FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. DESCRIPTION: CONTRACT FOR HYDROGEN SULFIDE

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime? ☐ Yes ☒ No (if Yes, include all personnel costs below).

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources: ☒ Yes ☐ No If No, how will this item be funded? _____ PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

Did this item require BRC action? ☐ Yes ☐ No If Yes, BRC Date: _____ BRC Item #: _____

4. This item will be charged to Fund/Dept/Program/Project: 4100/was0011.

5.	**(a) Current Year Estimate**	**(b) Next Year Annualized**	**(c) Annual Continuing Costs Thereafter**
Personnel	$	$	$
Operating	$388,200	$388,200	$388,200
Capital	_____	_____	_____
Total	**$388,200**	**$388,200**	**$388,200**

6. If costs do not continue indefinitely, explain nature and expiration date of costs: _____

7. OTHER COSTS

(a). Are there any future costs, one-time payments, lump sum payments, or other costs payable for this item at a later date that are ***not*** reflected above: ☐ Yes ☐ No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: $ _____ Payment due date _____

(c) What is the nature of these costs: _____

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? $ _____. Tax roll increase is:
☐ real property, ☐ tangible personal property, ☐ other (identify _____).

9. What is source of the revenue and the estimated annual recurring revenue? Source: _____ $ _____

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized? Source _____ Fiscal year _____ $ _____ non-recurring revenue

11. What is the Payback period? _____ years

12. JUSTIFICATION: Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget. Lift station 248 is one of the City's master stations that pump wastewater to the Iron Bridge WRF. The purpose of the hydrogen sulfide control service is to:

- Maintain hydrogen sulfide concentrations at lift station 248 that are less than one half of the concentration that is Immediately Dangerous to Life and health (IDLH). The H2S concentration that is IDLH is 100mg/l; therefore, the target concentration in LS is below 50mg/l.
- Maintain hydrogen sulfide concentrations in the upstream sanitary sewer collection system to minimize corrosion of the system materials.
- Minimize odor complaints due to fugitive odors at lift station 248, through the use of gaseous odor control systems.
- Achieve the above objectives in a cost effective manner, based upon "Present Worth Costs".

13. APPROVED: Victor J. Godlewski, P.E. (Submitting Director or authorized Division Mgr **Only**)