

BRIEF TITLE	APPROVAL DEADLINE	REASON
Amending Fees NPDES		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Adopting fees to cover the expenses of conducting National Pollutant Discharge Elimination System (NPDES) stormwater permit compliance inspections at regulated industrial facilities by Health Department staff.</p>	Sponsor	Health Department
	Program Departments, or Groups Affected	Various Programs
	Applicants/ Proponents	<p>Applicant Scott Holmes</p> <p>City Department Health</p> <p>Other Board of Health</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Increase the fees for National Pollutant Discharge Elimination System (NPDES) stormwater permit compliance inspections to generate revenue needed to meet budget for the Health Department. Incremental fee increases (approximately 3%) are proposed to cover costs of providing required services to business and industry, to protect the public health of the residents of Lincoln and Lancaster County, and to protect our environment.</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<p>X <input type="checkbox"/> For <input type="checkbox"/> Against Reason Against</p>
	Board or Commission Recommendation	<p>BY Board of Health X <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	CITY COUNCIL ACTIONS (For Council Use Only)	<p><input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass</p>

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____		
	OPERATIONAL IMPACT ASSESSMENT	<u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u> _____		
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project:	\$	
		COST of this Ordinance/Resolution	\$	
		RELATED annual operating Costs	\$	
	INCREASE REVENUE EXPECTED/YEAR	\$		
SOURCE OF FUNDS	CITY [Approximately]			
	_____	\$	% _____	
	_____	\$	% _____	
	_____	\$	% _____	
	NON CITY [Approximately]			
	_____	\$	% _____	
	_____	\$	% _____	
BENEFIT COST				
<input type="checkbox"/> Front Foot		Average Assessment		
<input type="checkbox"/> Square Foot		\$ _____	\$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY: Scott Holmes

REFERENCE NUMBER