

## ELDRIDGE ELECTRIC AND WATER UTILITY BOARD

January 27<sup>th</sup>, 2026 – 5:00 pm  
City Hall, 305 N. 3<sup>rd</sup> Street

1. Call to Order
2. Public Comment
3. Approval of Agenda
4. **Approval of Utility Board Minutes from January 13<sup>th</sup>, 2026**
5. Financial & Administrative
  - A. Consideration to Approve Bills Payable
  - B. Consideration to Approve a Return-to-Work Policy for City of Eldridge employees
  - C. Consideration to Approve the City of Eldridge Personal Protective Equipment (PPE) Policy
  - D. Consideration to Approve the City of Eldridge Dress Code Policy
  - E. Consideration to Approve the City of Eldridge Hold Harmless & Equipment Responsibility Agreement
  - F. Consideration to Approve the City of Eldridge Donated Leave Policy
  - G. Department Update
6. Electric Department
  - A. Outages
  - B. Department Update – Collin Wilson
7. Water Department
  - A. Water Main Breaks
  - B. Water Test Results
  - C. Consideration to approve revised resident notice to include resident interest in water main work in Fellner's Addition.
  - D. Department Update – Cegan Long
8. Adjournment

**NEXT REGULAR MEETING: Tuesday, February 3<sup>rd</sup>, 2026, at 5:00 pm**

The regular meeting of the Board of Trustees of the Eldridge Electric and Water Utility Board was called to order at 5:00 p.m. January 13<sup>th</sup>, 2026, at Eldridge City Hall.

The board members present were- Michael Bristley, Abby Petersen, Jeff Hamilton, Rachael Padavich, and Mark Gooodding. Also Present were Gage Lane, Sadie Wagner, Cegan Long, Collin Wilson, Tracy Northcutt, Ryan Iossi, and Nevada Lemke.

Public Comment- None.

Padavich Made Motion to Approve the Agenda. Second By Gooodding. All Ayes. Motion Carried.

Petersen Made Motion to Approve Utility Board Minutes from December 16<sup>th</sup>, 2025. Second By Padavich. All Ayes. Motion Carried.

Financial & Administrative

Padavich Made Motion to Approve Bills Payable in the amount of \$671,605.82. Second By Petersen. All Ayes. Motion Carried.

Discussion was had on Clothing Allowance Budget.

Discussion was had on investment of utility funds. Hamilton Made Motion to table. Second By Padavich. All Ayes. Motion Carried.

Department Update- Wagner informed us that the P.C.A. has decreased from 0.04317 to - 0.00295, representing a 106% decrease. Work has begun on the FY 2026/2027 budget, which is still in the early stages of development.

Wagner and Wilson are scheduled to meet with Lemke and Northcutt within the next week to review the budget. Following that meeting, Wagner will prepare to bring the budget forward to the Board for review in the near future.

Electric Department

Outages- None.

Department Update – Wilson informed us that the inventory has been completed. The department is currently working with Ivy Acres to get services hooked up. Gabe Stricker and Collin Wilson will be attending the IAMU Conference next week.

\*\*Padavich Left at 5:30pm \*\*

Water Department

Water Main Breaks- None.

Water Test Results- December results all passed. January samples have been sent out.

A discussion was held among the board members on the Fellner's addition water main work. No action was taken.

Department Update – Long informed the Board that they have moved to a routine on-call schedule. Switches on Wells 4 and 5 have been installed.

Petersen Made Motion to Adjourn at 5:36pm Second By Goodding. All Ayes.

**Sincerely,**  
Gage Lane  
Utility Billing Clerk

**Bills Payable**

CHECK #	DEPT	FUND	VENDOR	DESCRIPTION	AMOUNT
227296	Electric	630-5-820-6508	U.S. POST OFFICE	ANNUAL PERMIT FEE	\$ 370.00
227297	Electric	630-5-820-6310	A & A AIR COND & REFRIGERATION INC	ICE MACHINE RENT	\$ 62.50
227298	Electric	630-5-820-6506	AMAZON CAPITAL SERVICES	CABLE	\$ 5.99
227299	Water	600-5-810-6373	BOHNSACK & FROMMELT LLP	AUDIT	\$ 3,250.00
227299	Electric	630-5-820-6401	BOHNSACK & FROMMELT LLP	AUDIT	\$ 3,250.00
227300	Water	600-5-810-6373	CENTRAL SCOTT TELEPHONE	TELEPHONE/IT	\$ 260.37
227300	Electric	630-5-820-6373	CENTRAL SCOTT TELEPHONE	TELEPHONE/IT	\$ 449.95
227301	Electric	630-5-820-6310	CINTAS CORPORATION	SHOP FLOOR MATS	\$ 103.90
227302	Electric	630-5-820-6310	CINTAS FIRST AID & SAFETY D89	SHOP FIRST AID KIT	\$ 48.03
227302	Water	600-5-810-6506	CINTAS FIRST AID & SAFETY D89	MEDICINE CABINET	\$ 19.02
227303	Electric	630-5-820-6506	DE NOVO MARKETING	WEBSITE MNTHLY MAINTENANCE	\$ 162.50
227304	Water	600-5-810-6501	HAWKINS INC.	CHLORINE CYLINDERS	\$ 1,889.69
227305	Water	600-5-810-6310	HOMETOWN MECHANICAL, INC.	WATER MAIN BREAK REPAIR	\$ 5,696.00
227306	Water	604-5-810-6407	ISG I&S GROUP, INC.	ENGINEERING REPORT	\$ 4,000.00
227307	Water	600-5-810-6752	LIGHTING MAINTENANCE	WELL MOTOR SOFT STARTS	\$ 10,880.00
227308	Water	600-5-810-6723	MERSCHMAN HARDWARE	OLD TOWER PIT ELECTIRCAL MATERIALS	\$ 3.59
227308	Water	600-5-810-6723	MERSCHMAN HARDWARE	OLD TOWER PIT ELECTRICAL MATERIALS	\$ 3.59
227308	Water	600-5-810-6723	MERSCHMAN HARDWARE	SALT SCOOPS	\$ 15.18
227309	Water	600-5-810-6332	NAPA AUTO PARTS	REMOTE BATTERY UNIT #30	\$ 13.42
227309	Water	600-5-810-6332	NAPA AUTO PARTS	TRANS FLUID	\$ 15.12
227310	Water	600-5-810-6311	PETERSEN PLBG & HTG. CO.	POWER ROOM HVAC UNIT	\$ 7,100.00
227311	Water	600-5-810-6501	USA BLUE BOOK	SAMPLE TESTING MATERIALS	\$ 1,201.88
227312	Water	600-5-810-6373	VERIZON WIRELESS	UTILITY CELL SVCS	\$ 156.01
227312	Electric	630-5-820-6373	VERIZON WIRELESS	UTILITY CELL SVCS	\$ 183.17
ACH		SPLIT	Payroll 1/13	Payroll 1/13	\$ 40,062.30
					<b>Total: \$ 79,202.21</b>

**CREDIT CARDS**

DEPT	EMPLOYEE	FUND	VENDOR	DESCRIPTION	AMOUNT
WATER	NECADA LEMKE	600-5-810-6601	YMCA	Y@WORK - 2 WATER	\$ 40.00
ELECTRIC	DEVIN GHEER	630-5-820-6457	COMMERCIAL PRINTERS	GLOVE TESTING	\$ 49.47
ELECTRIC	SADIE WAGNER	630-5-820-6419	GRAMMARLY	ANNUAL SUBSCRIPTION TO GRAMMARLY PRO	\$ 144.00
WATER	CEGAN LONG	600-5-810-6723	FARM & FLEET	DRILL BIT SETS & KNIFE SET	\$ 227.95
WATER	CEGAN LONG	600-5-810-6331	FARM & FLEET	BALL + HITCHES FOR WATER DEPT TRUCKS	\$ 536.94
ELECTRIC	COLLIN WILSON	630-5-820-6230	RES HOLIDAY	HOTEL- SUPERINTENDENTS CONFERENCE WILSON & STRICKER	\$ 654.55
ELECTRIC	COLLIN WILSON	630-5-820-6230	IAMU	UTILITY OPERATIONS CONFERENCE FOR WILSON & STRICKER	\$ 850.00
				<b>TOTAL CREDIT CARDS: \$ 2,502.91</b>	
				<b>TOTAL: \$ 81,705.12</b>	

## **RETURN TO WORK POLICY**

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The purpose of this policy is to establish consistent guidelines for employees of the City of Eldridge returning to work following a work-related or non-work-related injury or medical condition (such as surgeries or illnesses). It is intended to support the health and safety of employees, ensure compliance with applicable laws, and promote the effective delivery of services to the community. This policy applies to all regular full-time and part-time employees of the City of Eldridge. It does not apply to independent contractors, volunteers, or elected officials.

Employees who are absent from work due to injury or medical condition must provide a written release from their treating healthcare provider before returning to work. The written release must specify whether the employee is fit to return to full duty or whether there are any medical restrictions or accommodation needed. If an employee is released with restrictions, the City will review whether modified or light duty work is available. Placement in a modified or light duty assignment is not guaranteed and will be determined at the City's sole discretion, based on the operational needs and the employee's ability to safely perform the work, and in accordance with all federal, state, and local laws.

Temporary modified duty assignments, when available, will generally not exceed 90 days. Extended terms will be considered on a case-by-case basis and must be supported by appropriate medical documentation.

Employees who fail to provide adequate medical documentation may not be permitted to return to work until proper documentation is submitted, and in such cases, may be treated as unauthorized leave. Employees unable to return to work due to injury or medical condition may use accrued leave in accordance with the City's leave policies.

It is the duty of the employee to communicate promptly with their supervisor and City Administration regarding their medical status and anticipated return-to-work date and to provide the required medical documentation. The employee's supervisor will coordinate with City Administration regarding work restrictions, available assignments, and operational needs.

## Return-To-Work Agreement

[Date]

[Name of temporarily restricted worker]

I understand a temporary modified assignment that complies with my temporary work restrictions as identified by my designated medical professional is being offered to me.

I understand this offer is for a temporary period of time.

I agree to follow the work restrictions as prescribed by the designated medical provider and understand that I need to adhere to the agreed upon temporary restrictions and accommodations. I also understand that if I am asked to perform any work assignments or activities that exceed my work restrictions, I will immediately report the situation to my direct supervisor and that I will not perform these activities. Furthermore, I will immediately report to my direct supervisor if any of the work restriction(s)/accommodation(s) cause me discomfort or make my medical condition worse.

I understand that I should try to schedule any medical appointments during non-work time. If I am unable to do so, I understand that I need to inform my supervisor in advance of the appointment date. I understand that the time off for the appointment will be unpaid, unless otherwise covered by a paid leave policy.

I also understand that it is my responsibility to provide my supervisor with current work status reports from my physician.

I understand that a temporary modified/alternate duty assignment will be periodically reviewed and will not normally exceed 90 calendar days. This does not imply entitlement to a permanently modified position.

The City of Eldridge complies with the provisions of the Americans with Disabilities Act (ADA) and the Iowa Civil Rights Act. If I believe I am disabled within the meaning of ADA or ICRA, then I should discuss my belief with the City Administrator. The City of Eldridge will engage in an interactive process with the me to determine whether the City of Eldridge can reasonably accommodate me. If the City of Eldridge agrees that the law applies, it will, when appropriate, consider reasonable accommodations to my regular job. If such accommodations are not reasonable or constitute an undue hardship, then other reasonable accommodations such as placement in vacant jobs where I am qualified or an appropriate leave of absence may be considered.

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Employee Signature

Date

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Supervisor Signature

Date

## TEMPORARY/MODIFIED ALTERNATE DUTY AGREEMENT FORM

Employee Name: \_\_\_\_\_ Date of Injury/Onset of Illness: \_\_\_\_\_

Returning to Work From:  Work-Related Injury  Non-Work-Related Injury/Illness

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date Assigned to Temporary Light Duty by Physician: \_\_\_\_\_

Temporary Duty Start Date: \_\_\_\_\_ Temporary Duty End \_\_\_\_\_

Description of Work Restrictions, per Treating Physician: (List specifically what is stated in medical note.)

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Assignment Type:  Modified  Alternate\* (Temporary work in another position and/or location)

\*If Alternative location, Supervisor's Name: \_\_\_\_\_ Alternative location: \_\_\_\_\_

Description of Accommodation(s) Offered: \_\_\_\_\_

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Work schedule:  Unchanged  Changed \_\_\_\_\_ Work hours per Day from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Work Days:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Wage Rate: \_\_\_\_\_

If assignment not available - Reason/Discussion Points: \_\_\_\_\_

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I understand that I am required to report directly to \_\_\_\_\_

For job duty on: \_\_\_\_\_ at: \_\_\_\_\_ am/pm, at: \_\_\_\_\_

The work restrictions and accommodations were reviewed with the employee on: \_\_\_\_\_

- Yes, I understand this agreement and I accept this work. I will comply with restrictions as prescribed by my treating physician.
- No, I understand this agreement and I do not accept this work alternate work position. I understand that refusal of this return to work offer may adversely affect my worker's compensation or other applicable benefits.

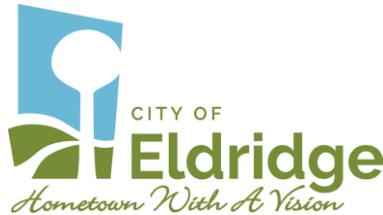
I refuse this offer of work restrictions and accommodations because:

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Fitness for Duty (Return to Work) Certification Form

### This section to be completed by Health Care Provider:

Please complete all sections in order for the City of Eldridge to determine if the employee is able to return to duty. The employee's job description and/or list of essential duties is attached to this form for your aid in completing the fitness for duty certification.

Employee/Patient Name \_\_\_\_\_

Yes  No The employee is able to return to work full-time without restrictions.

If yes, list the effective date: \_\_\_\_\_

If no, complete the following:

The employee will be able to return to work with no limitations on (date) \_\_\_\_\_

I certify as of (date) \_\_\_\_\_ the above named employee will be:

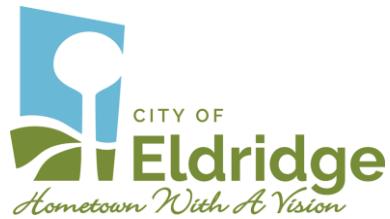
Unable to perform the physical requirements of their work

Is medically incapacitated:  Totally  Partially\*

Date of next evaluation: \_\_\_\_\_

\*If partially medically incapacitated, complete the following:

PHYSICAL EXAMINATIONS	FULL RESTRICTIONS	PARTIAL RESTRICTIONS	NO RESTRICTIONS
Sedentary-Lifting 0 to 10 pounds			
Light-Lifting 10 to 20 pounds			
Moderate-Lifting 20 to 50 pounds			
Heavy-Lifting 50 to 100 pounds			
Pulling/Pushing, Carrying			
Reaching or working above shoulder			
Walking (hrs)			
Standing (hrs)			
Sitting (hrs)			
Stooping (hrs)			
Kneeling (hrs)			
Repeated Bending (hrs)			
Climbing (hrs)			
Operating a motor vehicle, crane, tractor, etc.			



Other:			
Exposure Limitation (Specify):			

Please return the completed form to the employee/patient.

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Name of Health Care Provider

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Date

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Signature of Health Care Provider

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Type of Practice

## **PERSONAL PROTECTIVE EQUIPMENT POLICY**

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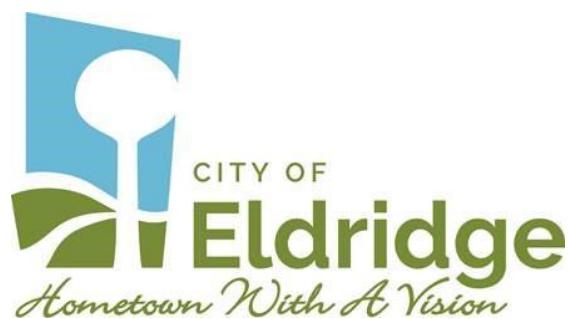
The purpose of this Personal Protective Equipment (PPE) program is to minimize injury resulting from occupational hazards at the City of Eldridge facilities by protecting employees through the use of PPE when the hazards cannot be eliminated. This program applies to all employees working in City of Eldridge facilities, including those covered by CBAs, and will be implemented in all areas where occupational hazards exist. The Occupational Safety and Health Administration (OSHA) Subpart I – Personal Protective Equipment establishes the requirements of this program and can be referenced in 29 CFR 1910.132 – 139. The full Eldridge Personal Protective Equipment Program can be found in **Appendix A** of the Eldridge Employee Handbook. It was created and is routinely monitored and updated by our Regional Safety Coordinator through our membership with IAMU – SGEI Group to ensure compliance with regulatory standards.

Staff is provided with appropriate PPE upon hire. When equipment has become worn, in need of replacement, or when equipment is needed it should be obtained from the Department Supervisor. If an employee chooses to purchase PPE using the clothing allowance fund provided to them under the terms of their respective CBA, it is still necessary to obtain approval from the Department Supervisor before making the purchase to ensure that the PPE meets the safety requirements established by OSHA as well as any additional requirements established by the City.

The department specific PPE lists can be found in **Appendix B** of the Eldridge Employee Handbook. The determination to replace worn PPE will be at the discretion of the Department Supervisor unless the PPE is subject to an expressed expiration date under the regulatory standards as established by OSHA.

# PERSONAL PROTECTIVE EQUIPMENT PROGRAM

CITY OF ELDRIDGE, IOWA



# INTRODUCTION

## Purpose and Application

In 1994 the Occupational Safety and Health Administration revised Subpart I - Personal Protective Equipment of the General Industry Standards. The changes result in additional requirements for the selection, use and care of personal protective equipment.

The purpose of this program is to assist employers selection, use and care for personal protective equipment in accordance with applicable safety and health standards.

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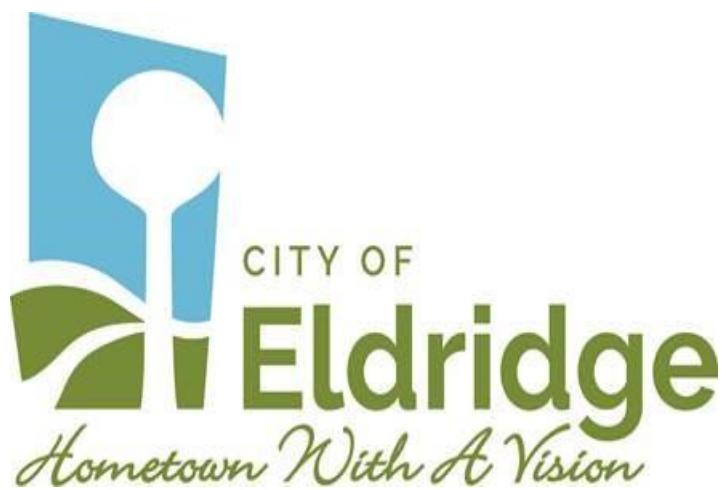
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# **SECTION 1 - PERSONAL PROTECTIVE EQUIPMENT PROGRAM**



## **A. Policy Statement for the City of Eldridge, Iowa**

It is the policy of this organization to provide employees with a safe and healthy work place. When practical and feasible this will be accomplished through effective engineering and administrative controls (e.g., equipment guarding, isolation of hazardous operations, general and local ventilation, employee training and safe work practices).

When effective engineering and administrative controls are not feasible, or when such controls do not provide full employee protection, employees will be furnished and required to use suitable personal protective equipment.

The procedures and practices established in this program apply to all departments and all situations where personal protective equipment is worn by employees. All personnel of the City of Eldridge and of Eldridge Electric & Water are required to comply with procedures and practices established in this program.

Failure to comply with the provisions of this program will result in discipline up to and including termination.

## **B. Responsibilities**

### **Employer**

The employer has a duty to:

- Adopt and implement policies and procedures to protect employee health and safety through compliance with applicable OSHA safety and health standards.
- Assess work area hazards.
- Select suitable personal protective equipment.
- Furnish employees personal protective equipment in accordance with established policies and procedures.
- Require employees to use PPE where hazards exist.
- Inspect work place for the proper use, maintenance, storage and disposal of PPE.
- Maintain records to document regulatory compliance.

### **Employees**

Employees have a duty to:

- Inspect, use, maintain and store personal protective equipment in accordance with established practices, training received and applicable safety and health standards.
- Use PPE where required.
- Inspect personal protective equipment before each use.
- Clean and properly store personal protective equipment.
- Not to use damaged, defective or soiled personal protective equipment.
- Dispose of damaged, defective, soiled or single use personal protective equipment in an appropriate waste container.

## C. Assessment of Hazards and PPE Selection

### General Procedures and Practices

#### Hazard Assessment

Personal protective equipment will be selected on the basis of an assessment of work place hazards and the creation of a JSA (job safety analysis) of the related task to be performed in which exposure to said hazards may take place.

Work place hazards that may necessitate the wearing of personal protective equipment include, but may not be limited to:

- Environmental conditions, such as temperature extremes, noise and harmful dusts, vapors, mists and gasses.
- Employee exposure to irritating, sensitizing, toxic and corrosive substances.
- Employee exposure to physical hazards, such as falling, flying, rolling or moving objects, puncturing or penetrating objects and exposed energized electrical conductors.
- Employee exposure to etiologic agents; including bloodborne pathogens.

#### PPE Selection Criteria

The following factors will be evaluated and considered when selecting suitable personal protective equipment:

- Nature and severity of the hazard.
- Portion of the body exposed to the hazard and needing protection.
- Nature of the work to be performed while wearing personal protective equipment.
- Duration of time that PPE must be worn.
- Comfort, proper fitting and worker acceptance.

References used to select suitable personal protective equipment will include but may not be limited to:

- OSHA safety and health standards.
- Safety Data Sheets (SDS's).
- Instructions provided by tool and equipment manufacturers.
- Selection charts and guidelines provided by PPE manufacturer.

#### ANSI Approved PPE

Personal protective equipment selected and used by employees will meet or exceed the following ANSI standards:

PPE Type	Applicable ANSI Standard
Eye and Face Protectors	Z87.1 current edition
Hard-hats	Z89 current edition
Protective Footwear	Z41 current edition

#### Proper Fit

To ensure proper fit, comfort and employee acceptance, each employee will be provided with a selection of different styles and sizes of suitable personal protective equipment from which to choose.



## **Employee Involvement**

Employees will be encouraged to participate in the hazard assessment, and will have input into PPE selection decisions.

## **Hazard Assessment and PPE Selection for Routine Jobs**

A walk through survey was conducted in accordance with guidelines suggested by OSHA in Appendix B of 29 CFR 1910, Subpart I to assess actual and potential head, face/eye, hearing, respiratory, hand, body and foot hazards that necessitate the wearing of personal protective equipment.

Refer to Standard Operating Procedures and/or Job Safety Analysis and/or PPE Assessments for results of the hazard assessment and specified personal protective equipment. Examples of a PPE Assessments and a Job Safety Analysis seen in Attachment 1.

## **Permit Required Confined Spaces**

Personal protective equipment required for tasks performed in permit required confined spaces will be determined by a hazard assessment of the specific entry and specified on the confined space entry permit. Refer to confined space entry program.

## **Non-Routine Jobs**

Personal protective equipment required for non-routine jobs will be determined during pre-job planning.

Employees will be informed of hazards that necessitate the use of personal protective equipment during pre-job briefings.

Refer to standard operating procedures and/or PPE Assessments and/or Job Safety Analysis.

## **Special Requirements**

### **Respirators**

Respirators will be selected, inspected, used, sanitized and stored in accordance with the respiratory protection program.

### **Hearing Protectors**

Hearing protectors will be selected, inspected, used, sanitized and stored in accordance with the hearing conservation program.

## **D. Care of Personal Protective Equipment**

### **General Requirements**

Personal protective equipment shall be inspected, sanitized and stored in accordance with applicable OSHA regulations and manufactures instructions.

### **Inspection of PPE**

Employees shall inspect personal protective equipment before each use. Damaged, defective or soiled personal protective equipment shall not be used.

### **Disposal of Personal Protective Equipment**

Damaged, defective, soiled or single use personal protective equipment shall be disposed in an appropriate trash receptacle.

### **Cleaning and Sanitation of PPE**

Personal protective equipment shall be cleaned and sanitized as necessary to ensure comfort, effectiveness and safe use. Items contaminated with hazardous chemicals shall be cleaned or disposed of after each use.

### **Storage of PPE**

To ensure continued effectiveness, personal protective equipment shall be stored in accordance with applicable safety and health standards, and the manufactures recommendations. In all situations personal protective equipment shall be stored in such a manner so as to prevent physical, chemical and environmental damage.

## **E. Employee Training and Information**

### **Initial Employee Training**

All new, existing and transferred employees will receive training before being allowed to perform work that requires the use of personal protective equipment.

Initial employee training and information will include:

- Information on applicable OSHA safety and health standards.
- Information on employee responsibilities for the use and care of personal protective equipment.
- Information on the nature and severity of work place hazards that necessitate the wearing of personal protective equipment.
- Information on the types of personal protective equipment required for specific areas and jobs, and the criteria used to select the equipment.
- Instruction on the limitations of personal protective equipment.
- Instruction on the proper care, maintenance, useful life and disposal of personal protective equipment.

## **Refresher Training**

Additional or refresher training will be provided when:

- Workplace observations (e.g., the improper use, care and maintenance of personal protective equipment) indicate a training deficiency.
- Changes in the work place introduce new hazards.
- Changes in the types of personal protective equipment render previous training obsolete.

## **F. Work Place Inspections**

Frequent inspections will be conducted to ensure that the policies, procedures and practices established in this program are observed on a day-to-day basis.

Specific observations will include:

- Use of required personal protective equipment by employees.
- Proper care, maintenance and storage of personal protective equipment.
- Proper disposal of damaged, defective, soiled or single use personal protective equipment.

Employees will be encouraged to participate in the inspections, and all employees will be informed of inspection results.

Refer to Section 2, Record Keeping & Audits, for PPE Workplace Inspections Checklist.

## **G. Annual Audit of PPE Program**

The effectiveness of the personal protective equipment program will be evaluated each year by a select group of supervisors and employees.

Subjects of the audit will include:

- Employee injuries as related to the use and effectiveness of PPE.
- Problems resulting from the use of PPE, such as worker acceptance, comfort and proper fit.
- Accuracy of the work place hazard assessment.
- Employee training.

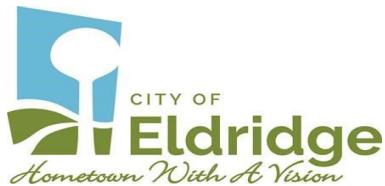
The select group will make specific recommendations for the correction of any program deficiencies.

Refer to Section 2, Record Keeping & Audits, for PPE Annual Audit Checklist.

## SECTION 2 - RECORD KEEPING & AUDIT FORMS

### Record Keeping

All records pertaining to personal protective equipment will be maintained on file, data base or as an attachment to this document.



**“SAMPLE” Hazard Assessment and Personal Protective Equipment Required**  
**Facility: City Water Plant**

<b>Location: Water Treatment</b>	<b>Job Task / Operation</b> <b>SEAL REPLACEMENT</b>	<b>Evaluator / Certified by:</b>
<b>Area: Various</b>		<b>Date: 4/6/07</b>

**Instructions:** Complete a Hazard Assessment for each job operation or task at the facility that requires the use of personal protective equipment (PPE). Fill in the *location, area, job task / operation, certified by / evaluator* and *date* of the hazard assessment. On the table, first complete the hazard code (code) section to describe the nature of the hazard.

Then complete the hazard description for each hazard of the job operation or task. Follow the hazard description with the required PPE for each hazard. Use the part # codes from the PPE Inventory to identify the PPE.

Code	HAZARD DESCRIPTION	Eye/Face	Hand	Head	Foot	Body	Resp.	Hearing
Chemical								D
Noise								
Electrical								
Thermal	Sparks, Heat	W	V			X		
Objects(falling/flying)	Flying objects or small particles	A/B			P			
Ergonomic								
Radiation								
Laser or IR								
Biological								
Other - Welding	Bright light	W						

A=Safety Glasses & Side Shields B=Goggles C=Mono-Shield(face) D=Ear Plugs/Muffs E=Arc-Flash Hood F=Anti-fatigue Mat G=Dust Mask H=Hardhat

I=Leather Gloves J=Sol-Vex® Gloves K=Green/Black Rubber Gloves L=Arc-Flash Coveralls M=Nitrile or Latex Gloves N=Heat Resist Kevlar Gloves O=Vinyl Apron

P=Steel Toed Shoes Q=Safety Shoe for Electric R=1/2 Face Respirator w/appropriate filter S=SCBA T=Tyvek Suit U=Ventilation V=Welding Gloves W=Welding Mask

X=Welding Apron Y=Insulated Rubber and Protective Gloves for Electric Z=FR-Rated Clothing AA=Harness AB=Sand-Blasting Hood AC=Tinted Face-Shield AD=Welding Goggles  
 (Use the appropriate letter for PPE's required)

# “Sample” Job Safety Analysis

## City Water Plant

Job: <b>Seal replacement</b>	Task: <b>03-003</b>	Date: <b>5-8-07</b>
Title Of Worker Who Performs Job: <b>Maintenance</b>	Supervisor/Team Leader:	Analysis By:
Department: <b>Water Plant</b>	Section: <b>Treatment</b>	Reviewed By:

### Required and/or Recommended Personal Protective Equipment:

**Equipment:** Safety glasses, Steel toe boots, Welding mask, Welding gloves, Welding jacket, Ear muffs

Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedures <b>Job/Machine specific training</b>
1. Inform operator and Lockout/Tagout	-	See Lock-out/Tag-out procedures
2. Remove mix chamber drain plug and drain into barrel.	Chemical exposure	Take caution and be familiar with Hazard Communication
3. Rinse out chamber.	-	-
4. Disconnect sealing water lines.	-	-
5. Remove bearing, seal body, spring assembly, split type retaining ring, rubber boot, filler plate, gasket and o-ring	Ergonomic stress	Take caution, use appropriate tool if needed. Watch body mechanics and hand positioning
6. If shaft sleeve shows wear, removed using mapp gas torches	Heat and spark exposure	See PPE Assessment
7. When shaft is cool, remove any burrs on shaft.	-	-
8. Heat new shaft sleeve and install on shaft.	Heat and spark exposure	See PPE Assessment
9. Once cooled, coat sleeve with grease and install o-ring	-	-
10. Reinstall gasket, filler plate, new o-ring, rubber boot, brass sleeves, split retaining ring	Ergonomic stress	Watch hand positioning
11. Drive outer mechanical seal from bearing and seal body	Ergonomic stress	Watch hand positioning
12. Clean bearing and seal body, it can be media blasted if needed	Dust and noise exposure	See PPE Assessment
13. Install new outer seal and other half of seal and attach housing	Ergonomic stress	Watch hand positioning
14. Inspect bearing and grease, then install on shaft and secure with 4 bolts and nuts.	Chemical exposure	Take caution and be familiar with Hazard Communication
15. Reconnect sealing water lines.	-	-

<b>Hazard Assessment and Personal Protective Equipment Required</b>								
<b>Facility:</b>								
<b>Location:</b>	<b>Job Task / Operation</b>					<b>Evaluator / Certified by:</b>		
<b>Area:</b>						<b>Date:</b>		
<p><b>Instructions:</b> Complete a Hazard Assessment for each job operation or task at the facility that requires the use of personal protective equipment (PPE). Fill in the <i>location, area, job task / operation, certified by / evaluator</i> and <i>date</i> of the hazard assessment. On the table, first complete the hazard code (code) section to describe the nature of the hazard. Then complete the hazard description for each hazard of the job operation or task. Follow the hazard description with the required PPE for each hazard. Use the part # codes from the PPE Inventory to identify the PPE.</p>								
<b>Code</b>	<b>HAZARD DESCRIPTION</b>	<b>Eye/Face</b>	<b>Hand</b>	<b>Head</b>	<b>Foot</b>	<b>Body</b>	<b>Resp.</b>	<b>Hearing</b>
Chemical								
Noise								
Electrical								
Thermal								
Objects(falling/flying)								
Ergonomic								
Radiation								
Laser or IR								
Biological								
Other								

A=Safety Glasses & Side Shields B=Goggles C= Mono-Shield(face) D=Ear Plugs/Muffs E=Arc-Flash Hood F=Anti-fatigue Mat G=Dust Mask H=Hardhat

I=Leather Gloves J=Sol-Vex® Gloves K=Green/Black Rubber Gloves L=Arc-Flash Coveralls M=Nitrile or Latex Gloves N=Heat Resist Kevlar Gloves O=Vinyl Apron

P=Steel Toed Shoes Q=Safety Shoe for Electric R=1/2 Face Respirator w/appropriate filter S=SCBA T=Tyvek Suit U=Ventilation V=Welding Gloves W=Welding Mask

X=Welding Apron Y=Insulated Rubber and Protective Gloves for Electric Z=FR-Rated Clothing AA=Harness AB=Sand-Blasting Hood AC=Tinted Face-Shield AD=Welding Goggles

(Use the appropriate letter for PPE's required)

# Job Safety Analysis

CITY OF ELDRIDGE // ELDRIDGE ELECTRIC & WATER

Job:	Task:	Date:
Title of Worker Who Performs Job:	Supervisor/Team Leader:	Analysis By:
Department:	Section:	Reviewed By:
<b>Required and/or Recommended Personal Protective Equipment:</b>		
Sequence of Basic Job Steps	Potential Accidents or Hazards	Recommended Safe Job Procedures Job/Machine specific training
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**“SAMPLE” PPE WORKPLACE INSPECTION CHECKLIST**

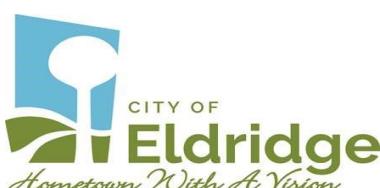
City, Department: <i>Utility Department</i>	Conducted <i>Bill Boss</i> By:
Area Inspected: <i>Maintenance Shop</i>	Date: <i>9/1/94</i>

Item To Be Inspected	Satisfactory		IF No Describe Corrective Actions Taken
	Yes	No	
<b>Hard-Hats</b>			
• Hard-hats worn by employees where head hazards exist	✓		
• Free of damage or defects, and in clean/sanitary condition	✓		
• Properly fitted and worn	✓		
• Stored in clean location when not in use	✓		
• Proper disposal of damaged or defective hard-hats	✓		
<b>Hearing Protectors</b>			
• Worn by employees where noise hazards exist	✓		
• Hearing protectors used by employees suitable for hazard	✓		
• Free of damage or defects, and in clean/sanitary condition	✓		
• Properly fitted and worn	✓		
• Stored in clean location when not in use	✓		
• Proper disposal of single use or damaged hearing protectors	✓		
<b>Face/Eye Protectors</b>			
• Worn by employees where eye/face hazards exist		✓	<i>William Welder not wearing safety glasses. Informed of hazards &amp; policy Face Shield at grinder dirty-asked Matt Meter Reader to clean</i>
• Eye/face protectors used by employees suitable for hazard	✓		
• Free of damage or defects, and in clean/sanitary condition		✓	
• Properly fitted and worn	✓		
• Stored in clean location when not in use	✓		
• Proper disposal of single use or damaged eye/face protectors	✓		
<b>Respirators NOT USED</b>			
• Worn by employees where respiratory hazards exists	-----		
• Respirators used by employees suitable for hazard	-----		
• Free of damage or defects, and in clean/sanitary condition	-----		
• Properly fitted and worn	-----		
• Stored in clean location when not in use	-----		
• Proper disposal of single use or damaged respirators	-----		

Item To Be Inspected	Satisfactory		IF No	Describe Corrective Actions Taken
	Yes	No		
<b>Gloves</b>				
Used by employees where hand hazards exist	✓			
Gloves worn by employees suitable for hazard		✓		
Free of damage or defects, and in clean/sanitary condition	✓			<i>Gloves by parts cleaner worn out-Replaced</i>
Properly fitted and worn	✓			
Stored in clean location when not in use	✓			
Proper disposal of damaged or defective gloves	✓			
<b>Protective Clothing</b>				
Used by employees where hand hazards exist	✓			
Protective clothing worn by employees suitable for hazard	✓			
Free of damage or defects, and in clean/sanitary condition	✓			
Properly fitted and worn	✓			
Stored in clean location when not in use	✓			
Proper disposal of single use or damaged protective clothing	✓			
<b>Protective Footwear</b>				
Used by employees where hand hazards exist	✓			
Protective footwear worn by employees suitable for hazard	✓			
Free of damage or defects, and in clean/sanitary condition	✓			
Properly fitted and worn	✓			
Stored in clean location when not in use	✓			
Proper disposal of damaged or defective or single use footwear	✓			

## Comments and Specific Recommendations

Need to check exhaust in welding booth



**PPE WORKPLACE INSPECTION CHECKLIST- CITY OF ELDIDGE//ELDRIDGE  
ELECTRIC & WATER**

<INSERT CITY>, Department:	Conducted By:		
Area Inspected:	Date:		
Item To Be Inspected	Satisfactory	IF No	Describe Corrective Actions Taken
Yes	No		
<b>Hard-Hats</b>			
<ul style="list-style-type: none"> <li>• Hard-hats worn by employees where head hazards exist</li> <li>• Free of damage or defects, and in clean/sanitary condition</li> <li>• Properly fitted and worn</li> <li>• Stored in clean location when not in use</li> <li>• Proper disposal of damaged or defective hard-hats</li> </ul>			
<b>Hearing Protectors</b>			
<ul style="list-style-type: none"> <li>• Worn by employees where noise hazards exist</li> <li>• Hearing protectors used by employees suitable for hazard</li> <li>• Free of damage or defects, and in clean/sanitary condition</li> <li>• Properly fitted and worn</li> <li>• Stored in clean location when not in use</li> <li>• Proper disposal of single use or damaged hearing protectors</li> </ul>			
<b>Face/Eye Protectors</b>			
<ul style="list-style-type: none"> <li>• Worn by employees where eye/face hazards exist</li> <li>• Eye/face protectors used by employees suitable for hazard</li> <li>• Free of damage or defects, and in clean/sanitary condition</li> <li>• Properly fitted and worn</li> <li>• Stored in clean location when not in use</li> <li>• Proper disposal of single use or damaged eye/face protectors</li> </ul>			
<b>Respirators</b>			
<ul style="list-style-type: none"> <li>• Worn by employees where respiratory hazards exists</li> <li>• Respirators used by employees suitable for hazard</li> <li>• Free of damage or defects, and in clean/sanitary condition</li> <li>• Properly fitted and worn</li> <li>• Stored in clean location when not in use</li> <li>• Proper disposal of single use or damaged respirators</li> </ul>			



**Personal Protective Equipment Self-Assessment Checklist**

<b>Element:</b> Personal Protective Equipment (PPE) –	<b>Date:</b>		
<b>Assessment Team:</b>			
<p><b>Instructions:</b> Complete the checklist by answering yes or no to the following questions. Use the identified methods to gather a complete response (D - Document review; I - Interview; V - Visual inspection). Look for discrepancies with the written program and non-conformance with the requirements, along with root causes and potential corrective actions. Retain for 5 years.</p>			
<u>Criteria</u>	<u>Yes</u>	<u>No</u>	
1. Is the written PPE Program available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	IV
2. Has a documented hazard assessment been performed for each job task? (If no, those remaining - _____)	<input type="checkbox"/>	<input type="checkbox"/>	D
3. Is a plan (schedule) defined for the completion of any additional hazard assessments?	<input type="checkbox"/>	<input type="checkbox"/>	D
4. Are the hazard assessments current?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
5. Are hazard assessments conducted by a qualified person(s)?	<input type="checkbox"/>	<input type="checkbox"/>	DI
6. Are the hazard assessments available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
7. Is appropriate PPE selected and documented for each identified hazard?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
8. Is employee input solicited for PPE selection?	<input type="checkbox"/>	<input type="checkbox"/>	IV
9. Are PPE requirements included in job operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>	D
10. Does the PPE selection address the medical evaluation requirements?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
11. Is information on the type of selected PPE available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	D
12. Is PPE distributed from controlled locations?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
13. Does PPE requiring employee medical surveillance have effective distribution control?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
14. Is selected PPE available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	IV
15. Are various sizes and types of PPE made available to match employee needs?	<input type="checkbox"/>	<input type="checkbox"/>	DIV
16. Do employees use the selected PPE?	<input type="checkbox"/>	<input type="checkbox"/>	V
17. Do visitors and contractors use an equivalent level of PPE?	<input type="checkbox"/>	<input type="checkbox"/>	V
18. Are employee activities periodically observed to ensure proper PPE use?	<input type="checkbox"/>	<input type="checkbox"/>	IV
19. Is PPE in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	V
20. Is PPE cleaned and inspected on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	IV
21. Are those employees using PPE trained on their proper use requirements?	<input type="checkbox"/>	<input type="checkbox"/>	DI
22. Is this training reflected in their use of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	V
23. Are PPE use requirements enforced by designated persons?	<input type="checkbox"/>	<input type="checkbox"/>	I
24. Are employees aware of the disciplinary policy regarding PPE use?	<input type="checkbox"/>	<input type="checkbox"/>	I
25. Are records maintained on hazard analysis, PPE inventory, training and medical surveillance?	<input type="checkbox"/>	<input type="checkbox"/>	D
Overall Findings (Strengths and Weaknesses): _____ _____ _____			
New Goals: _____ _____ _____			

# **DISCLAIMER**

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In an effort to promote safety and health issues in the work place, the Iowa Association of Municipal Utilities has assembled important information regarding the selection, use and care of personal protective equipment. General industrial standards dealing with this topic are contained in Subpart I - Personal Protective Equipment. Due to the wide range of activities conducted by Iowa Municipal Utilities and the complexity of applicable Occupational Safety and Health Administration (OSHA) regulations, not every detail about personal protective equipment can be addressed in this manual. However, this Personal Protective Equipment Manual presents major aspects of the law and can be used as a basis to form specific procedures and practices for the selection, use and care of personal protective equipment at your utility.

Managers/supervisors are cautioned to refer to the OSHA Personal Protective Equipment Sources (Title 29, Code of Federal Regulations, Subpart I of Part 1910) to determine if additional procedures/practices need to be added to this model.

In addition, those personnel who are responsible for compliance with the state and federal regulations must be alert for any future changes in the law and keep this manual current and updated.

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**Iowa Association of Municipal Utilities**  
**1735 NE 70<sup>th</sup> Avenue**  
**Ankeny, Iowa 50021-9353**  
**515/289-1999**

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## **APPENDIX B**

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*\*Denotes items to be purchased by employee Clothing Allowance pursuant to the terms of the respective CBA, after initial outfitting provided by Employer upon hire*

### **ELECTRIC DEPARTMENT PPE LIST**

#### Flame Resistant/Arc Flash Rated Clothing

- Short Sleeve T-Shirts\*
- Long Sleeve T-Shirts\*
- Sweatshirts\*
- Heavy Zip-Up Sweatshirt/Coat\*
- Work Pants/Jeans\* *(Not included in initial outfitting)*
- Raincoat
- Leather Gloves\*
- Winter Bib Overalls\*
- Stocking Cap\*
- Lightweight Safety Vest

#### Footwear

- Steel/Composite Toe Work Boots\* *(Not included in initial outfitting)*
- Winter Insulated Muck Boots
- Ice Cleat Overshoes

#### Hard Hat

- Baseball Cap Style or Full Brim
- Class E

#### Safety Glasses

- Polarized and/or Clear
- Z87+

#### Hearing Protection

- 3M Earplugs

#### Secondary Electric Rubber Gloves & Canvas Bag

- Class O – Equipped with 10" Leather Protectors (Sold Separately)

#### Primary Electric Rubber Gloves & Canvas Bag

- Class 2 – Equipped with 14"-16" Leather Protectors (Sold Separately)

#### Primary Rubber Sleeves & Canvas Bag

- Class 2

#### Fall Protection Body Harness (Arc Flash Rated)

- Equipped with Retractable 6ft Lanyard (Sold Separately)

#### Face Shield (Arc Flash Rated)

- Attaches to Hard Hat

#### Pole Climbing Equipment

- Fall Protection Strap/Harness
- Body Belt
- Climber's Gaffs

## **WATER DEPARTMENT PPE LIST**

### Hi-Visibility (Hi-Vis) Clothing

- Short Sleeve T-Shirts\*
- Long Sleeve T-Shirts\*
- Sweatshirt\*
- Reflective Winter Coat\*
- Work Pants/Jeans (non Hi-Vis)\* *(Not included in initial outfitting)*
- Raingear (Jacket, Pants, Hat)
- Leather Gloves (non Hi-Vis)\*
- Reflective Overalls\*
- Hat/Stocking Cap\*
- Reflective Vest

### Footwear

- Composite/Steel/Carbon Toe Work Boots (Weather Resistant)\* *(Not included in initial outfitting)*
- Puncture Resistant Insoles
- Insulated Muck Boots
- Non-Insulated Knee High Muck Boots

### Water Resistant Clothing

- Hip Waders
- Full Body & Chest Waders
- Waterproof/Slip & Cut Resistant/Rubber Gloves

### Head/Hats

- Hard Hat
- Baseball Cap Style or Bucket Hat\*

### Safety Glasses – Shatterproof

- Clear
- UV Resistant

### Hearing Protection

- Earplugs

### Hazardous Materials Protection

- Full Body Hazmat Suits (disposable)

### Other

- Construction Knee Pads
- Fall Protection

## **PUBLIC WORKS DEPARTMENT PPE LIST**

### Hi-Visibility (Hi-Vis) Clothing

- Short Sleeve T-Shirts\* (*Employer provides 3 Safety T-Shirts annually*)
- Long Sleeve T-Shirts\*
- Sweatshirt\*
- Jacket/Coat – 2 yr replacements \*(*Non Hi-Vis from Clothing Allowance*)
- Leather Gloves\*
- Cold Weather Gloves\*
- Latex Gloves
- Work Pants/Jeans\* (*Not included in initial outfitting*)
- Raincoat
- Overalls\*
- Stocking Hat\*
- Lightweight Safety Vest
- Chainsaw Protective Clothing

### Footwear

- Steel/Composite Toe Work Boots\* (*Not included in initial outfitting*)
- Muck Boots
- Over Boot Ice Traction

### Head/Hats

- Hard Hat
- Sun Protective Hat

### Safety Glasses

- Clear Glasses
- Tinted/Sunglasses
- Face Shield

### Hearing Protection

- Ear Plugs
- Ear Muffs

### Welding Protection

- Welding Gloves
- Welding Helmet
- Welding Coat

### Respiratory Protection

## **DRESS CODE POLICY**

---

The City of Eldridge is committed to maintaining a professional and respectful workplace environment. Employee appearance plays an important role in promoting a positive image as a public service organization and maintaining an atmosphere of professionalism among staff. This policy outlines the standards of dress expected and applies to all full-time, part-time, and temporary employees of the City, including administrative office staff, that are not already part of a department that requires specialized uniforms.

Business casual attire is appropriate unless a different dress code is required for safety, specific duties, or special events at the direction of City Administration.

### **General Standards**

Employees should wear clean, well-maintained clothing suitable for performing work in an office setting. Clothing should fit properly and should not be excessively tight, loose, or revealing.

Appropriate business casual attire includes, but is not limited to:

- Collared shirts, blouses, or polo shirts
- Sweaters or cardigans
- Sweatshirts with City logo
- Dress pants or khaki pants
- Dress shorts or khaki shorts that are knee length
- Plain jeans that are free from tears, rips, or holes
- Skirts or dresses (must be appropriate length)
- Closed-toe shoes, dress sandals, or athletic shoes/sneakers that are clean and appropriate for an office environment

Unacceptable attire includes, but is not limited to:

- Clothing with offensive, discriminatory, or inappropriate language, images, or logos
- Clothing with political messages
- Torn, frayed, or distressed clothing
- Sweatpants or leggings (leggings may be worn under dress or tunic)
- Spaghetti strap tank tops, halter tops, or clothing with excessive exposure
- Flip-flops or beachwear sandals
- Hats or caps (except for approved medical or religious reasons)

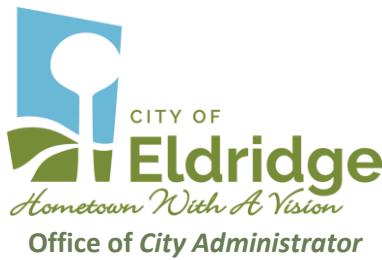
Employees are expected to maintain good personal hygiene and grooming to present a professional appearance.

#### **Exceptions**

Reasonable accommodation requests will be granted for religious, cultural, or medical needs related to dress or appearance. Requests for such accommodation should be directed to an immediate supervisor or City Administration.

#### **Guidance and Resolution**

The City of Eldridge reserves the right to determine whether an employee's appearance meets the standards set forth in this policy. If an employee's attire does not meet these guidelines, a supervisor may provide a reminder or private conversation to discuss the concern and expectations. In most cases, employees will be given the opportunity to adjust without further action. Repeated or significant violations may be addressed under the City's corrective action procedures, but the goal is to work collaboratively to maintain a professional workplace while respecting individual preferences and circumstances.



## **Hold Harmless and Equipment Responsibility Agreement**

This Hold Harmless and Equipment Responsibility Agreement (“Agreement”) is entered into by and between the undersigned participant (“Participant”) and the City of Eldridge, its elected and appointed officials, officers, employees, agents, representatives, successors, and assigns (collectively, the “City”).

### **1. Assumption of Risk**

The Participant acknowledges and understands that participation in activities sponsored or authorized by the City, including the use of City-owned facilities, property, or equipment, involves inherent risks of injury, loss, or damage. The Participant voluntarily assumes all such risks, whether foreseeable or unforeseeable, that may arise from participation.

### **2. Waiver, Release, and Hold Harmless**

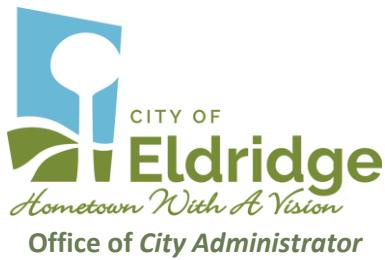
To the fullest extent permitted by law, the Participant hereby releases, waives, and discharges the City from any and all claims, demands, actions, damages, or causes of action arising out of or related to participation in City-sponsored activities or use of City property or equipment, except to the extent caused by the sole negligence or willful misconduct of the City. The Participant further agrees to defend, indemnify, and hold harmless the City from and against any and all claims, demands, actions, damages, liabilities, costs, and expenses (including reasonable attorney’s fees and court costs) asserted by any person or entity arising out of or related to the Participant’s acts, omissions, or conduct.

### **3. Responsibility for Equipment**

The Participant agrees to exercise due care in the use of all City-owned equipment. The Participant shall be responsible for any loss of, or damage to, City equipment resulting from the Participant’s negligent, reckless, or intentional acts or omissions. In the event of such loss or damage, the Participant agrees to promptly repair or replace the equipment, at the sole discretion of the City and at the Participant’s sole expense.

### **4. Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa. Any disputes arising under this Agreement shall be subject to the jurisdiction of the courts located within Scott County, Iowa.



### **5. Acknowledgment**

The Participant acknowledges that he or she has read this Agreement in its entirety, fully understands its terms, and executes it voluntarily and with full knowledge of its legal significance.

Participant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Description of City-owned property or equipment covered by this Agreement:

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Effective Date(s) of this Agreement: \_\_\_\_\_

## **DONATED LEAVE POLICY**

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The City of Eldridge recognizes that an employee or immediate family member may suffer from a catastrophic illness or injury resulting in circumstances where the employee lacks sufficient paid leave time to care for themselves or a family member. The City will allow employees an opportunity to donate accumulated leave to an employee who has exhausted all forms of paid leave for which the employee was eligible.

This policy is strictly voluntary and for the sole purpose of assisting employees with a personal or family catastrophic illness or injury. An employee may not directly or indirectly intimidate, threaten, or coerce any other employee or interfere with any rights regarding donating, receiving, or using available leave. Violations may result in disciplinary action.

### **Applicability**

This policy applies to all regular full-time employees of the City of Eldridge who have been employed for at least twelve (12) months.

### **Definitions**

- Catastrophic illness or injury: A serious, debilitating condition that incapacitates the employee or an immediate family member for an extended period
- Immediate family member: Spouse, child, or parent, including step-child and step-parent.
- Donated leave: Permanent transfer of accrued vacation, personal, or compensatory leave to an approved employee.
- Recipient employee: Employee approved by Human Resources and the City Administrator to receive donated leave after exhausting all paid leave and being absent for at least two weeks due to a catastrophic illness or injury.

### **Requesting Donated Leave**

The employee requesting donated leave must complete and submit the Request to Receive Donated Leave Form to the department supervisor. The City Administrator will approve or deny the request within 10 working days. If approved, a notice will be sent to all employees stating that a fellow employee is in need of assistance and all employees will have the opportunity to anonymously donate their leave for a period of 10 working days.

Employees may not receive donated leave in excess of 480 hours within a rolling 12-month period. A recipient employee whose anniversary date allows him/her to accrue additional vacation or personal time will be allowed to maintain a balance of no more than one week while receiving donated time. Recipient employees will continue to earn service credit toward retirement and seniority while using donated leave in the same manner as other paid leave time.

Donated leave cannot be used retroactively for a previously unpaid absence or to extend their date of retirement. Donated leave time is subject to the recipient employee's normal payroll deductions as well as all taxes as required by law.

### **Making a Leave Donation**

Leave donations are voluntary and any coercion, threatening, intimidating, or financially inducing is strictly prohibited. Employees that choose to donate leave will remain anonymous unless they choose otherwise. Only employees that have been approved for leave by City Administration may receive donations. Employees wishing to make a leave donation must submit the Request to Donate Leave Form to City Administration.

### **Donated Leave Bank**

An employee may donate leave in 1 hour increments up to a maximum of 24 hours per request. Employees may only donate leave from their accrued vacation, personal, or compensatory leave banks. The donated leave will be deducted from the donating employee's accrued leave balance(s) at the next payroll process and once transferred, it is irrevocable. Leave donations are not tax deductible for the donating employee.

Donations will be pooled together to create a donated leave bank to be used by the eligible recipient employee. Donated leave will be transferred from the donated leave bank to the recipient employee as needed to complete the standard work hours for a pay period and paid at the recipient employees rate of pay. If the recipient employee is no longer in need of donated leave due to return to work, retirement, separation of employment, or becoming eligible for other coverage, the unused pool of funds will be calculated and returned proportionally to the employees that donated leave to that bank.



**CITY OF ELDRIDGE**  
**REQUEST TO RECEIVE DONATED LEAVE FORM**

Employee Name	
Job Title/Department	
Request is for:	<input type="checkbox"/> Catastrophic Illness – Self <input type="checkbox"/> Catastrophic Illness – Spouse, Child, Parent
Date Illness/Injury Began:	
Anticipated Duration:	
Nature of Illness/Injury:	

I hereby certify that I have read and understand the City of Eldridge Donated Leave Policy. I understand that to be eligible for the donated leave, I must have exhausted all available paid leave and have been absent from work for a minimum of two weeks due to the catastrophic illness or injury for myself or a member of my immediate family. I understand that compensation received under the Donated Leave Policy is considered taxable income. I authorize the City of Eldridge to disclose my name in soliciting donations on my behalf.

Requested by: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

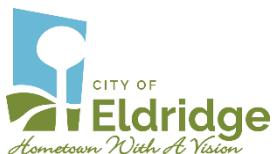
I hereby certify that, to the best of my knowledge, the above information is accurate:

Forwarded by: \_\_\_\_\_  
Department Director \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
City Administrator \_\_\_\_\_ Date \_\_\_\_\_

**For City Administration & Payroll Use Only:**

Current Leave Balances:	Hourly Rate:	
	Total Hours Donated:	
Date Paid Time will Exhaust:	Total Hours Used:	



**CITY OF ELDRIDGE**  
**REQUEST TO DONATE LEAVE FORM**

Employee Name	
Job Title/Department	

Number of hours you are donating (donations may be made in 1 hour increments up to a maximum of 24 hours):

\_\_\_\_\_ Vacation Hours

\_\_\_\_\_ Personal Hours

\_\_\_\_\_ Compensatory Hours

I understand my earned vacation, personal, and/or compensatory paid time off balance(s) will be decreased by the hours I am donating and that my vacation, personal, and/or compensatory paid time off donation shall be irrevocably credited to the Donated Leave Bank. Any leave remaining in the fund will be returned to me based on the percentage of leave I contributed to the total bank donated for this request.

Requested by: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
City Administrator \_\_\_\_\_ Date \_\_\_\_\_

**For City Administration & Payroll Use Only:**

Leave balance as of:	Hourly Rate:	
$\frac{\text{Current Hrs} - \text{Donated Hrs}}{\text{New Hrs Balance}}$	Total Hours Donated:	

# **WATER MAIN BREAK REPORT**

**Date: 1/14/2026**

**Address: 300 N 2<sup>nd</sup> St**

**Duration: 9 hours**

**Estimated Water Loss: 10,000 gallons**

**# of Customers: 8 customers**

**Notes:** Gage Lane received a call about a leak at the corner of W Franklin and N 2<sup>nd</sup> St at 12:26 PM. After investigation water department crew began to mobilize and locates were called at 12:29 PM. It is 4" watermain that required repair.

Concrete needed to be removed to get to the break.

Electric department staff Devin Greer and Dalton Eagle assisted with getting the backhoe and the breaker onsite. Dalton Eagle stayed through the night to assist with the break.

Scott Baetke and public works staff assisted with getting dump trucks loaded with lime screenings for backfill.

The leak was coming from a joint and a repair band was unable to be used to repair the leak. The joint had to be cut out and a piece of ductile was cut to splice in using couplings.

Water was restored at 7:30 PM and backfill and clean up was completed at 9:00 PM.

Thank you to all departments that assisted with the break and Win Water for coming in after hours to supply the repair crew with materials that are not typical for the distribution system.

Cegan Long  
Water Superintendent  
[clong@cityofeldridgeia.org](mailto:clong@cityofeldridgeia.org)  
563-209-6573

## Laboratory Report

**Eldridge, City of**  
 Cegan Long  
 305 North 3rd Street  
 Eldridge, IA 52748

**Date Received:** 01/14/26 13:46  
**Date Reported:** 01/23/26 11:10  
**Project:** PWS ID # IA8230008 Eldridge  
 Email reports and Invoice

Analyte	Result	Units	Analyzed	Analyst	Method	Notes		
<b>Sample ID: 1050 W. Maple Ct.- Routine Grab</b>			<b>Date Sampled: 01/13/26 13:20</b>		<b>Date Received: 01/14/26 13:46</b>			
<b>Lab No.: 26A1447-01</b>			<b>Sampled by: Cegan Long</b>					
<b>Classical Chemistry Parameters</b>								
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad	SM 9223B			
Field Chlorine	3.26	mg/L	01/13/26 13:20	Cegan Lc	SM 4500 Cl G			
Analyte	Result	Units	Analyzed	Analyst	Method	Notes		
<b>Sample ID: 102 W Harvest St - Routine Grab</b>			<b>Date Sampled: 01/13/26 13:38</b>		<b>Date Received: 01/14/26 13:46</b>			
<b>Lab No.: 26A1447-02</b>			<b>Sampled by: Eldridge Personnel</b>					
<b>Classical Chemistry Parameters</b>								
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad	SM 9223B			
Field Chlorine	3.45	mg/L	01/13/26 13:38	Eldridge I	SM 4500 Cl G			
Analyte	Result	Units	Analyzed	Analyst	Method	Notes		
<b>Sample ID: 807 Sawgrass Ct - Routine Grab</b>			<b>Date Sampled: 01/13/26 14:00</b>		<b>Date Received: 01/14/26 13:46</b>			
<b>Lab No.: 26A1447-03</b>			<b>Sampled by: Eldridge Personnel</b>					
<b>Classical Chemistry Parameters</b>								
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad	SM 9223B			
Field Chlorine	3.11	mg/L	01/13/26 14:00	Eldridge I	SM 4500 Cl G			
Analyte	Result	Units	Analyzed	Analyst	Method	Notes		
<b>Sample ID: 361 Country Club Ct.- Routine Grab</b>			<b>Date Sampled: 01/13/26 14:13</b>		<b>Date Received: 01/14/26 13:46</b>			
<b>Lab No.: 26A1447-04</b>			<b>Sampled by: Cegan Long</b>					
<b>Classical Chemistry Parameters</b>								
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad	SM 9223B			

Analysis Certified by:



Randal Wanke, Laboratory Director

Amy Dobbelare For Randall Wanke, Laboratory Director



1798 Iowa Drive, LeClaire, IA 52753 • qcanalytical.net  
O: 563-289-3373 • Fx: 563-289-5526

Eldridge, City of 305 North 3rd Street Eldridge IA, 52748		Project: PWS ID # IA8230008 Eldridge Email reports and Invoice Client Contact: Cegan Long		Reported: 01/23/26 11:10	
Field Chlorine	2.05	mg/L	01/13/26 14:13	Cegan Lc SM 4500 Cl G	
Analyte	Result	Units	Analyzed	Analyst Method	Notes
<b>Sample ID: 212 N 3rd St - Routine Grab</b> <b>Lab No.: 26A1447-05</b>			<b>Date Sampled: 01/14/26 9:49</b> <b>Sampled by: Eldridge Personnel</b>	<b>Date Received: 01/14/26 13:46</b>	
<b>Classical Chemistry Parameters</b>					
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad SM 9223B	
Field Chlorine	3.35	mg/L	01/14/26 9:49	Eldridge I SM 4500 Cl G	
Analyte	Result	Units	Analyzed	Analyst Method	Notes
<b>Sample ID: 120 N 3rd Ave - Routine Grab</b> <b>Lab No.: 26A1447-06</b>			<b>Date Sampled: 01/14/26 10:09</b> <b>Sampled by: Eldridge Personnel</b>	<b>Date Received: 01/14/26 13:46</b>	
<b>Classical Chemistry Parameters</b>					
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad SM 9223B	
Field Chlorine	2.79	mg/L	01/14/26 10:09	Eldridge I SM 4500 Cl G	
Analyte	Result	Units	Analyzed	Analyst Method	Notes
<b>Sample ID: 1075 Rustic View Ct - Routine Grab</b> <b>Lab No.: 26A1447-07</b>			<b>Date Sampled: 01/14/26 11:11</b> <b>Sampled by: Eldridge Personnel</b>	<b>Date Received: 01/14/26 13:46</b>	
<b>Classical Chemistry Parameters</b>					
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad SM 9223B	
Field Chlorine	2.36	mg/L	01/14/26 11:11	Eldridge I SM 4500 Cl G	
Analyte	Result	Units	Analyzed	Analyst Method	Notes
<b>Sample ID: 3531 S 11th Ave - Routine Grab</b> <b>Lab No.: 26A1447-08</b>			<b>Date Sampled: 01/14/26 11:28</b> <b>Sampled by: Cegan Long</b>	<b>Date Received: 01/14/26 13:46</b>	
<b>Classical Chemistry Parameters</b>					
Total Coliforms	Negative	MPN/100 mL	01/14/26 15:01	ad SM 9223B	
Field Chlorine	1.01	mg/L	01/14/26 11:28	Cegan Lc SM 4500 Cl G	
N-1 A	Negative Bacteria Absent				



## Iowa SDWA Form

Lab Sample ID # 26A1447-01

Facility Name: PWS ID:

Eldridge	IA 8230008
----------	------------

### Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)

Total Coliform	Contact Person:	Mail Report:
Water samples must be analyzed within 30 hours of collection.	Contact Phone:	Email Report:

Sample Type:  
(Check one)

<input checked="" type="checkbox"/>	Routine	
<input type="checkbox"/>	Triggered	SEP# _____
<input type="checkbox"/>	Repeat (circle one->)	upstream downstream original
<input type="checkbox"/>	Special	

Free Chlorine

-	.	-
---	---	---

Total Chlorine

3	.	26
---	---	----

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to Res. Cl mg/L tab.

Sample date: Month Day Year Time: Hour Minutes (AM/PM)

0	1	1	3	2	0	2	6	1	3	2	8
---	---	---	---	---	---	---	---	---	---	---	---

Facility ID

950
-----

Sampling Point ID (use facility ID, if not #assigned)

950
-----

Sample Collection Location:

1050 W Maple Ct
-----------------

Sample Collector (last name, first name)

Long, Cegan
-------------

Client Signature

Print name

Cegan Long

Date 1/13/26

Time 13:29

Lab Signature

Print name

Date 1-13-26

Time 13:45

QC Analytical Services participates in the following accreditation/certification and proficiency programs at the following locations.  
Endorsement by Federal or State Governments or their agencies is not implied. Drinking Water Certifications: Iowa (113)







## Iowa SDWA Form

Lab Sample ID # 26A1447-04

Facility Name: PWS ID:

Eldridge	IA 8230008
----------	------------

### Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)

Total Coliform	Contact Person:	Mail Report:
Water samples must be analyzed within 30 hours of collection.	Contact Phone:	Email Report:

Sample Type: (Check one)	<input checked="" type="checkbox"/> Routine	
	<input type="checkbox"/> Triggered	SEP# _____
	<input type="checkbox"/> Repeat (circle one->)	upstream downstream original
	<input type="checkbox"/> Special	

Free Chlorine      Total Chlorine  
- . -      2 . 05

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to Res. Cl mg/L tab.

Sample date: Month      Day      Year      Time: Hour      Minutes (AM - PM)  
01      13      2026      14      13

Facility ID

950

Sampling Point ID (use facility ID, if not #assigned)

950

Sample Collection Location:

361 Country Club Ct

Sample Collector (last name, first name)

Long, Cegan

Client Signature

Print name

Cegan Long

Date 1/13/26

Time 4:14

Lab Signature

Print name

Date 1-14-26

Time 13:45

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Endorsement by Federal or State Governments or their agencies is not implied.      Drinking Water Certifications: Iowa (113)



## Iowa SDWA Form

Lab Sample ID # 26A1447-05

Facility Name: PWS ID:

Eldridge	IA 8230008
----------	------------

### Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)

Total Coliform	Contact Person:	Mail Report:
Water samples must be analyzed within 30 hours of collection.	Contact Phone:	Email Report:

Sample Type:  
(Check one)

<input checked="" type="checkbox"/>	Routine	
	Triggered	SEP# _____
	Repeat (circle one->)	upstream downstream original
	Special	

Free Chlorine

— . —

Total Chlorine

3 . 35

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to Res. Cl mg/L tab.

Sample date: Month Day Year

0 1 1 4

2 0 2 6

Time: Hour Minutes  AM - PM

0 9 4 9

Facility ID

Sampling Point ID (use facility ID, if not #assigned)

950

950

Sample Collection Location:

Sample Collector (last name, first name)

212 N 3rd St

Long, Cegan

Client Signature

Print name

Cegan Long

Date 1/14/24

Time 9:52

Lab Signature

Print name

Date 1-14-24

Time 13:45

QC Analytical Services participates in the following accreditation/certification and proficiency programs at the following locations.  
Endorsement by Federal or State Governments or their agencies is not implied.

Drinking Water Certifications: Iowa (113)





## Iowa SDWA Form

Lab Sample ID # 26A1447-07

Facility Name: PWS ID:

Eldridge	IA 8230008
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### Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)

Total Coliform	Contact Person:	Mail Report:
Water samples must be analyzed within 30 hours of collection.	Contact Phone:	Email Report:

Sample Type:  
(Check one)

<input checked="" type="checkbox"/>	Routine	
	Triggered	SEP# _____
	Repeat (circle one->)	upstream downstream original
	Special	

Free Chlorine      Total Chlorine  
— . —      2 . 36

Lab Tech Note:  
Add Field Data Analysis  
Total Chlorine at Log-in on  
to Res. Cl mg/L tab.

Sample date: Month      Day      Year      Time: Hour      Minutes (AM - PM)

0	1	1	4	2	0	2	6	1	1	1	1
---	---	---	---	---	---	---	---	---	---	---	---

Facility ID

950

Sampling Point ID (use facility ID, if not #assigned)

950

Sample Collection Location:

1075 Rustic View Ct

Sample Collector (last name, first name)

Long, Cegan

Client Signature

Print name

Cegan Long

Date 1/14/26 Time 11:12

Lab Signature

Print name

Date 1-14-26 Time 13:45

QC Analytical Services participates in the following accreditation/certification and proficiency programs at the following locations.  
Endorsement by Federal or State Governments or their agencies is not implied.      Drinking Water Certifications: Iowa (113)



## Laboratory Report

**Eldridge, City of**  
Cegan Long  
305 North 3rd Street  
Eldridge, IA 52748

**Date Received:** 01/21/26 14:40  
**Date Reported:** 01/23/26 11:10  
**Project:** PWS ID # IA8230008 Eldridge  
Email reports and Invoice

### Case Narrative

#### DRINKING WATER NOTES:

All Fluoride results will be submitted to IA DNR.  
Drinking Water Certifications: IA (113)

Analyte	Result	Units	Analyzed	Analyst	Method	Notes
Sample ID: 505 W Donahue St - Routine Grab			Date Sampled: 01/21/26 13:25		Date Received: 01/21/26 14:40	
Lab No.: 26A2149-01			Sampled by: CL			
<b>Classical Chemistry Parameters</b>						
Fluoride	0.690	mg/L	01/21/26 16:48	EV	EPA 300.0	
Field Fluoride	0.72	mg/L	01/21/26 13:25	CL		

Analysis Certified by:



Randal Wanke, Laboratory Director

Amy Dobbelare For Randall Wanke, Laboratory Director



## Iowa SDWA Form

Lab Sample ID # 26A 2149-01

Facility Name: PWS ID:

Eldridge	IA 8230008
----------	------------

Test analysis (Please Circle, Check or Write-in) (Check IA DNR Permit for Accuracy)

Fluoride	Contact Person:	Mail Report:
Hold time: 28 days	Contact Phone:	Email Report:

(Field) Total Fluoride

0 . 72

Lab Tech Note:  
Add Field Data Analysis  
Fluoride at Log-in

Sample date: Month Day Year Time: Hour Minutes (AM - PM)

01 21 2026 13 25 PM

Facility ID

Sampling Point ID (use facility ID, if not #assigned)

950

950

Sample Collection Location:

Sample Collector (last name, first name)

505 W Donchue St.

Long, Cegan

Client Signature

Print name

Cegan Long

Date 1/21/26

Time 13:26

Lab Signature

Print name

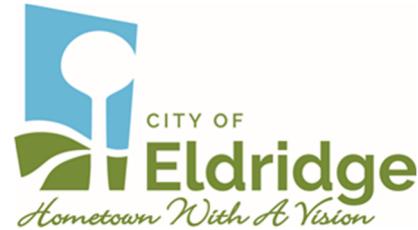
Eric Van Hoesen

Date 1-21-26

Time 2:12

# City of Eldridge

## Resident Notice



1/19/2026

Dear Resident

The City is currently in the design phase for a roadway reconstruction project that includes S 25<sup>th</sup> Avenue from Blackhawk Trail Rd to Lomar St; S 26<sup>th</sup> Avenue from Blackhawk Trail Rd to Lomar St; Lomar St from Scott Park Rd to Hunter Lane.

Construction of S 25<sup>th</sup> Avenue & S 26<sup>th</sup> Avenue is planned to take place in the summer 2026. Lomar St construction is anticipated to take place in subsequent years.

The project consists of replacing the existing asphalt streets with new curb and gutter concrete streets and will include installing storm sewer pipes in the roadway to be used for both roadway drainage, and also to connect resident sump pump lines.

The City is seeking information pertaining to residents existing sump pump lines. The goal of the project is to provide a pipe along the edge of the road to allow residents to connect their sump pump line directly to the storm sewer system and eliminate the existing sump pump outlets that currently drain directly to the roadway. Residents will have the ability (at their own expense) to re-route their existing sump pump line to the new city provided storm sewer pipe, if desired.

### City Water

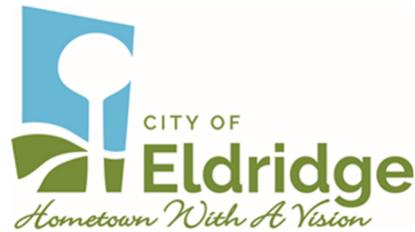
The city is also considering installing new water main along S 25<sup>th</sup> Avenue, S 26<sup>th</sup> Avenue, and Lomar St to provide secondary connections to the existing water main along Blackhawk Trail Rd and Hunter Lane.

The city is seeking input from residents to determine the level of interest in connecting to City water, if provided. The initial cost of connecting to city water would be at the expense of the City. The homeowner would be responsible for any disconnection/abandonment of their existing well, as required.

Please complete the survey questions and map on the next page to help us plan for the upcoming street replacements.

# City of Eldridge

## Resident Notice



Responses can be submitted by any of the following methods:

- Mailed to or dropped off at Eldridge City Hall (address below)
- Take a picture of this page and the map and text it to: 563-214-6861
- Take a picture or scan of this page and the map and email it to: trupe@cityofeldridgeia.org

Please feel free to contact City Hall with any questions. We appreciate your assistance as we work to improve Eldridge's roadways.

Eldridge City Hall  
305 North 3<sup>rd</sup> Street  
Eldridge, IA 52748  
563-285-4841

### Questionnaire

Property Address \_\_\_\_\_

Does your property currently have a sump pump? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please clearly mark on the map on the following page approximately where your sump pump currently outlets. Also check the box that best describes its location.

\_\_\_\_\_ Back Yard      \_\_\_\_\_ Side Yard      \_\_\_\_\_ Front Yard

\_\_\_\_\_ Edge of street      \_\_\_\_\_ Into a storm sewer      \_\_\_\_\_ Other

If the City installed a city owned water main along your street, would you have interest in connecting to City water? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any Additional Relevant Comments: \_\_\_\_\_

