

GENERAL FACT SHEET

12-125

BILL NUMBER

BRIEF TITLE
Environmental Public Health
Onsite Wastewater Treatment
System Permit Fee Increases

APPROVAL DEADLINE

REASON
To provide adequate revenue to meet budget and
and provide required services.

DETAILS

POSITIONS/RECOMMENDATIONS

Increase fees specified in: - LMC 24.38 Onsite Wastewater Treatment Systems	Sponsor	Health Department
	Program Departments, or Groups Affected	All automated departments Various Programs Regulated industry, businesses and entities
	Applicants/ Proponents	Applicant Health Department City Department Health Other Board of Health
Discussion (Including Relationship to other Council Actions) Incremental fee increases are proposed which address operational costs. This revenue will allow the Department to provide required services to business, industry, and homeowners, and to protect human health and our environment.	Opponents	Groups or Individuals None specifically identified Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY: Board of Health <input checked="" 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)
	CITY COUNCIL ACTIONS (For Council Use Only)	<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

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u> <hr/>
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ 0
		COST of this Ordinance/Resolution \$ 0
		RELATED annual operating Costs \$ 0
	INCREASE REVENUE EXPECTED/YEAR \$1,700	
SOURCE OF FUNDS	CITY [Approximately]	
	<hr/> \$ _____	% _____
	<hr/> \$ _____	% _____
	<hr/> \$ _____	% _____
	NON CITY [Approximately]	
	Fees <hr/> \$ 1,700	% 100
	<hr/> \$ _____	% _____
	<hr/> \$ _____	% _____
BENEFIT COST		
<input type="checkbox"/> Front Foot	Average Assessment	
<input type="checkbox"/> Square Foot	\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, REHS, MS, Environmental Public Health Division Manager

REVIEW BY:

REFERENCE NUMBER