

REQUEST FOR BOARD ACTION / CONTRACT CONTROL FORM

Tracking Number: 14.

Date of Request: April 14, 2008

Date Request Received: April 14, 2008

Board Meeting Date Requested: April 21, 2008

Board Meeting Date Assigned: April 21, 2008

Short Title: Resolution Increasing Tap Fees For Rocky Point/Topsail Water And Sewer District

- Request Status:**
- Request is proceeding to Board of Commissioners
 - More information is needed – see attached
 - Request on hold – no further information needed
 - Other:

Background: The Rocky Point/Topsail Water and Sewer District began providing water service to Pender County residents in 2001. Tap fees consist of the cost of the meter and installation and reflect the actual cost to the department. This water district, as an enterprise fund, is obliged to cover actual costs of doing business.

(Administrative Use Only)

Staff has determined that the costs should be increased as follows in order to keep pace with actual costs to the District:

Size of Tap	Current Rate	Proposed Rate
3/4" Tap	\$ 600	\$ 850
1" Tap	1,000	1,000
2" Tap	1,000	3,700
4" to 8" Tap	N/A	2,500*

*In this case, the tap is paid for and set by the contractor/developer/owner. This is the fee to oversee the correct location and installation of this size tap.

It should be noted that the Tap Fee is charged in addition to the \$25 inspection fee and the \$4 per gallon impact fees.

Staff recommends approval of this resolution.

Specific Action Requested: The Board of Directors of the Rocky Point/Topsail Water and Sewer District is requested to authorize staff to increase tap fees as outlined herein.

Requested by: Melinda Knoerzer
Department: Pender Utilities
Title: Administrative Assistant
Contact Phone: 910.259.1521
Contact Fax: 910.259.1579

CONTRACT TYPE

- Renewal
- For Service(s)
- Intergovernmental – County as Grantee
 - Federal Grantor
 - State Grantor
 - Grant or
- County as Grantor
 - County Funds
 - Other Funds:
- Revision
- For Equipment

PURCHASING Budgeted Item: Yes No
 Date Rec'd: Reviewed and Approved
 Comments on Reverse

Date Sent: _____
 Signed: _____

ATTORNEY Reviewed and Approved
 Date Rec'd: Legal Problem(s)
 Comments on Reverse

Date Sent: _____
 Signed: _____

FINANCE Sufficient Funds Available Not Available
 Date Rec'd: Budget Amendment Necessary
 Budgeted Amendment is Attached
 Comments on Reverse

Date Sent: _____
 Signed: _____

CLERK Signature(s) Required:
 Board Chairman/County Manager
 Other:

Date Rec'd Approved by Board: Yes No
 At meeting on

