system inspection program?   | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 10. | (a) Pump station inspection program?<br>BMP/Wet Weather Plan (Date/reviewed)?   | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 11. | Sewer Use Ordinance (SUO) (Date/copy)?  | <input type="text"/> | Part 750-2.9 | <input type="checkbox"/> |
| 12. | Are all pump stations operational?<br>(Backup/SCADA/telemetry/monitoring)   | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 13. | (a) No. pumps operational (Dry/wet weather)?<br>Backup/spare pumps/parts available?   | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |
| 14. | Other (Specify)?  | <input type="text"/> | Part 750-2.8 | <input type="checkbox"/> |

**C. Industrial Waste/Pretreatment:**

Rating	Item:	NI	NA
<input type="checkbox"/>	1. Mini program required by SPDES permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	2. Industrial waste discharge permits issued?	Part 750-2.9	<input type="checkbox"/>
<input type="checkbox"/>	3. Industrial waste accepted (Problems)?	Part 750-2.9	<input type="checkbox"/>
<input type="checkbox"/>	4. Outside septage accepted (Problems)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	5. Monitoring reqd./available for hauled waste?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	6. Other (Specify)?	Part 750-2.5	<input type="checkbox"/>

**D. Preliminary/Primary Treatment:**

Rating	Item:	NI	NA
<input type="checkbox"/>	1. Influent pumps/wet wells/SCADA?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	2. (a) Corrosion observed?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	3. Screens/Comminutor?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	4. (a) No./type/cleaning method (Auto/manual)?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	5. Screenings/Grit removal (records)?	Part 750-2.5	<input type="checkbox"/>
<input type="checkbox"/>	6. Flow equalization present/needed?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	7. Settling/Septic tanks?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	8. Sludge depth in primary clarifiers?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	9. Condition of primary clarifier effluent?	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	10. Other (Specify)?	Part 750-2.8	<input type="checkbox"/>

**E. Secondary Biological Treatment:**

Rating	Item:	NI	NA
<input type="checkbox"/>	1. Fixed film/Suspended growth? (Specify recycle rate)	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	2. Rotating Biological Contactors? (Specify shaft weight/flow)	Part 750-2.8	<input type="checkbox"/>
<input type="checkbox"/>	3. Activated sludge/MBR/SBRs?	Part 750-2.8	<input type="checkbox"/>

4.	NA	Foaming/filamentous issues?	Part 750-2.8	<input type="checkbox"/>
5.	NA	Stabilization Ponds/Lagoons?	Part 750-2.8	<input type="checkbox"/>
6.	S	Sand filter (recycle rate) ?	Part 750-2.8	<input type="checkbox"/>
7.	NA	Process control values?	Part 750-2.8	<input type="checkbox"/>
8.		Other(Specify)?		<input type="checkbox"/>

Sand Bed replaced in October of 2020

**F. Secondary Clarifier:**  NI  NA

Rating	Item:	F
1.	Foam/solids/grease present on surface?	Part 750-2.8 <input type="checkbox"/>
2.	Tank/weir cleaning date & weir level?	Part 750-2.8 <input type="checkbox"/>
3.	Denitrification/gas bubbles on surface?	Part 750-2.8 <input type="checkbox"/>
4.	Sludge blanket depth & RAS/WAS rates?	Part 750-2.8 <input type="checkbox"/>
5.	Scum arm condition?	Part 750-2.8 <input type="checkbox"/>
6.	Secondary effluent quality?	Part 750-2.8 <input type="checkbox"/>
7.	Loss of solids reported/observed? Other	Part 750-2.8 <input type="checkbox"/>
8.	(Specify)?	<input type="checkbox"/>

**G. Tertiary Treatment:**  NI  NA

Rating	Item:	F
1.	Filtration (Specify type)?	Part 750-2.8 <input type="checkbox"/>
2.	Microfiltration?	Part 750-2.8 <input type="checkbox"/>
3.	Activated carbon adsorption?	Part 750-2.8 <input type="checkbox"/>
4.	Nitrification?	Part 750-2.8 <input type="checkbox"/>
5.	Denitrification?	Part 750-2.8 <input type="checkbox"/>
6.	Post-aeration?	Part 750-2.8 <input type="checkbox"/>
7.	Phosphorus removal?	Part 750-2.8 <input type="checkbox"/>
8.	Other (i.e. Polishing ponds, Ammonia stripping, etc.) (Specify)?	Part 750-2.8 <input type="checkbox"/>

**H. Disinfection:**

NI  NA

**Rating** **Item:**

- 1.  S Chlorination/Dechlorination type (Gas/Liquid/Solid)? (Dose/feed pump settings)
- 2.  S Chlorine monitoring (Level)?
- 3.  NA Ultraviolet (UV) light (Setting)?
- 4.  Other (Specify)?

Chlorine liquid drip (1:25 mix of CL to water).

CL residual for 5/31/2022, 1.88mg/L.

Part 750-2.8  F  
Part 750-2.8   
Part 750-2.8

**I. Final Effluent:**

NI  NA

**Rating** **Item:**

- 1.  NA Polishing pond (Odor/foam/solids/algae)?
- 2.  S Effluent quality (Odor/turbidity/color)?
- 3.  S Receiving water condition(Up/downstream)
- 4.  S Outfall sign at each discharge point?
- 5.  Other (Specify)?

No odor observed

Good

Yes

Part 750-2.8  F  
Part 750-2.8   
Part 750-2.8   
Part 750-1.12

**J. Sludge Handling:**

NI  NA

**Rating** **Item:**

- 1.  S Sludge disposal? (List name and loc. of disposal sites/hauler)
- 2.  NA Digestion (Functioning properly/type)?
- 3.  NA Sludge pumps?
- 4.  NA Sludge Dewatering (Type)?
- 5.  NA Maintenance of sludge pumps ?
- 6.  NA Records available for disposal practices?
- 7.  Other (Specify)?

Solids hauled to Kiamesha Lake WWTP. Town hauler permit 3A-682

Part 750-2.8  F  
Part 750-2.8   
Part 750-2.8   
Part 750-2.8   
Part 750-2.8   
Part 750-2.5

**K. Sampling Evaluation and Lab Information:**

NI  NA

Rating	Item:	F
1.	Written sampling plan? (Plan being followed)?	Part 750-2.5 <input type="checkbox"/>
2.	Need to modify sampling frequency/types? (Explain)	Part 750-2.5 <input type="checkbox"/>
3.	Samples collected at specified locations?	Part 750-2.5 <input type="checkbox"/>
4.	Adequate for representative sample?	Part 750-2.5 <input type="checkbox"/>
5.	Automatic sampler used? (Condition)	Part 750-2.5 <input type="checkbox"/>
6.	Type of samples collected (Grab/composite)?	Part 750-2.5 <input type="checkbox"/>
7.	If composite, minimum of 8 grab samples?	Part 750-2.5 <input type="checkbox"/>
8.	Permittee ELAP certified? (If yes, provide ELAP certificate #)	Part 750-2.5 <input type="checkbox"/>
9.	Is the commercial laboratory ELAP certified? (List lab name, address and ELAP cert. #)	Part 750-2.5 <input type="checkbox"/>
10.	EPA-approved testing procedures followed?	Part 750-2.5 <input type="checkbox"/>
	Testing done for all parameters as required?	Part 750-2.5 <input type="checkbox"/>
11.	WET (Whole Effluent Toxicity) testing?	Part 750-2.5 <input type="checkbox"/>
12.	Instrumentation calibrated & maintained?	Part 750-2.5 <input type="checkbox"/>
13.	Daily calibration, log books maintained?	Part 750-2.5 <input type="checkbox"/>
14.	Lab supplies are not expired? (Date if expired)	Part 750-2.5 <input type="checkbox"/>
15.	Are lab records retained at facility?	Part 750-2.5 <input type="checkbox"/>
16.	Is process control testing performed? (Discuss target values)	Part 750-2.5 <input type="checkbox"/>
17.	MLSS for day/week/month?	Part 750-2.8 <input type="checkbox"/>
18.	SVI for day/week/month?	Part 750-2.5 <input type="checkbox"/>
19.	Microscopic analysis of MLSS?	Part 750-2.5 <input type="checkbox"/>
20.	5/30 minutes settleometer (Day/week/month)?	Part 750-2.5 <input type="checkbox"/>
21.	Monitoring records kept minimum 5 years?	Part 750-2.5 <input type="checkbox"/>
22.	Flow records maintained (Influent/effluent)?	Part 750-2.5 <input type="checkbox"/>
23.	Other (Specify)	<input type="checkbox"/>

**L. Operation and Maintenance (Additional Info.):**

		<input type="checkbox"/> NI	<input type="checkbox"/> NA
	<b>Rating</b>		<b>F</b>
1.	Preventive maintenance plan (Method)?	Part750-2.5	<input type="checkbox"/>
2.	Records of maintenance/repair cost maintained (Method)?	Part750-2.5	<input type="checkbox"/>
3.	Spare parts inventory?	Part750-2.8	<input type="checkbox"/>
4.	Current O&M manual?	Part750-2.8	<input type="checkbox"/>
5.	O & M manual maintained?	Part750-2.5	<input type="checkbox"/>
6.	Organizational chart for O &M staff?	Part750-2.5	<input type="checkbox"/>
7.	Alarm systems (List)?	Part750-2.8	<input type="checkbox"/>
8.	Back-up power (Exercised)?	Part750-2.8	<input type="checkbox"/>
9.	Unapproved bypass during power failure (If any, date/corrective action)	Part750-2.8	<input type="checkbox"/>
10.	Written back-up power emergency plan?	Part750-2.8	<input type="checkbox"/>
11.	All required treatment units in service during back-up power use?	Part750-2.8	<input type="checkbox"/>
12.	Hydraulic/organic overloads?	Part750-2.8	<input type="checkbox"/>
13.	Schedule for removing critical equipment from service for routine maintenance?	Part750-2.8	<input type="checkbox"/>
14.	Safety railings/gratings in place/good condition?	Part 750-2.8	<input type="checkbox"/>
15.	Lights, ventilation operational (Wet wells)?	Part 750-2.8	<input type="checkbox"/>
16.	As-built plans for collection system /WWTP?	Part750-2.5	<input type="checkbox"/>
17.	Other (Specify)?		<input type="checkbox"/>
<b>M. Staffing / Personnel Information:</b>			
	<b>Rating</b>	<input type="checkbox"/> NI	<input type="checkbox"/> NA
1.	Staffing adequate?	Part 650	<input type="checkbox"/>
2.	Certification/grade adequate?	Part 750-2.8 & Part 650	<input type="checkbox"/>
3.	Plant score and grade?	Part 750-2.8	<input type="checkbox"/>

<input type="checkbox"/>	& Part 650 Part 750-2.8 & Part 650
<input type="checkbox"/>	Part 750-2.8 & Part 650
<input type="checkbox"/>	Part 650
<input type="checkbox"/>	Part 650
<input type="checkbox"/>	Part 650
<input type="checkbox"/>	Part 650

4.  S Chief operator name, Grade, Cert. #, Exp? **Mike Mesenger, 3A Cert. #13049 Exp. 10/10/2025**

5.  S Asst. operator Name, Grade, Cert. #, Exp.? **Keith Rieber, 3A Cert. #14113 Exp. 04/01/2025**

6.  S WWTP responsible for collection system? **Kiamesha Lake handles sludge removal**

7.  S Operators responsible for water supply?

8.  S Is Chief Operator present at the WWTP as per required guideline?

9.  S Is certified WWTP operator present at the plant as per required guideline?

**N. Fiscal:**  NI  NA

How sewer rates are assessed (Flat vs metering)? **Flat Rate**

How is the plant budget developed? O&M schedule for \$8,000,00 a year divided among the 12 users. Users pay a portion and percentage of salary.

Asset Management Plan (AMP)? **N/A** AMP Prepared/Date? **N/A** Plans to update AMP? **N/A**

Is AMP used to assess/prioritize critical system components?

**Compliance Status (Orders, Schedules, etc.):**

**Comments:**

Photographs attached:

Attachments (graphs, diagrams, etc.):

DMR Issues:

SPRTK Issues:

NetDMR Issues:

*Miles Fah*

**Miles Fah** **11/05/2024**

Inspector's Signature / Date

AI  
#1

**ROCKRIDGE 123LLC**

63 BLAUVELT ROAD, UNIT #204  
MONSEY, NEW YORK 10952

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EMAIL: [8662586@GMAIL.COM](mailto:8662586@GMAIL.COM)

**OCTOBER 29, 2024**

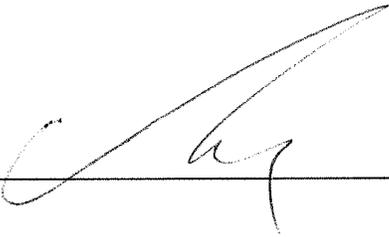
**TOWN OF THOMPSON  
4052 STATE ROUTE 42  
MONTICELLO, NEW YORK 12701**

**RE: ANNEXATION INTO SEWER DISTRICT  
TOWN OF THOMPSON TAX MAP NO: 13-3-10.2**

**DEAR SIR OR MADAM:**

I AM WRITING THIS LETTER FOR THE PURPOSE OF REQUESTING THAT MY PROPERTY LOCATED AT ROCK RIDGE ROAD, MONTICELLO, NEW YORK (T/O THOMPSON TAX MAP #13-3-10.2) BE ANNEXED INTO THE SEWER DISTRICT AS THE PIPES CURRENTLY RUN THROUGH THE PROPERTY.

VERY TRULY YOURS,



---

CHAIM NEIMAN, MEMBER

#2

At a regular meeting of the Town Board of the  
Town of Thompson held at the Town Hall, 4052  
Route 42, Monticello, New York on November 19,  
2024

**RESOLUTION TO AUTHORIZE A PUBLIC HEARING FOR THE ADOPTION OF A  
LOCAL LAW**

**WHEREAS**, there has been introduced at a meeting of the Town Board of the Town of  
Thompson held on November 19, 2023, a proposed Local Law No. 4 of 2024, entitled "A Local  
Law to amend the Town of Thompson Code, Chapter 194, entitled "Sewers".

**NOW, THEREFORE, BE IT RESOLVED**, that a Public Hearing be held on said  
proposed Local Law by the Town Board of the Town of Thompson on December 3, 2024 at 7:30  
P.M., or as soon thereafter as said Public Hearing shall be convened, at the Town Hall, 4052  
Route 42, Monticello, New York, and at least three (3) days' notice of such Public Hearing be  
given by the Town Clerk of the Town of Thompson by due posting thereof on the bulletin board  
of the Town of Thompson and by publishing such Notice at least once in the official newspaper  
of said Town.

Moved by \_\_\_\_\_

Seconded by \_\_\_\_\_

Adopted on Motion November 19, 2024

Supervisor WILLIAM J. RIEBER, JR.	Yes [ ] No [ ]
Councilperson SCOTT MACE	Yes [ ] No [ ]
Councilman JOHN A. PAVESE	Yes [ ] No [ ]
Councilwoman MELINDA S. MEDDAUGH	Yes [ ] No [ ]
Councilman RYAN T. SCHOCK	Yes [ ] No [ ]

Text of law should be given as amended. Do not include matter being eliminated and do not use italics or underlining to indicate new matter.

Local Law No. \_\_\_\_ of 2024

A local law entitled "A local law to amend the Town of Thompson Code, Chapter 194, entitled 'Sewers'."

Be it enacted by the Town Board of the Town of Thompson

1. The Town Board of the Town of Thompson, pursuant to the provisions of Article 14-F of the General Municipal Law, entitled "Sewer Rent Law", and in particular Section 452 thereof, does hereby establish and impose sewer rents to be charged in the Consolidated Harris Sewer District, Consolidated Rock Hill/Emerald Green Sewer District, Consolidated Kiamesha Sewer District, Melody Lake Sewer District, Sackett Lake Sewer District, Cold Spring Sewer District, and Adelaar Resort Sewer District for the year 2025.
2. The rates to be charged pursuant to Chapter 194 of the Code of the Town of Thompson, Section 194-45, for the year 2025 are as follows:

<u>DISTRICT:</u>	<u>Operation &amp; Maintenance</u>	<u>Capital</u>
Consolidated Kiamesha Sewer District:	\$49.35	\$10.06
Consolidated Harris Sewer District:	\$31.26	\$ 2.90
Consolidated Rock Hill/Emerald Green Sewer District	\$60.45	\$14.67
Melody Lake Sewer District	\$88.56	\$20.77
Sackett Lake Sewer District:	\$61.87	\$ 1.09
Adelaar Resort Sewer District:*	N/A	N/A

\* Adelaar Resort Sewer District is billed to 6 users only per usage spreadsheet

3. Except as herein specifically amended, the remainder of Chapter 194 of such code shall remain in full force and effect.
4. If any clause, sentence, paragraph, subdivision, section or part thereof this local law shall be adjudged by any court of competent jurisdiction to be invalid, such judgment, decree or order shall not affect, impair or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment, decree or order shall have been rendered and the remainder of this local law shall not be affected thereby and shall remain in full force and effect.
5. This local law shall take effect immediately.

(Complete the certification in the paragraph which applies to the filing of this local law and strike out the matter therein which is not applicable.)

1. (Final adoption by local legislative body only)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_\_\_ of 2024 of the Town of Thompson was duly passed by the Town Board on \_\_\_\_\_, 2024 in accordance with the applicable provisions of law.

2. (Passage by local legislative body with approval, no disapproval or repassage after disapproval by Elective Chief Executive Officer\*)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_ of the County/City/Town/Town/Village of \_\_\_\_\_ was duly passed by the \_\_\_\_\_ on \_\_\_\_\_ 20\_\_ and was (approved) (not approved) (repassed after disapproval) by the \_\_\_\_\_ on \_\_\_\_\_ and was deemed duly adopted on \_\_\_\_\_ 20\_\_, in accordance with the applicable provisions of law.

3. (Final adoption by referendum)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_ of the County/City/Town/Town/Village of \_\_\_\_\_ was duly passed by the \_\_\_\_\_ on \_\_\_\_\_ 20\_\_ and was (approved) (not approved) (repassed after disapproval) by the \_\_\_\_\_ on \_\_\_\_\_. Such local law was submitted to the people by reason of a (mandatory) (permissive) referendum, and received the affirmative vote of a majority of the qualified electors voting thereon at the (general) (special) (annual) election held on \_\_\_\_\_ 20\_\_, in accordance with the applicable provisions of law.

4. (Subject to permissive referendum, and final adoption because no valid petition filed requesting referendum)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_ of the County/City/Town/Town/Village of \_\_\_\_\_ was duly passed by the \_\_\_\_\_ on \_\_\_\_\_ 20\_\_ and was (approved) (not approved) (repassed after disapproval) by the \_\_\_\_\_ on \_\_\_\_\_. Such local law was subject to permissive referendum and no valid petition requesting such referendum was filed as of \_\_\_\_\_ 20\_\_ in accordance with the applicable provisions of law.

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\* Elective Chief Executive Officer means or includes the chief executive officer of a county elected on a county-wide basis or, if there be none, chairman of the county legislative body, the mayor of a city or village or the supervisor of a town where such officer is vested with the power to approve or veto local laws or ordinances.

5. (City local law concerning Charter revision proposed by petition.)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_ of the City of \_\_\_\_\_ having been submitted to referendum pursuant to the provisions of Sections 36/37 of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of such city voting thereon at a special/general election held on \_\_\_\_\_ 20\_\_ became operative.

6. (County local law concerning adoption of Charter)

I hereby certify that the local law annexed hereto, designated as local law No. \_\_\_ of 20\_\_ of the County of \_\_\_\_\_, State of New York, having been submitted to the electors at the General Election of November \_\_\_ 20\_\_, pursuant to subdivisions 5 and 7 of section 33 of the Municipal Home Rule Law, and having received the affirmative vote of a majority of the qualified electors of the cities of said county as a unit and of a majority of the qualified electors of the towns of said county considered as a unit voting at said general election, became operative.

(If any other authorized form of final adoption has been followed, please provide the appropriate certification.)

I further certify that I have compared the preceding local law with the original on file in this office and that the same is a correct transcript therefrom and of the whole of such original local law, and was finally adopted in the manner indicated in paragraph 1 above.

~~Clerk of the county legislative body, city, Town, village clerk or officer designated by local legislative body~~

Date: November \_\_\_\_\_, 2024

(Certification to be executed by County Attorney, Corporation Counsel, Town Attorney, Village Attorney or other authorized Attorney of locality)

STATE OF NEW YORK  
COUNTY OF SULLIVAN

I, the undersigned, do hereby certify that the foregoing local law contains the correct text and that all proper proceeding have been had or taken for the enactment of the local law annexed hereto.

Date: November \_\_\_\_\_, 2024

\_\_\_\_\_  
Attorney for Town of Thompson

## Marilee Calhoun (Town of Thompson)

---

**From:** Melissa DeMarmels (Comptroller Town of Thompson)  
<comptroller@townofthompson.com>  
**Sent:** Wednesday, November 13, 2024 9:12 AM  
**To:** Michael B. Mednick ESQ  
**Cc:** Marille Calhoun  
**Subject:** 2025 Sewer Rates

Good morning Michael,

The 2025 sewer rates are as follows:

	<u>O&amp;M</u>	<u>Capital</u>
Consolidated Kiamesha	\$49.35	10.06
Consolidated Harris	31.26	2.90
Consolidated RH/EG	60.45	14.67
Melody Lake	88.56	20.77
Sackett Lake	61.87	1.09
Adelaar	N/A	N/A **billed to 6 users only per usage spreadsheet

If you need any other information just let me know.

*Melissa DeMarmels*

Comptroller  
Town of Thompson  
4052 Route 42  
Monticello, NY 12701  
Phone: 845-794-2500 Ext. 307  
Fax: 845-794-8600



This institution is an equal opportunity provider and employer

#4

**Marilee Calhoun (Town of Thompson)**

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**From:** Melissa DeMarmels (Comptroller Town of Thompson)  
<comptroller@townofthompson.com>  
**Sent:** Thursday, November 14, 2024 1:42 PM  
**To:** Marille Calhoun; William J. Rieber, Jr.  
**Cc:** 'Jim Carnell'; 'Teresa Giordano (Town of Thompson)'  
**Subject:** Tent Bond Refund

Can we add to the 11/19/24 Town Board agenda a return of a Tent & Container Removal Bond?

It's \$4,000 and should be paid to  
Matamim Catering  
14 Morris Drive  
Monticello NY 12701

Thank you,

*Melissa DeMarmels*

Comptroller  
Town of Thompson  
4052 Route 42  
Monticello, NY 12701  
Phone: 845-794-2500 Ext. 307  
Fax: 845-794-8600



This institution is an equal opportunity provider and employer

## **Town of Thompson Employee Handbook**

*Proposed Revisions – November 2024*

**Table of Contents:** Revised page numbers and Section headings as required based on changes below.

**Page 100-3:** Defined Anniversary Year in *Section 104 Definitions*.

**Page 100-4:** Added space after Water in *Section 104 Definitions*.

**Page 300-2:** Added *Section 303 Criminal Background Checks for Employees, Volunteers and Independent Contractors who work with Children*

**Page 400-1:** Clarified Flexible Scheduling in *Section 401 Departmental Hours* under the *Arriving at Work Before or Leaving After Scheduled Work Hours* paragraph.

**Page 400-16:** Under *Section 416 Disclosure of Information*, added a paragraph *Notification to Employees* as required by the Public Officers Law §87(6) regarding FOIL requests.

**Page 600-1:** Revised the example to the appropriate year under *Section 601 Wage and Salary Longevity Recognition* paragraph.

**Page 600-1:** Revised *Section 602 Flexible Scheduling, Flex Time and Overtime* to clarify the need to adjust work schedules to accommodate approved work duties outside of the normal work day and flex the work schedule versus accumulating it for additional vacation time.

**Page 700-1:** Revised *Section 702 Vacation Leave* to clarify that years of service refers to Completed years of service, not the start of that year.

**Page 700-9:** Added language regarding retirement and contribution related to Medicare Eligibility in *Section 708 Medical Insurance for Retirees*.

## 104 **Definitions**

**Town of Thompson** – For purposes of this Employee Handbook, the Town of Thompson may be referred to as the “Town”.

**Town Board** – For purposes of this Employee Handbook, “Town Board” will mean the Town Board of the Town of Thompson.

**Elected Official** – For the purposes of this Employee Handbook, “Elected Official” will mean and refer to any of the following elected officials of the Town of Thompson:

- Town Supervisor
- Town Board Members
- Town Justices
- Town Clerk
- Superintendent of Highways
- Receiver of Taxes

**Appointed Public Officer** – An employee who is appointed by the proper authority as a “public officer,” as defined under New York State Public Officers Law.

**Town Supervisor** – For purposes of this Employee Handbook, “Town Supervisor” will mean the Town Supervisor of the Town of Thompson. When referenced in this Employee Handbook, Town Supervisor shall also mean an individual acting with the Town Supervisor’s properly designated authority.

**Department Head** – For purposes of this Employee Handbook, “Department Head” will mean the person in charge of any department, agency, bureau, unit, or subdivision of the Town of Thompson. This definition will be applicable in the event such person is serving in an acting, temporary, or provisional status in the position of Department Head. This term shall also include the Town Supervisor, where an individual otherwise designated as Department Head or any other individual must report directly to the Town Supervisor.

**Supervisor** – For purposes of this Employee Handbook, “supervisor” will mean the individual so designated by the Department Head to direct and inspect the performance of employees.

**Employee** – For the purposes of this Employee Handbook, “employee” will mean a person employed by the Town, including, but not limited to, an appointed official, an appointed member of a board or commission, Department Head, managerial employee, confidential employee, supervisory employee, provisional employee, probationary employee, temporary employee, seasonal employee, trainee, or student intern, but not an independent contractor.

**Anniversary Year** – For the purposes of this Employee Handbook, an anniversary year is defined as beginning on the first day of the employee’s employment and expiring 365 days later, the first day of employment being included in the calculation of the 365 days, including any extra day for leap year.

**Civil Service Law** – For purposes of this Employee Handbook, “Civil Service Law” shall mean the New York State Civil Service Law and shall include the *Rules for the Classified Civil Service of the County of Sullivan*.

## 105 **Employee Classifications**

For purposes of this Employee Handbook, the following terms shall be defined as indicated. The definition provided for each of these terms applies only within the context of this Employee Handbook. The meaning and use of these terms or similar terms may be different in the context of Civil Service Rules or a collective bargaining agreement.

**Full-Time Employees (Town Hall)** – The term “full-time employee” will mean an employee who is regularly scheduled to work a minimum of thirty-five hours per week.

**Full-Time Employees (Highway, Water\_& Sewer and Parks)** – The term “full-time employee” will mean an employee who is regularly scheduled to work a minimum of forty hours per week.

**Part-Time Employees** – The term “part-time employee” will mean an employee who is scheduled on a regular and on-going basis to work less than thirty hours per week.

**Temporary Employees** – The term “temporary employee” will mean an employee who is employed on an interim or sporadic basis, or who is employed to work on a special, emergency, or on-call basis for a specified period, consistent with the Civil Service Law as applicable.

**Seasonal Employees** – The term “seasonal employee” will mean an employee who is employed to work for a given season or portion thereof.

**FLSA Non-Exempt Employees** – The term “FLSA non-exempt employee” will mean a covered employee who is subject to the minimum wage and overtime provisions of the Fair Labor Standards Act.

**FLSA Exempt Employees** – The term “FLSA exempt employee” will mean a covered employee who qualifies for an exemption from the minimum wage and overtime provisions of the Fair Labor Standards Act (FLSA), or an employee who is not covered under the FLSA.

### **303 Criminal Background Checks for Employees, Volunteers and Independent Contractors who Work with Children**

**Purpose** – To ensure the safety of children who participate in the Town' of Thompson's youth programs, it is the policy of the Town to require periodic criminal background checks for all individuals who directly work with minors.

**Policy** – Each employee (full-time, part-time, temporary or seasonal), unpaid volunteer, or independent contractor who works with children for the Town of Thompson will be required to submit to an annual criminal background check. The cost of the criminal background check, if applicable, will be paid by the Town.

**Hold Harmless Statement** – All affected employees, volunteers, and independent contractors will be required to complete a hold harmless statement and release in order for the Town to conduct these periodic background checks.

**Disclaimer** – The Town of Thompson is an equal opportunity employer. As such, the Town will not discriminate against a current or potential employee, volunteer or independent contractor based on their arrest record or criminal conviction unless the offense poses an unreasonable risk to property or to public or individual safety, or the conviction bears a direct relationship to the job.

### **304 Probationary Period**

Except as otherwise provided in a collective bargaining agreement, the *Rules for the Classified Civil Service of the County of Sullivan* provide for the following, which is applicable to employees appointed, promoted or transferred pursuant to the Civil Service laws. Additional provisions may also apply in accordance with those rules.

**Purpose of Probationary Period** – The purpose of the probationary period is for an employee to become familiar with the specific duties and responsibilities of the employee's new position. The probationary period also provides the Department Head with an opportunity to evaluate the employee's job performance and potential for development in the position.

**Length of Probationary Period** – Except as otherwise provided in the *Rules for the Classified Civil Service of the County of Sullivan*, every permanent appointment from an open-competitive list and every permanent appointment to a position in the non-competitive, exempt or labor class shall be for a probationary term of not less than eight (8) weeks nor more than twenty-six (26). The length of the probationary period may be extended in accordance with the *Rules for the Classified Civil Service of the County of Sullivan*.

**Successful Completion of Probationary Period** – An employee's appointment will become permanent upon written notice that the probationary period has been successfully completed following the minimum period of service required. Or, the employee's appointment will become permanent upon the retention of the employee after completion of the maximum period of service required. **Except as otherwise provided by law or a collective bargaining agreement, completion of the probationary period does not necessarily confer rights or privileges in the position.**

## 400 OPERATIONAL POLICIES

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### 401 *Departmental Hours*

**Normal Hours of Operation** – The normal hours of operation are established by the Town Board at the annual organizational meeting. Town Hall employees will be expected to work an 8:30 AM to 4:30 PM schedule, with a one hour lunch. Bargaining Unit employees should review their collective bargaining agreement for information regarding their work schedule.

The Town Board reserves the right to approve all employee work schedules, except where otherwise prohibited by applicable State Law or collective bargaining agreement.

**Department Head Absences** – Department Heads have duties that may require them to be absent from their offices at certain times during the day. In the event that a Department Head is absent from the office, basic departmental forms should be readily available for distribution and/or collection. It is the Department Head's responsibility to determine what services are to be provided and to schedule coverage of these basic services during scheduled business hours.

**Overtime** – A Department Head may require an employee to work additional hours beyond the employee's normal workday and workweek. An employee must receive prior approval from the employee's Department Head before working additional hours.

**Refusal to Work Additional Hours** – An employee who, after investigation, is found to have refused to work additional hours as directed will be subject to appropriate disciplinary action.

**Arriving at Work Before or Leaving After Scheduled Work Hours** – Arriving at work before the scheduled starting time or leaving work after the scheduled ending time for an employee's own convenience is permitted but is not to be included in working time, unless authorized and in accordance with the Town's Flexible Scheduling, Flex Time and Overtime policy (Section 602). No work may be performed for the Town outside of the employee's regular work schedule unless prior approval has been obtained from the Department Head (i.e. unauthorized overtime, or flexible scheduling is prohibited). Violations of this policy will result in appropriate corrective action. (This provision applies only to FLSA non-exempt employees.)

**Bargaining Unit Employees** – The work schedules of employees covered by a collective bargaining agreement shall be governed by the applicable collective bargaining agreement.

## **416 Disclosure of Information**

**Policy Statement** – The Town of Thompson promotes open government and complies with all requirements regarding public access to information. However, the Town recognizes that certain documents, records, and other information pertaining to Town operations and activities contain sensitive and confidential information about Town residents and others who do business with or on behalf of the Town and/or its residents. Such information cannot be photocopied, duplicated, discussed, or otherwise disclosed to any outside party except in accordance with the Freedom of Information Law or any other applicable laws and regulations. An employee is also prohibited from sharing or otherwise disclosing such information with other Town employees, family members or friends who do not have a Town business reason to have such information.

**Notification to Employees** – As required by Public Officers Law §87(6), the Town will provide a notification to an employee in the event that the Town is responding to a request for such employee's disciplinary records under the Freedom of Information Law.

**Responsibility for Security of Confidential Information** – Elected Officials, Department Heads and employees are responsible for maintaining the security of documents, records and other information that fall within their department operations. Any request from outside parties for disclosure of information under the Freedom of Information Law or any other applicable laws or regulations must be submitted to the Town Clerk.

**Employee Personal Information** – An employee should never provide a caller or visitor with confidential information regarding employees, including home addresses and personal telephone numbers. An employee should take the person's name and telephone number and inform the caller/visitor that a message will be forwarded to the employee.

## **417 Visitors**

**Policy Statement** – It is the policy of the Town not to allow personal visitors during working hours, except for emergency situations. Visitors are allowed for brief visits during an employee's meal break as long as such visit does not interfere with Town operations or interrupt other employees who are still working.

## **418 Purchasing**

**Policy Statement** – The Town has established an official procurement policy that must be followed without exception. No employee shall make purchases for the Town, or use the Town's name to make purchases unless so authorized by the Town Board and in adherence to the procedures set forth in these policies.

## 600 COMPENSATION

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### 601 *Wage and Salary*

**Rate of Pay** – An employee's rate of pay will be established by the Town Board.

**Longevity Recognition** – Employees hired prior to January 1, 2000, will be eligible to receive longevity pay. After an employee has completed the number of years of service listed below, the employee will receive the corresponding longevity payment on the first day of the following anniversary year (i.e. after completing 520 year of service, the employee will receive their longevity payment on the first day of year 621). The employee will receive the same longevity payment each year until they are eligible to receive the next higher threshold:

<b>Years of Service Completed:</b>	<b>Longevity Payment:</b>
20 years	\$575

**Bargaining Unit Employees** – An employee who is a member of a collective bargaining unit is not covered by the Wage and Salary provisions set forth above and should refer to the applicable collective bargaining agreement.

### 602 *Flexible Scheduling, Flex Time and Overtime*

**Flexible Scheduling (Non-Exempt Class Employees)** – Under certain circumstances, and in the best interests of the Town, an employee may be required to begin and/or end a given workday at a time that deviates from their normal work hours. Any such non-standard work schedule requires prior approval by the Town Supervisor and/or appointing authority, who will take into consideration operational requirements and other factors as appropriate. A flexible schedule cannot be used to accrue additional vacation time and must be used in a timely manner.

For employees who regularly work thirty-five hours in a given workweek, the employee may flex their schedule so that their total number of weekly hours does not change. Flex-time must be used within the same pay period, or where necessary, by the end of the next pay period. In no instance shall an employee accrue more than 5 hours in a pay week and no more than 10 hours at one time.

Flex-time must be used during the calendar year in which it is earned and cannot be carried into the following year, without exception. In no case will approval be granted if the exempt employee's department is not adequately staffed or if the workload does not permit.

Flex-time will not be paid out in cash at the time of the employee's separation from employment. Any flex-time not used at the time of separation shall be forfeited by the employee.

**Flex-Time (Exempt Class Employees)** – The Town recognizes that exempt employees by nature of their positions and in accordance with the Fair Labor Standards Act, are not entitled to receive overtime pay or compensatory time for time worked in excess of the regularly scheduled workweek, which may be a regular occurrence due to the position's responsibilities.

The Town also recognizes that exempt employees may need to attend a variety of Town Board, Planning Board, Zoning Board, Recreation Commission, and other special meetings, which are generally held outside the employee's normal workday.

Those employees who are required by their job to work beyond the normal workday or workweek shall be eligible to receive flex-time calculated at a rate equal to one hour earned for every one hour spent attending to such requirements. The Town Supervisor, in his or her discretion, shall have the final say in determining whether or not a situation qualifies for the earning of flex-time under this policy.

Flex-time must be used during the calendar year in which it is earned and cannot be carried into the following year, without exception. In no case will approval be granted if the exempt employee's department is not adequately staffed or if the workload does not permit.

Flex-time will not be paid out in cash at the time of the employee's separation from employment. Any flex-time not used at the time of separation shall be forfeited by the employee.

In accordance with the Fair Labor Standards Act, FLSA exempt employees will not be paid for overtime nor receive "compensatory time" for any hours worked in excess of the employee's normal workday or workweek.

**Overtime (Non-Exempt Class Employees)** – In accordance with the Fair Labor Standards Act, an FLSA non-exempt employee will be paid one and one-half times the employee's regular hourly rate of pay for all authorized time worked over forty hours in a given workweek.  
y for all authorized time worked over forty hours in a given workweek.

Only time actually worked will be included in the computation of overtime hours. Paid leave (e.g. personal leave, vacation leave, sick leave, holidays, etc.) will not be included as time worked for the purpose of computing overtime.

For all hours worked over forty hours in a given workweek, the FLSA non-exempt employee will be paid overtime and one and one-half times the employees regularly hourly rate (as described above). All overtime must receive prior approval, in writing, from the Town Supervisor.

**Overtime (Exempt Class Employees)** – All exempt class employees are not eligible to receive overtime and should refer to flex time above.

**Bargaining Unit Employees** – An employee who is a member of a collective bargaining unit shall receive overtime compensation in accordance with the overtime provision of the applicable collective bargaining agreement and is also subject to the provisions of the FLSA.

## 700 EMPLOYEE BENEFITS

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### 701 Holidays

**Designated Holidays** – The Town of Thompson will observe the following holidays:

1. New Year's Day	8. Labor Day
2. Martin Luther King Day	9. Columbus Day
3. Lincoln's Birthday	10. Veterans' Day / Armistice Day
4. Washington's Birthday	11. Thanksgiving Day
5. Good Friday*	12. Day after Thanksgiving
6. Memorial Day / Decoration Day	13. Christmas Day
7. Independence Day	

\*An employee may elect to take Yom Kippur off from work in lieu of taking Good Friday off.

**Eligibility** – A full-time employee is eligible for holiday pay at the employee's regular rate of pay. A part-time, temporary, or seasonal employee is not eligible for holiday pay. (Part-time employees paid on a salary basis will receive their regular pay during a pay period in which a holiday occurs.) Holiday pay will be based upon the employee's scheduled hours on the day the holiday occurs.

**Holiday Observance** – In the event a designated holiday occurs on a Saturday, the holiday will be observed on the preceding Friday. In the event a designated holiday occurs on a Sunday, the holiday will be observed on the following Monday.

**Bargaining Unit Employees** – An employee who is a member of a collective bargaining unit is not covered by the Holidays provisions set forth above and should refer to the applicable collective bargaining agreement.

### 702 Vacation Leave

**Eligibility** – A full-time employee is eligible for paid vacation leave in accordance with this policy. A part-time, temporary, or seasonal employee is not eligible for paid vacation leave but may be allowed to take time-off without pay provided the employee has prior approval from the Department Head. Such unpaid leave will impact the employee's retirement service credit calculation.

**Allowance** – A full-time employee will be credited with paid vacation leave in accordance with the vacation schedule below. Vacation leave is based on the average number of hours an employee is normally scheduled to work each week. An employee may take vacation leave only after it has been credited. The employee will be credited on their anniversary date for the corresponding amount of vacation leave for the completed years of service:

**FLSA Non-Exempt Class Employees:**

<b>Completed Years of Service:</b>	<b>Vacation Leave</b>
Upon hire	5 days
After 6 months of service	5 days
1 through 4 years of service	10 days
5 through 9 years of service	15 days
10 through 14 years of service	20 days
15 through 19 years of service	25 days
20 or more years of service	30 days

**FLSA Exempt Class Employees** (including the Confidential Secretary to the Town Supervisor, Comptroller, Director of Community Development, Assessor, Water and Sewer Superintendent, Building, Planning and Zoning Director; Deputy Administrator, and Parks and Maintenance Supervisor):

<b>Completed Years of Service:</b>	<b>Vacation Leave</b>
Upon hire through 4 years of service	15 days
5 through 9 years of service	20 days
10 through 14 years of service	25 days
15 or more years of service	30 days

**Continuous Service** – Continuous Service shall mean uninterrupted service. An authorized leave of absence without pay, or a resignation followed by reinstatement within one year following such resignation, shall not constitute an interruption of continuous service. However, the duration of the absence from work without pay will be excluded from the computation of length of continuous service. Vacation is earned only for monthly pay periods during which an employee is in full pay status for at least fifteen working days during such monthly pay period.

**Scheduling** – Vacation time is normally scheduled based on the date of the request received. An employee must receive prior written approval from the employee's Department Head to take vacation time. The Department Head will have total discretion in the approval of vacation time. The Town reserves the right to designate when some or all of an employee's vacation time is taken, based upon program, administration and other Town needs. If an employee is called in to work while the employee is on vacation time, then the employee shall be entitled to compensation at time and one half plus compensatory time of one full day, whether or not a full day of vacation time is consumed, for a day or part of a day that the employee is called in to work. Vacation leave credits may not be used in increments of less than one-half hour.

**Accumulation** – All or part of vacation time may be postponed from one year to another, provided that the employee sends such request in writing to the Town Supervisor, and the Town Supervisor, at their discretion, may authorize such postponement in writing; provided, however, that the postponed vacation time is used by the employee within six (6) months of their anniversary date of employment, and if not used, said vacation leave shall be deemed waived.

**Holiday During Scheduled Vacation** – In the event a designated holiday occurs on an employee's normal workday and the employee is on paid vacation, the employee will receive holiday pay for the day and the employee's vacation leave credits will not be charged for that day.

## 708 **Medical Insurance for Retirees**

**Coverage** – The Town currently offers medical insurance coverage to an eligible full-time employee, designated appointed public officer, or Elected Official who retires from the Town. Coverage is also currently available for eligible dependents (includes spouse) if they were covered under the Town's medical insurance plan at the employee's date of retirement. In the event the retiree predeceases the dependents, the dependents may continue medical insurance coverage and the Town will continue to pay their contribution toward the premium cost. Coverage of a dependent at the time of divorce or legal separation is in accordance with plan documents and COBRA requirements.

**Eligibility** – To be eligible for coverage, the retiree must meet each of these requirements: 1) have at least ten years of insurance benefit eligible service with the Town (the two most recent years prior to retirement must have been as a benefit eligible employee of the Town); 2) have retired directly from the Town; and, 3) be qualified for a retirement benefit from the New York State Employees' Retirement System. Notwithstanding the above, an employee who leaves employment due to disciplinary action is not eligible for medical insurance coverage for retirees. These eligibility requirements are subject to change by resolution of the Town Board.

**Plan** – The Town will make available the same medical insurance plans offered to then current employees. The Town Board may, at its discretion, change the plans at any time, including, but not limited to, type of coverage, retiree contributions, and type of carrier. Coverage under a medical insurance plan made available through the Town will continue until the retiree or eligible spouse, as the case may be, meets the eligibility criteria for Medicare coverage, at which time primary coverage will be provided by Medicare. At that time, the retiree and eligible spouse may be required to change medical insurance plans in order to maintain supplemental coverage.

**Changes in Premium Contributions** – The amount of the insurance premium a retiree or retiree's spouse is required to contribute is subject to change by resolution of the Town Board. The Town Board will provide a two-month written notice of such change.

Medical insurance for retirees is subject to any and all New York State Retirement and health insurance policies and regulations.

**Medicare Eligibility** – As stated above, when an employee retires, after the age of fifty-five with a minimum of ten years of service, the Town will pay, and the employee will contribute, for the employee's individual and family health insurance that the employee was entitled to, at the time of retirement. When the employee or their spouse become Medicare primary eligible, their contribution will cease.

**Bargaining Unit Employees** – An employee who is a member of a collective bargaining unit is not covered by the Medical Insurance for Retirees provisions set forth immediately above and should refer to the applicable collective bargaining agreement.

#6



COUNTY OF SULLIVAN  
YOUTH BUREAU  
SULLIVAN COUNTY GOVERNMENT  
CENTER  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701



TEL. (845) 794-3000  
EXT 0394, 0396  
FAX (845) 807-0260

Mr. William Rieber, Supervisor  
Town of Thompson  
4052 NYS Route 42  
Monticello, NY 12701

Dear Mr. Rieber,

I am pleased to inform you that the Sullivan County Youth Bureau and the Sullivan County Legislature has approved your application(s) for funding for 2024/2025. This funding is for the period of October 1, 2024 through September 30, 2025.

<u>Program Name(s)</u>	<u>Funding Amount &amp; Type(s):</u>
Youth Sports Program	\$7,500.00

A contract package with instructions will be forthcoming. Please be aware that the Office of Children and Family Services has made changes to their review process. You may receive your application back for additional information in the 8 Features of Positive Youth Development section. I will be holding a mandatory Zoom training on the 8 Features of Positive Youth Development in November. An invitation will be sent out shortly.

**Before you receive your contract package**, please be sure to follow up on the items below to assist us with processing your 2024/2025 contract in a timely manner:

If you are a new vendor with the County of Sullivan, you **must** send in your W-9 so that we can process your contract promptly.

**Required Insurance Forms:** For the 2024/2025 contract year, the County will require 3 separate updated insurance forms. ALL forms must list the name of your municipality as it appears on your federal identification form. You are asked to submit these insurance forms, **BY October 28, 2024. Your insurance documents are part of your final contract so please provide this information by the date requested.**

**The 3 insurance forms you must submit to the Youth Bureau are as follows:**

**1. Certificate of Liability Insurance Form:**

- Under "Description of Operations," the County of Sullivan must be listed as Additional Insured.
- Under "Certificate Holder," the listing for all Youth Bureau contracts must appear as follows:  
The County of Sullivan  
c/o Sullivan County Youth Bureau  
100 North Street



**COUNTY OF SULLIVAN  
YOUTH BUREAU  
SULLIVAN COUNTY GOVERNMENT  
CENTER  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701**



TEL. (845) 794-3000  
EXT 0394, 0396  
FAX (845) 807-0260

Monticello, N.Y. 12701

**2. Certificate of Workers' Compensation Form:** The County is requesting form C-105.2, U-26.3, CE-200, SI-12, or GSI-105.2. The "Certificate Holder" box must also include the same wording as requested above.

**3. Workers' Compensation Certificate of Disability Benefits Insurance:** The County is requesting form DB-120.1, CE-200, or DB-155. Under "Name and Address of the Entity Requesting Proof of Coverage," the County of Sullivan c/o Sullivan County Youth Bureau, (as above) must be shown.

**4. Liability of "Declaration" or "Endorsement" Page** listing the County of Sullivan as an additional insured.

Please notify your insurance agencies/brokers of this information. NO contracts will be processed by the County for year 2024/2025 UNLESS all applicable revisions are submitted and the proper insurances are in place. The forms may be e-mailed to [catherine.paci2@sullivanny.us](mailto:catherine.paci2@sullivanny.us) or mailed to the attention of Cathie Paci.

**Note:** If the insurance expires at any time during the year, the Youth Bureau must receive the updated insurance forms. If you have any questions, please contact Cathie at 845-807-0394.

**Additional Note: All paperwork, especially your insurance documents MUST MATCH the name on your W-9.**

We have worked very hard in our office to streamline the contract process and to shorten the turnaround time to securing your contract. We appreciate your attention to submit everything in a timely manner.

**As per the contract, you must use the following tagline on all of your marketing materials related to this program(s). Attached you will find the Youth Bureau logo.**

- **"Funded by the County of Sullivan and the New York State Office of Children and Family Services through the Sullivan County Youth Bureau"**

As always, please do not hesitate to contact the Youth Bureau for any assistance.

Sincerely,

*Cathie Paci*

Cathie Paci  
Sullivan County Youth Bureau



**COUNTY OF SULLIVAN  
YOUTH BUREAU  
SULLIVAN COUNTY GOVERNMENT  
CENTER  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701**



TEL. (845) 794-3000  
EXT 0394, 0396  
FAX (845) 807-0260

Mr. William Rieber, Supervisor  
Town of Thompson  
4052 NYS Route 42  
Monticello, NU 12701

Dear Mr. Rieber,

I am pleased to inform you that the Sullivan County Youth Bureau and the Sullivan County Legislature has approved your application(s) for funding for 2024/2025. This funding is for the period of October 1, 2024 through September 30, 2025.

<u>Program Name(s)</u>	<u>Funding Amount &amp; Type(s):</u>
Youth Monthly Events	\$1,000.00

A contract package with instructions will be forthcoming. Please be aware that the Office of Children and Family Services has made changes to their review process. You may receive your application back for additional information in the 8 Features of Positive Youth Development section. I will be holding a mandatory Zoom training on the 8 Features of Positive Youth Development in November. An invitation will be sent out shortly.

**Before you receive your contract package**, please be sure to follow up on the items below to assist us with processing your 2024/2025 contract in a timely manner:

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If you are a new vendor with the County of Sullivan, you **must** send in your W-9 so that we can process your contract promptly.

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CENTER  
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The County of Sullivan  
c/o Sullivan County Youth Bureau  
100 North Street  
Monticello, N.Y. 12701

**2. Certificate of Workers' Compensation Form:** The County is requesting form C-105.2, U-26.3, CE-200, SI-12, or GSI-105.2. The "Certificate Holder" box must also include the same wording as requested above.

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**4. Liability of "Declaration" or "Endorsement" Page** listing the County of Sullivan as an additional insured.

Please notify your insurance agencies/brokers of this information. NO contracts will be processed by the County for year 2024/2025 UNLESS all applicable revisions are submitted and the proper insurances are in place. The forms may be e-mailed to [catherine.paci2@sullivanny.us](mailto:catherine.paci2@sullivanny.us) or mailed to the attention of Cathie Paci.

**Note:** If the insurance expires at any time during the year, the Youth Bureau must receive the updated insurance forms. If you have any questions, please contact Cathie at 845-807-0394.

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As always, please do not hesitate to contact the Youth Bureau for any assistance.

Sincerely,

*Cathie Paci*

Cathie Paci  
Sullivan County Youth Bureau



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<u>Program Name(s)</u>	<u>Funding Amount &amp; Type(s)</u>
Recreational/Cultural Excursions	\$4,000.00

A contract package with instructions will be forthcoming. Please be aware that the Office of Children and Family Services has made changes to their review process. You may receive your application back for additional information in the 8 Features of Positive Youth Development section. I will be holding a mandatory Zoom training on the 8 Features of Positive Youth Development in November. An invitation will be sent out shortly.

**Before you receive your contract package**, please be sure to follow up on the items below to assist us with processing your 2024/2025 contract in a timely manner:

If you are a new vendor with the County of Sullivan, you **must** send in your W-9 so that we can process your contract promptly.

**Required Insurance Forms:** For the 2024/2025 contract year, the County will require 3 separate updated insurance forms. ALL forms must list the name of your municipality as it appears on your federal identification form. You are asked to submit these insurance forms, **BY October 28, 2024. Your insurance documents are part of your final contract so please provide this information by the date requested.**

**The 3 insurance forms you must submit to the Youth Bureau are as follows:**

**1. Certificate of Liability Insurance Form:**

- Under "Description of Operations," the County of Sullivan must be listed as Additional Insured.
- Under "Certificate Holder," the listing for all Youth Bureau contracts must appear as follows:  
The County of Sullivan  
c/o Sullivan County Youth Bureau  
100 North Street



**COUNTY OF SULLIVAN  
YOUTH BUREAU  
SULLIVAN COUNTY GOVERNMENT  
CENTER  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701**



Monticello, N.Y. 12701

**2. Certificate of Workers' Compensation Form:** The County is requesting form C-105.2, U-26.3, CE-200, SI-12, or GSI-105.2. The "Certificate Holder" box must also include the same wording as requested above.

**3. Workers' Compensation Certificate of Disability Benefits Insurance:** The County is requesting form DB-120.1, CE-200, or DB-155. Under "Name and Address of the Entity Requesting Proof of Coverage," the County of Sullivan c/o Sullivan County Youth Bureau, (as above) must be shown.

**4. Liability of "Declaration" or "Endorsement" Page** listing the County of Sullivan as an additional insured.

Please notify your insurance agencies/brokers of this information. NO contracts will be processed by the County for year 2024/2025 UNLESS all applicable revisions are submitted and the proper insurances are in place. The forms may be e-mailed to [catherine.paci2@sullivanny.us](mailto:catherine.paci2@sullivanny.us) or mailed to the attention of Cathie Paci.

**Note:** If the insurance expires at any time during the year, the Youth Bureau must receive the updated insurance forms. If you have any questions, please contact Cathie at 845-807-0394.

**Additional Note: All paperwork, especially your insurance documents MUST MATCH the name on your W-9.**

We have worked very hard in our office to streamline the contract process and to shorten the turnaround time to securing your contract. We appreciate your attention to submit everything in a timely manner.

**As per the contract, you must use the following tagline on all of your marketing materials related to this program(s). Attached you will find the Youth Bureau logo.**

- **"Funded by the County of Sullivan and the New York State Office of Children and Family Services through the Sullivan County Youth Bureau"**

As always, please do not hesitate to contact the Youth Bureau for any assistance.

Sincerely,

*Cathie Paci*

Cathie Paci  
Sullivan County Youth Bureau



Town Supervisor  
William J. Rieber, Jr.

Town Board Members  
Deputy Supervisor Melinda Meddaugh  
Scott Mace  
John Pavese  
Ryan Schock

#8

November 14, 2024

**Bills over \$5,000.00**

We are requesting permission to pay Delaware Engineering for engineering services through October 2024 on the Kiamesha Sewer Plant Upgrade Project

Delaware Engineering	Invoice #20-2090-24	\$14,895.00
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**APPROVED BY TOWN BOARD** \_\_\_\_\_



**Delaware Engineering, D.P.C.**

28 Madison Ave. Ext.  
Albany, NY 12203  
(518) 452-1290

Town of Thompson  
4052 Route 42  
Monticello, NY 12701

Invoice number 20-2090-24  
Date 11/12/2024

Project 20-2090 Town of Thompson - Kiamesha  
Lake WWTP Upgrade

For Services Rendered Through November 03, 2024

**3 (A) Design Services - UV Disinfection & General Upgrades**

	Hours	Rate	Billed Amount
Blake Elliott	11.00	115.00	1,265.00
John Peterson	8.00	160.00	1,280.00
subtotal	19.00		2,545.00
Phase subtotal			2,545.00

**3 (B) Design Services - DPW Maintenance Building**

	Hours	Rate	Billed Amount
Ablen Amrod	5.50	215.00	1,182.50

**3 (C) Design Services - ATAD**

	Hours	Rate	Billed Amount
Ablen Amrod	19.00	215.00	4,085.00
David R. Ohman	9.50	230.00	2,185.00
Edward Dombrowski	1.00	130.00	130.00
Evan Brophy	3.00	120.00	360.00
Yamir Betancourt	18.00	180.00	3,240.00
subtotal	50.50		10,000.00
Phase subtotal			10,000.00

**5 NYSEFC Contract Compliance/Subcontractor Coordination**

	Hours	Rate	Billed Amount
Cheryl L. DeCarr	2.00	95.00	190.00
David R. Ohman	3.75	230.00	862.50
Karla Nunamann	1.00	95.00	95.00
subtotal	6.75		1,147.50

**REIMBURSABLES**

	Units	Rate	Billed Amount
In-House Reproduction			20.00
Phase subtotal			1,167.50

Invoice total **14,895.00**



**Delaware Engineering, D.P.C.**

28 Madison Ave. Ext.

Albany, NY 12203

(518) 452-1290

Town of Thompson

Project 20-2090 Town of Thompson - Kiamesha Lake WWTP Upgrade

Invoice number 20-2090-24

Date 11/12/2024

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Approved by:

John Peterson

*Please remit payment to:  
Delaware Engineering, D.P.C.  
28 Madison Ave. Ext.  
Albany, NY 12203*



**DELAWARE ENGINEERING, D.P.C.**  
 55 South Main Street  
 Oneonta, NY 13820  
 (607) 432-8073 Phone / (607) 432-0432 Fax

**Town of Thompson**  
**4052 State Route 42**  
**Monticello, NY 12701**

**PROJECT ID: 20-2090**

**PROJECT: Kiamesha Lake WWTP Upgrade**  
**INVOICE/REQUISITION No.: 24**

	<b>CURRENT COST</b>	<b>PREVIOUS COST</b>	<b>COST TO DATE</b>	<b>BUDGET</b>
<b>1. Task 1 - Project Planning Services</b>				
Labor	\$ -	\$ 34,785.00	\$ 34,785.00	
Reimbursable Expenses	\$ -	\$ 215.00	\$ 215.00	
<b>SUBTOTAL - TASK 1</b>	<b>\$ -</b>	<b>\$ 35,000.00</b>	<b>\$ 35,000.00</b>	<b>\$ 35,000.00</b>
<b>2. Task 2 - SPDES Permit Related Activities</b>				
Labor	\$ -	\$ 24,615.00	\$ 24,615.00	
Reimbursable Expenses	\$ -	\$ 142.57	\$ 142.57	
Subcontractors (Steingart Printing)	\$ -	\$ 242.43	\$ 242.43	
<b>SUBTOTAL - TASK 2</b>	<b>\$ -</b>	<b>\$ 25,000.00</b>	<b>\$ 25,000.00</b>	<b>\$ 25,000.00</b>
<b>3. Task 3 - Design Services</b>				
(A) UV Disinfections & General Upgrades				\$ 725,000.00
Labor	\$ 2,545.00	\$ 718,742.50	\$ 721,287.50	
Reimbursable Expenses	\$ -	\$ 1,001.15	\$ 1,001.15	
(B) DPW Maintenance Building				\$ 125,000.00
Labor	\$ 1,182.50	\$ 122,547.50	\$ 123,730.00	
Reimbursable Expenses	\$ -	\$ -	\$ -	
(C) ATAD				\$ 250,000.00
Labor	\$ 10,000.00	\$ 220,483.00	\$ 230,483.00	
Reimbursable Expenses	\$ -	\$ 180.76	\$ 180.76	
Subcontractor (Jade Stone Engineering, PLLC)	\$ -	\$ 8,000.00	\$ 8,000.00	
<b>SUBTOTAL - TASK 3</b>	<b>\$ 13,727.50</b>	<b>\$ 1,070,954.91</b>	<b>\$ 1,084,682.41</b>	<b>\$ 1,100,000.00</b>
<b>4. Task 4 - Bid/Award</b>				
Labor	\$ -	\$ -	\$ -	
Reimbursable Expenses	\$ -	\$ -	\$ -	
<b>SUBTOTAL - TASK 4</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,000.00</b>

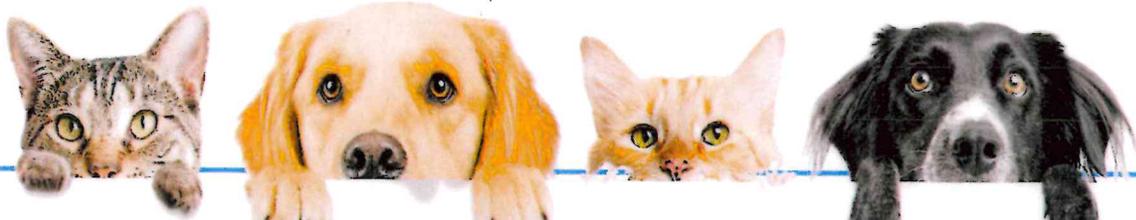


**DELAWARE ENGINEERING, D.P.C.**  
 55 South Main Street  
 Oneonta, NY 13820  
 (607) 432-8073 Phone / (607) 432-0432 Fax

	<b>CURRENT COST</b>	<b>PREVIOUS COST</b>	<b>COST TO DATE</b>	<b>BUDGET</b>
<b>5. Task 5 - NYSEFC Contract Compliance/Subcontractor Coordination</b>				
Labor	\$ 1,147.50	\$ 18,832.50	\$ 19,980.00	
Reimbursable Expenses	\$ 20.00	\$ -	\$ 20.00	
<b>SUBTOTAL - TASK 5</b>	<b>\$ 1,167.50</b>	<b>\$ 18,832.50</b>	<b>\$ 20,000.00</b>	<b>\$ 20,000.00</b>
<b>6. Task 6 - Subcontracts</b>				
Financing Administration (Municipal Solutions)	\$ -	\$ 4,115.70	\$ 4,115.70	\$ 25,000.00
Underground Utility Location Services (Bloodhound)	\$ -	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00
Site Surveying (REGEN, LLC)	\$ -	\$ 17,200.00	\$ 17,200.00	\$ 25,000.00
Geotechnical Evaluation/Borings (Atlantic)	\$ -	\$ 30,950.00	\$ 30,950.00	\$ 15,000.00
Document Reproduction (Constructive Copy)	\$ -	\$ -	\$ -	\$ 5,000.00
<b>SUBTOTAL - TASK 6</b>	<b>\$ -</b>	<b>\$ 59,765.70</b>	<b>\$ 59,765.70</b>	<b>\$ 77,500.00</b>
<b>TOTAL</b>	<b>\$ 14,895.00</b>	<b>\$ 1,209,553.11</b>	<b>\$ 1,224,448.11</b>	<b>\$ 1,272,500.00</b>
<b>AMOUNT DUE FOR CURRENT SERVICES</b>	<b>\$ 14,895.00</b>			
<b>AMOUNT PAST DUE</b>	<b>\$ -</b>			
<b>TOTAL NOW DUE</b>	<b>\$ 14,895.00</b>			
<b>BUDGET BALANCE</b>	<b>\$ 48,051.89</b>			

THIS STATEMENT REFLECTS PAYMENTS RECEIVED ON OR BEFORE BILLING DATE

FYI



**SULLIVAN COUNTY DEPARTMENT OF PUBLIC HEALTH**

**FREE**

**RABIES CLINIC**

*FOR DOGS, CATS, AND FERRETS*



**Public Health**  
Prevent. Promote. Protect.  
Sullivan County  
Department of Public Health

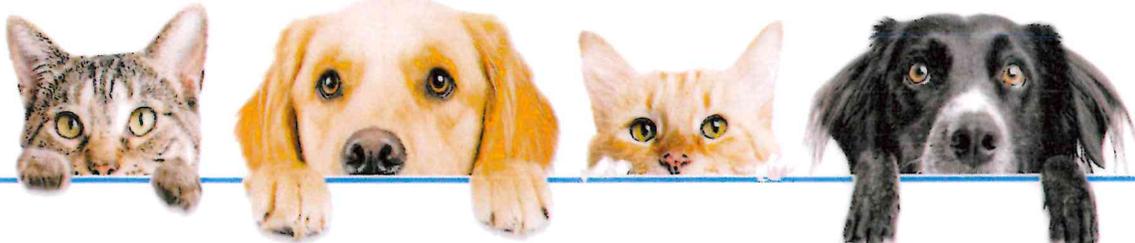
**Wednesday, November 20, 2024 6:00-7:30 PM**  
**Town of Thompson, Monticello Firehouse**  
**23 Richardson Ave. Monticello, NY**

- ◆ All pet owners must clean up after their pets.
- ◆ All pets must be at least 3 months old.
- ◆ All pets must be in a carrier or on a leash.
- ◆ Aggressive dogs should be muzzled to prevent any biting incidents.
- ◆ Bring proof of prior rabies vaccination to receive a 3-year vaccination.
- ◆ If you do not have proof of prior rabies vaccination, your pet will receive a 1-year vaccination.

**Sullivan County Residents Only!**

- Please bring photo ID as proof of Sullivan County Residency.
- No Pre-registration at this time, there maybe pre-registration at future clinics.

**If you have any questions, please call:**  
**Sullivan County**  
**Department of Public Health**  
**at : 845-292-5910, Ext. 0.**



**SULLIVAN COUNTY DEPARTMENT OF PUBLIC HEALTH**

**GRATIS**

**CLINICA VACUNAS DE RABIA  
PARA PERROS, GATOS, AND HURONES**



**Public Health**  
Prevent. Promote. Protect.  
Sullivan County  
Department of Public Health

**Miercoles 20 de Noviembre de 2024 6:00-7:30 PM  
Ciudad de Thompson, Monticello Firehouse  
23 Richardson Ave. Monticello, NY**

- Todos los dueños de mascotas deben limpiar después de sus mascotas.
- Todas las mascotas deben tener al menos 3 meses de edad.
- Todas las mascotas deben estar en una jaula o con correa.
- Los perros agresivos deben estar con bozal para evitar cualquier incidente de mordida.
- Traiga prueba de vacunación contra la rabia anterior para recibir una vacunación de 3 años.
- Si no tiene prueba de vacunación contra la rabia anterior, su mascota recibirá una vacunación de 1 año.

**Residentes del Condado solamente!**

- Se requiere prueba de  
• identificación
- No hay preinscripción en este momento. Podrá haber preinscripción en las clínicas del future

**Si tienes alguna pregunta, por favor llame a la departamento de salud pública del condado de Sullivan al: 845-292-5910, Ext. 0.**



Sullivan County  
Office for the Aging  
and NY Connects

# TOWN HALL OUTREACH EVENT

**DATE: DECEMBER 3, 2024**

**TIME: 11:00AM-1:00PM**

**WHERE: THOMPSON TOWN HALL**

