Agenda
Harper County
Board Of County Commissioners
Harper County Courthouse

Monday, February 24, 2020 - 9:00 a.m.

A. Call To Order

B. Pledge Of Allegiance

C. Public Comment

Citizens are encouraged to speak to items on the agenda when recognized by the Chairman. Citizen desiring to speak to matters not on the agenda may do so at this time. Comments are limited to five (5) minutes and the Commission will take no action on items not on the agenda. Items introduced under Public Comment may be come agenda items at a later date.

D. Approval Of Minutes

E. Payment Of Vouchers

F. Items Of Business

1. Shirley McCartney - Department On Aging - 9:15 A.m.

   - Mobility Manager
   - Travel Request

   Documents:

   AGING UPDATE 022420.PDF

2. Jan Harding - EMS - 9:30 A.m.

   - Inordinate Spending Authorization - Med Safe

   Documents:

   INORDINATE SPENDING AUTHORIZATION - MED SAFE.PDF

3. Sherry Vierthaler - Health - 9:45 A.m.

   - Department update
   - Travel Requests
   - Inordinate Spending
   - Aid to Local Grant Application

   Documents:

   2.24.2020 BOCC MEETING.PDF

4. Matt Booker - Zoning Administrator - 10:00 A.m.

    - Public Hearing - Continuance of Case SU-01-2019
    - Public Hearing - Continuance of Case SU-02-2019
    - Final Plat Saddle horn Pipeline Pump Station

    Documents:

    BCC SPECIAL USE CHECKLIST SU-01-2019.PDF
    REVISED SPECIAL USE REPORT SU-01-2019.PDF
    BCC SPECIAL USE CHECKLIST SU-02-2019.PDF
    AMENDED REVISED SPECIAL USE SU-02-2019.PDF
    SADDLEHORNROV21-FP.PDF
    FINAL PLAT REPORT TO COMMISSION 022420.PDF

5. Curt Logsdon - Road And Bridge - 10:45 A.m.

    - Department Update

6. Melinda McCurley - Community Development - 11:15 A.m.

    - Community Development Grant Policy

7. Ami DeLacerda - HR - 11:30 A.m.

    - Department Update
    - Executive Session

8. Lunch Break - 12:00 Pm To 1:00 Pm

G. Correspondence

H. Adjourn

HARPER COUNTY

REQUEST FOR COUNTY BOARD ACTION

Items *must* be received in the Administrator's Office by *12:00 Noon* on the *Thursday* prior to the scheduled meeting to be considered.

Item #: _____
(Assigned by Administrator)

Meeting Date: February 24, 2020

Department: Aging

Item Requested: Mobility Manager & Ten Co. Aging Board Member & Travel for year for Aging and Transportation

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Summary of the Issue: Need to know if Harper Co. wants to go in on the Mobility Manager for CTD #9. We need to know by Feb. 27. We are also in need of a Ten Co. Aging Board member to serve on the board.
Travel for Ten County Aging Board Meetings, County Directors Meetings and Cowley Co Housing Board Meeting Last Monday of the month and CTD Meeting (4 times a year)

Background: KDOT is paying the first 2 years and then it will be split after that according to how many goes in with it.

Funding: We will not have to pay until the 3 years.

Recommendation:

TRAVEL REQUEST AND REIMBURSEMENT FORM
HARPER COUNTY, KANSAS

Employee Name: Shirley McCartney	Department: Aging Dept.

PART 1 – TRAVEL REQUEST

Destination: Wichita, KS

Purpose / Justification of Travel: Every 4th Monday of the month – Jan., March, May, July, Sept., Nov. for Ten Co. Aging Board meeting. Feb., April, June, August, Oct. for Cowley County Housing and County Directors Meeting. In Months Jan., March, May, July, Sept. and Nov. the 3rd Tuesday for CTD #9 Meetings for Transportation.

Method of Travel (mark one)	☒ County Vehicle	☐ Bus	☐ Air
	☐ Train	☐ Private Auto	☐ Other

Date of Departure: 9/11/2019	Date of Return: 9/13/2019	Are funds budgeted for this request? Yes ☒ No ☐

Budget line: 0% *Must = 100%*	#1: %:	#2: %:	#3: %

Shirley McCartney 2/20/20

Department Head Signature Date

County Administrator Signature Date

PART II – EXPENSE REPORT

Expense Category		Estimated Total	Actual Total
A. Lodging for days at per day		$	$
B. Transportation for _____ miles at current rate per mile Fare $ .57.5		$	$
Meals (Number of):	Total	$	$
Breakfasts: meals @ per meal.	$	$	$
Lunches: meals @ per meal.	$	$	$
Dinners: meals @ per meal.	$	$	$
C. Fees (Registration, Dues, etc.) ITEMIZED List:		$	$
D. Miscellaneous (Taxi, Telephone, Tolls, etc.)ITEMIZED List: Cost for Meeting		$	$
RECEIPTS MUST BE ATTACHED FOR APPROVAL	**TOTALS:**	$	$

Instructions:

Prior to Travel: Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.

Post Travel: Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.

PART III – OFFICE USE ONLY

A. Prepaid Registration:	Reconciliation:
B. Prepaid Travel Reservations:	
C. Other:	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

Requesting Employee Signature

Department Head Approval Signature

Copies: Original to personnel file – Copy to HR – Copy to Department Head

What Can the Mobility Manager do for You?

- Perform research and complete studies for agencies that otherwise couldn't.
- Become a trainer: Take train the trainer courses to provide trainings for new and current employees in the CTD #9 region.
- Organize MOUs for coordinating a vehicle loaning program in CTD #9.
- Prepare emergency evacuation plan. Review state safety plan and assist agencies in training and preparation.
- Identify mechanics/shops that are certified to repair/inspect vehicles. Identify locations where maintenance needs are not met and develop solutions. Develop maintenance agreements, including favorable rates.
- Look at agencies that travel multiple counties and see where connections could streamline services, provide efficiencies in cost, and reduce wear and tear on vehicles.
- Provide Travel Training for passengers. Provide Passenger Assistance Training for drivers.
- Look at the multi-faceted fare structures across the region and identify if fares truly assist with costs or minimize grant assistance and what costs are involved in processing fares, staffing, etc.
- Assist with Public Notices/Meetings.
- Look at specialty trips of DD/ID agencies and nursing facilities to identify best practices or shared ride options; then tie it into travel training with PCA availability on all trips.
- Develop shared procurements.
- Research new technology and equipment.
- Provide data needed for service planning or grant applications.
- Develop Marketing and Informational Materials.
- Assist customers in finding appropriate transportation options throughout the region.
- Liaison with KDOT and other CTDs.

Mobility Manager

Job Summary (Major objectives of the position): Responsible for working with local public transit and planning agencies as well as human service agencies to coordinate transportation services to improve overall mobility for the general public, with an emphasis on the elderly, low-income persons, and/or persons with disabilities. This position will focus on the movement of people rather than vehicles to ensure choices for the consumer. The mobility manager is responsible to improve business and community support for the transportation organizations. It will require the development and distribution of information that explains how to utilize the available resources in meeting the diverse travel needs of the market it serves. This position serves the entire CTD #9 area, including the following counties:

- Butler
- Cowley
- Harper
- Harvey
- Kingman
- Sedgwick
- Sumner

Primary Job Functions:

- Develop an informational and outreach program for current transportation services and mobilityoptions through, public speaking and media presentations.
- Develop a system of outreach to low-income, socially isolated older and/or disabled adults and assist them in gaining access to needed transportation services.
- Develops and directs the design, production and distribution of specific marketing materials directed at employers, employees, human service agencies and other entities.
- Serves as the liaison/ salesperson to community leaders in an effort to demonstrate how transportation enhances economic development.
- Plans and coordinates special promotional events and activities related to general public transportation.
- Makes public presentations on the benefits of mobility management for the community;
- Builds supportive community networks.
- Develop goals and objectives for sustainability and growth of the Mobility Manager program.
- Researches, develops and writes grant applications for future funding.
- Identify and research corporate, foundation, and government sources of funding for matching funds and new or ongoing programs.
- Cultivate multi-agency partnerships that can reduce costs through efficient and effective transportation coordination.
- Research and assess needs and demands of users, funding, regulatory processes that encourage participation.
- Investigate the feasibility and eligibility requirements of volunteer driver programs and a one-call center for transportation.
- Develop and implement a travel training program.

- Identify possible barriers for transportation to and from jobs and employment support services for individuals with disabilities in rural areas. Develop solutions to remove these barriers.
- Develops potential for future expansion of transit options across municipal boundaries.
- Leads in the design of operational functions that are nontraditional in service delivery.
- Is familiar with technological advances that increase travel options and/or convenience.
- Is knowledgeable about techniques that foster transit ridership through links with land development.
- Cultivate multi-agency partnerships that can reduce costs through efficient and effective transportation coordination.
- Develop new ways to remove barriers for transportation to and from jobs and employment support services for individuals with disabilities in rural areas.
- Attend appropriate conferences, meetings, and trainings as required and appropriate to the position or as assigned by the CTD #9 Board
- Participate in Kansas Mobility Managers' Network
- Coordinate quarterly CTD meetings and provide progress reports to the CTD membership.
- Perform other related duties as assigned by the CTD.

Minimum Qualifications: Bachelor's degree in public administration, social services, business or related field. A combination of education, training and experience that results in demonstrated competency to perform the work may be substituted. Excellent verbal and written communication skills. Ability to coordinate multiple projects simultaneously. Detail oriented. Computer skills. Possession of a valid driver's license and access to an insured vehicle for work-related travel.

Preferred Qualifications: Master's degree in public administration, social services, business or related field. A combination of education, training and experience that results in demonstrated competency to perform the work may be substituted. Excellent verbal and written communication skills. Ability to coordinate multiple projects simultaneously. Detail oriented. Computer skills. Possession of a valid driver's license and access to an insured vehicle for work-related travel.

SCOPE OF WORK:

Some skills, abilities and competencies that enhance the performance of this position are:
Change agent Problem solver
Innovative thinker Leadership
Collaborative partnerships Negotiator
Conflict resolution Mediator
Persuader Empathy
Communicator Customer focus
Initiator Team builder
Visionary Management skills

- Identify possible barriers for transportation to and from jobs and employment support services for individuals with disabilities in rural areas. Develop solutions to remove these barriers.
- Develops potential for future expansion of transit options across municipal boundaries.
- Leads in the design of operational functions that are nontraditional in service delivery.
- Is familiar with technological advances that increase travel options and/or convenience.
- Is knowledgeable about techniques that foster transit ridership through links with land development.
- Cultivate multi-agency partnerships that can reduce costs through efficient and effective transportation coordination.
- Develop new ways to remove barriers for transportation to and from jobs and employment support services for individuals with disabilities in rural areas.
- Attend appropriate conferences, meetings, and trainings as required and appropriate to the position or as assigned by the CTD #9 Board
- Participate in Kansas Mobility Managers' Network
- Coordinate quarterly CTD meetings and provide progress reports to the CTD membership.
- Perform other related duties as assigned by the CTD.

Minimum Qualifications: Bachelor's degree in public administration, social services, business or related field. A combination of education, training and years of experience that results in demonstrated competency to perform the work may be substituted. Excellent verbal and written communication skills. Ability to coordinate multiple projects simultaneously. Detail oriented. Computer skills. Possession of a valid driver's license and access to an insured vehicle for work-related travel.

Preferred Qualifications: Master's degree in public administration, social services, business or related field. A combination of education, training and years of experience that results in demonstrated competency to perform the work may be substituted. Excellent verbal and written communication skills. Ability to coordinate multiple projects simultaneously. Detail oriented. Computer skills. Possession of a valid driver's license and access to an insured vehicle for work-related travel.

SCOPE OF WORK:

Some skills, abilities and competencies that enhance the performance of this position are:

Change agent
Problem solver
Innovative thinker
Leadership
Collaborative partnerships
Negotiator
Conflict resolution
Mediator
Persuader
Empathy
Communicator
Customer focus
Initiator
Team builder
Visionary
Management skills

Match Amount: $ 10,000.00

Agency	Ridership	Percent Share		Tier V2
Wichita Transit	1,262,839	73.19%		$ 675.00
Starkey	235,828	13.67%		$ 675.00
Heartsprings	42,051	2.44%		$ 675.00
Twin Rivers Development	29,103	1.69%		$ 675.00
KETCH	28,769	1.67%		$ 675.00
Butler County	18,853	1.09%		$ 675.00
Sedgwick County	16,487	0.96%		$ 675.00
Envision	13,062	0.76%		$ 475.00
Cowley County	12,419	0.72%		$ 475.00
Derby Dash	11,013	0.64%		$ 475.00
Arrowhead West	10,862	0.63%		$ 475.00
City of Kingman	10,581	0.61%		$ 475.00
Harper County	8,527	0.49%		$ 475.00
Futures Unlimited	6,000	0.35%		$ 475.00
Harvey County	5,228	0.30%		$ 275.00
CPRF (Timber Lines)	5,172	0.30%		$ 275.00
Breakthrough	3,743	0.22%		$ 275.00
Project Independence	2,204	0.13%		$ 275.00
Presbyterian Manor (Newton)	1,840	0.11%		$ 275.00
Kingman County	435	0.03%		$ 275.00
Presbyterian Manor (Ark City)	332	0.02%		$ 275.00
	1,725,348	**100.00%**		**$ 9,975.00**

Asbury Park	New 5310
City of Haysville	New 5310
MOSIAC	Has not provided
Easter Seals Capper Foundation	Has not provided

Match Amount: $ 10,000.00

Agency	Ridership	Percent Share		Tier V2
Wichita Transit	1,262,839	77.53%		$ 1,200.00
Starkey	235,828	14.48%		$ 1,200.00
Heartsprings	42,051	2.58%		$ 1,200.00
Butler County	18,853	1.16%		$ 1,200.00
Sedgwick County	16,487	1.01%		$ 800.00
Envision	13,062	0.80%		$ 800.00
Derby Dash	11,013	0.68%		$ 800.00
Harper County	8,527	0.52%		$ 800.00
Futures Unlimited	6,000	0.37%		$ 500.00
Harvey County	5,228	0.32%		$ 500.00
CPRF (Timber Lines)	5,172	0.32%		$ 500.00
Breakthrough	3,743	0.23%		$ 500.00
	1,628,803	**100.00%**		**$ 10,000.00**

Harper County KANSAS MOVING FORWARD

Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: EMS **Date:** 2-20-2020

Requestor: Jan Harding

Item description: MXI-HAED Medixsafe
Cost Per Item: 1610.00 **Quantity:** 1 **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Related expenses (eg. Shipping & Handling):
Total Requested Spending: **$0.00**

Budget Account(s):	Fund	Dept	Object	Amount
	006-00-3060	EMS	Safe	1610.00
			Total budget lines:	$ 1610.00

Project description/justification:

Safe that requires badge access for Anthony station where medications are kept to restock. State pharmacy inspector recommended it on their last inspection and it would allow us to log who has been in the safe. Since we have medixsafes on the ambulances Bob Randall said we should not need any updated software.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____

ESSC, Inc./MedixSafe

1619 Bartlett Rd. Memphis, TN 38134 www.MedixSafe.com
Toll-free 1-855 MEDIX*SAFE* (633-4972) ~ Fax 901 367-2831

MedixSafe Quote/Sales Agreement

ESSC Inc. is the owner of MedixSafe

ESSC, Inc. ("Seller") & Harper County EMS ("Buyer")
Shipping Street Address: 102 S Penn
City: Anthony State: KS ZIP code: 67003
Billing Address: _____
City: _____ State: _____ ZIP code: _____
Phone: 620-842-3506 FAX: _____
Contact Name: Jan Harding
E-Mail: jharding@harpercountyks.gov

Agree as follows: 1. DESCRIPTION OF GOODS. Buyer agrees to buy and Seller agrees to furnish to buyer the following goods (the "Equipment")

Quantity	Product Code	Description of Goods	Unit Price	Total Price
1	MX1-HID	Medix*Safe* – MX1-HID TCP/IP Electronic Security Narcotics Cabinet with HID Proximity Card Reader & PIN Pad 14"H x 12"W x 16"D		$1,550.00
		TECHNICAL SUPPORT is FREE for first 6 mo. after ship date. Please see Section 7 or MedixSafe price list for hourly/yearly support pricing.		
		FREIGHT AND/OR DELIVERY		$60.00
Total Agreement Price:		MedixSafe Access Control Software Included		$1,610.00

PRICE: Buyer will pay seller the sum of $ 1,550.00 for equipment F.O.B. Destination, Freight Collect: $ 60.00 Total $ 1,610.00

Advance Payment Discount: 10% discount if total purchase price is *paid in full* when order placed (-$155.00)
*A 2.9% processing fee will be charged if paid by credit card, debit card or bank account transfer. (+$42.20)

Please mail check payments to:
ESSC Inc/MedixSafe
1619 Bartlett Rd.
Memphis, TN 38134

These credit/debit cards are also accepted as payment:

Please initial here _____ if you would like to pay by credit or debit card.
You will receive an email from ESSC Inc. to complete the transaction. A 2.9% processing fee will be charged on all invoices paid by card. You may also enter your payment information on pg. 2 of this form, if you would like us to process it for you. You will receive a receipt by email.

ESSC, Inc./MedixSafe

1619 Bartlett Rd. Memphis, TN 38134 www.MedixSafe.com
Toll-free 1-855 MEDIX*SAFE* (633-4972) ~ Fax 901 367-2831

Credit Card type _____ Credit Card # _____ _____ _____ _____ Exp. _____ 3 or 4 digit pin _____

Name on Card _____ Billing Address _____

2. DELIVERY: Seller will use its best effort to ship the Equipment to Buyer on or about, 3-4 days after receipt of order. Seller shall arrange at Buyer's expense for shipment of the Equipment to Buyer by such carrier and routing as Seller deems appropriate. Seller shall in no event be liable for delays in shipment or delivery, failure to manufacture or other inability to perform this contract caused by acts of God, acts of Buyer, materials, components, governmental control, force majeure or any other contingency.
3. RATESAND PRICES: The rates and prices provided under any Schedule will be honored for 90 days from receipt of agreement.

Date_____ By_____
(Signature of Authorized Representative of Buyer)

Date 2/14/2020 By Lindsey McCollum
(Signature of Authorized Representative of Seller)

4. INSURANCE: Insurance against damage or loss during transit shall be purchased by Seller and charged to Buyer as indicated in section one freight charges above.

5. LATE FEES: Any MedixSafe invoice not paid within sixty - (60) days of such billing is subject to a 1.5% monthly interest charge. MedixSafe reserves the right to use any and all means of collection available under applicable law to collect any amount past due.

6. DISCLAIMER OF LIABILITY: It is mutually agreed that Seller is not an Insurer of persons life, limb or property, and that the payment here-in-before named is based solely upon the value of the product herein transferred, and is not the intention of the parties that the Seller assume responsibility or be liable to anyone whomsoever for the death or injury of any person, for any loss or damage which may to any time be occasioned solely or because of the failure of the product to perform its function or but the malfeasance or misfeasance of the Seller of the service under this contractor for any loss or damage sustained through burglary, theft, robbery, force or other cause, because of other labor disturbances, riots, war authority of law, or acts of God. If there shall, notwithstanding the above provisions, at any time be or arise any liability on the part of Seller by virtue of this agreement, or because of the relations hereby established, whether due to negligence of Seller, its employees, agents or otherwise, such liability is and shall be limited too sum equal to the purchase price of the product herein transferred. Such liability as herein set forth is fixed as liquidated damages and not as penalty and this liability shall be complete and exclusive.

7. WARRANTIES: Seller warrants only those products manufactured by Seller and Listed in section of Item One and solely to the original Buyer, that the Equipment will be installed in conformity with specifications and drawings expressly approved by Seller. Seller further warrants that the Equipment will, upon shipment, be free from defects in title and materials and workmanship, provided that it is properly installed, maintained, operated and serviced. Seller's warranties equipment three years from date of shipment of the Equipment. Warranty includes advanced replacement on all items listed in section of item one. Seller may, at its option, examine the Equipment where located or have the part claimed to be defective returned to Seller for inspection. EXCEPT AS EXPRESSLY SET FORTH HEREIN, NO EXPRESS OR IMPLIED WARRANTY, INCLUDING ANY WARRANTY OR MERCHANTABILITY OR FITNESS FOR ANY PURPOSE, SHALL EXIST IN CONNECTION WITH ANY EQUIPMENT SOLD OR FURNISHED BY SELLER, AND SUCH WARRANTIES ARE HEREBY EXPRESSLY EXCLUDED.

8. TECHNICAL SUPPORT: Seller will provide technical support and assist with deployment of products and software, at NO COST, for the first 6 months after order ship date. Buyer may purchase extended, unlimited support on a yearly basis, for a cost of: $300/year (1-10 safes), $500/year (11-29 safes), $700/year (30-59 safes), $900/year (60-90 safes). If Buyer does not purchase extended support, all support calls, with the exception of those related to product warranty, will be charged at a rate of $75.00 per hour, with a 1-hour minimum charge.

9. WIFI PROGRAMMING CHARGES: Buyer must provide completed Wi-Fi Site Survey document along with sales agreement at the time of order placement for products with Wireless Upgrade. Seller will pre-program each keypad and wireless device, including the wireless access point(s) provided by Seller. If Seller does not receive document or IP information at the time of order placement, Buyer will be responsible for programming Wi-Fi devices and AP(s) with the assistance of MedixSafe tech support via phone and will be invoiced programming charges of $50.00 per MedixSafe cabinet.

10. REMEDIES LIMITED: Seller will, at its option, either repair or furnish a replacement part for Equipment manufactured by Seller which upon inspection is determined to be defective under Seller's warranty and will correct any installation made under its direction pursuant to Section 4. The foregoing sets forth Buyer's sole remedy for any breach of Seller's warranties or any defect in the Equipment or in work for which Seller is responsible. Without limiting the generality of the foregoing, SELLER SHALL IN NO EVENT BE LIABLE FOR LOSS OF MONEY, OTHER VALUABLES, PROFITS OR OTHER CONSEQUENTIAL DAMAGES RESULTING FROM THE USE, LOSS OF USE, OR MALFUNCTION OF ANY EQUIPMENT SOLD BY SELLER, WHETHER OR NOT FORESEEABLE BY SELLER, AND WHETHER OR NOT DUE TO INSTALLER'S NEGLIGENCE.

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11. GENERAL:

(a) This Agreement including Sections 1 through 12 of this page, and any specifications or drawings incorporated by reference overleaf and approved by Seller, constitutes the entire Agreement between Buyer and Seller. No oral or other Agreements or understandings conflicting with, or in addition to, the provisions hereof or the specifications and drawings, shall be of any force and effect unless agreed to in writing and signed by both Buyer and Seller.

(b) Any rejection of goods for being nonconforming under the requirements of this contract must be made by the Buyer by sending written notification to the Seller of the rejection within 15 days after their delivery. Such notification shall state the basis of the alleged nonconformity of the goods, and the description of that portion of the shipment being rejected.

(c) The parties acknowledge that the transaction which is the subject matter of this contract bears a reasonable relation to the State of Tennessee, and agree that the law of the State of Tennessee will govern their rights and duties.

(d) Buyer may not assign its rights or delegate its duties hereunder without the specific, written consent of Seller.

12. EFFECTIVE DATE: This contract shall not be effective or binding upon the Seller until signed by its duly authorized representative at its Head Office.

HARPER COUNTY

REQUEST FOR COUNTY BOARD ACTION

Items *must* be received in the Administrator's Office by *12:00 Noon* on the *Thursday* prior to the scheduled meeting to be considered.

Item #: _____
(Assigned by Administrator)

Meeting Date: February 24, 2020

Department: Health

Item Requested: Aid to Local Grant Application Signature Page; 2019 Account Write-offs; Excess SCA Funds; Inordinate Spending Authorization Requests; Travel Request Forms

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Summary of the Issue: Aid to Local Grants are a source of funding and guidance for basic public health services for local health departments. The application requires signatures from the Chairman of the Local Board of Health and the Administrator on the application page (attached).

Background: The agency has used the Aid to Local Grants to enhance revenues and to participate in KDHE grants to provide basic services to the community. The Harper County Health Department participates in the Immunization Action Plan –(IAP) Vaccines for Children (VFC) grant; Public Health Emergency Response (PHEP) grant; and the State Formula (SF) grant. The agency also participates in the Family Planning grant through the Southcentral Kansas Coalition for Public Health (SKCPH).

Funding: The grant funds and guidance obtained through participation in the grants help support the ability of the agency to provide basic preventive services through immunizations, family planning, preparedness and public health services to the local community.

Recommendation: Sign the Aid to Local Funding Signature Page as presented. This item should be available by the end of the day Friday, if the KDHE preparedness program releases budget amounts on Friday as planned, if not this item may be tabled until next week.

Summary of the Issue: Request approval to write off the 2019 delinquent client balances as per agency policy.

Background: Agency policy provides a mechanism to keep outstanding balances from accumulating over time and is a recommended practice from past auditors. Grant funding limits the ability of the agency to turn clients over to collections (violation of client confidentiality/barrier to services).

Funding: Total amount requested to write off is $2,378.21. Total Revenues for 2019 were $317,270.17 - $69,251.92 (grant payments) = Total Service Revenues of $248,018.25. (1% write off request).

Recommendation: Approve the write off amounts as requested.

Summary of the Issue: SCKADRC will have money left over from the in-home service programs to use by the end of June. This is an opportunity to financially assist in-home service clients in Harper County with eye glasses, dental work, hearing aids, cleaning supplies, etc.

Background: The SCKADRC Case Manager, Prisca Krehbiel, completes the assessments and makes determinations on items funded through this program. Our agency is the fiscal agent, in that we pay for the purchases and then are reimbursed by the SCKADRC.

Funding: The only cost to the county is the time to complete paperwork and costs of completing vouchers, processing checks and making deposits.

Recommendation: This has been a good use of funds for residents in the county, that also supports local vendors, if the items approved are available locally. In the past these funds have helped purchase items that improve client capability of remaining in their home independently and providing resources for supplies/equipment that allow home care staff to complete duties effectively.

Summary of the Issue:
Background:
Funding:
Recommendation:

Other Requests:

- Inordinate Spending Authorizations for vaccine purchases
- Travel request forms

	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019
	2008 Total	2009 Total	2010 Total	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2016 Total	2017 Total	2018 Total	2019 Total
Adult Health Totals	$190.00	$277.06	$232.47	$160.00	$88.00	$35.00	$25.00	$120.00	$55.00	$28.00	$15.00	$5.00	$110.00
Child Health Totals	$129.00	$312.50	$528.00	$195.00	$136.00	$145.00	$75.00	$224.00	$110.00	$41.00	$107.00	$45.00	$28.00
Family Planning Totals	$654.00	$932.75	$626.08	$190.20	$707.37	$217.40	$265.00	$129.80	$643.59	$599.13	$298.86	$66.00	$126.76
VFC IM Totals	$1,194.43	$2,055.60	$918.15	$1,257.84	$953.00	$855.00	$735.00	$1,068.00	$1,173.35	$863.93	$1,340.34	$1,490.80	$1,333.40
PR IM Totals	$0.00	$0.00	$577.16	$983.16	$1,834.43	$855.70	$413.60	$1,632.53	$1,310.45	$602.54	$1,719.00	$716.00	$738.85
TB Skin Tests	$30.00	$80.00	$50.00	$30.00	$62.00	$50.00	$10.00	$30.00	$35.16	$40.00	$40.00	$50.00	$41.20
IN-Home Services	0.00	0.00	$267.00	$0.00	$0.00	$12.50	$622.37	$361.00	$1,229.66	$245.50	$261.00	$0.00	$0.00
Combined Total	$2,197.43	$3,657.91	$3,198.86	$2,816.20	$3,780.80	$2,170.60	$2,145.97	$3,565.33	$4,557.21	$2,420.10	$3,781.20	$2,372.80	$2,378.21
	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019

Account Balances Over One Year Old				31-Dec-19
ADULT HEALTH				
Client #:		Program	Amount	
17532		AH	$80.00	
10501		AH	$30.00	
Adult Health Total			**$110.00**	
CHILD HEALTH				
16866		CH	$10.00	
16584		CH	$15.00	
16267		CH	$3.00	
Child Health Total			**$28.00**	
FAMILY PLANNING				
1619		FP	$7.00	
1015		FP	$1.84	
12138		FP	$8.00	
12680		FP	$40.00	
12386		FP	$13.00	
17582		FP	$50.00	
16444		FP	$6.92	
Family Planning Total			**$126.76**	
VFC IMMUNIZATIONS				
17750		IM	$20.00	
16327		IM	$40.00	
13768		IM	$60.00	
12622		IM	$50.00	
12395		IM	$20.00	
17557		IM	$150.00	
16276		IM	$3.40	
16356		IM	$140.00	
12943		IM	$60.00	
13447		IM	$60.00	
15426		IM	$40.00	
15427		IM	$40.00	
17248		IM	$20.00	
12138		IM	$80.00	
12390		IM	$60.00	
12733		IM	$20.00	
16266		IM	$60.00	
16983		IM	$50.00	
16054		IM	$20.00	
17540		IM	$120.00	
17632		IM	$40.00	
17631		IM	$60.00	
17650		IM	$40.00	
13784		IM	$20.00	
17752		IM	$20.00	
15969		IM	$40.00	
Total VFC Immunizations			**$1,333.40**	

PRIVATE IMMUNIZATIONS				
13036		PR	$22.00	
322		PR	$40.00	
17163		PR	$20.00	
1148		PR	$37.00	
15757		PR	$55.00	
15684		PR	$13.16	
15683		PR	$183.69	
17659		PR	$44.00	
16444		PR	$324.00	
Total P. Immunizations			**$738.85**	
TB SKIN TESTS				
17625		TB	$1.12	
15899		TB	$10.00	
13581		TB	$10.00	
11877		TB	$10.00	
1805		TB	$10.00	
Total TB Skin Test			**$41.12**	
IN-HOME SERVICES				
			$0.00	
Total In-Home Services			$0.00	
Total PH Write-off Amounts			**$2,378.13**	

Harper County KANSAS MOVING FORWARD

Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health **Date:** 2/12/2020

Requestor: Sherry Vierthaler

Item description: Vaccine from GSK: Menveo (Meningitis)
Cost Per Item: $109.93 **Quantity:** 10 **Extended Cost:** $1,099.30

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Related expenses (eg. Shipping & Handling):
Total Requested Spending: **$1,099.30**

Budget Account(s):	Fund	Dept	Object	Amount
	008	24	306237	$ 1,099.30
			Total budget lines:	**$ 1,099.30**

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wasteage.

Attach required quotes and additional documentation as needed.

Approved Date:

BoCC Signature:

Harper County KANSAS MOVING FORWARD

Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health **Date:** 2/12/2020

Requestor: Sherry Vierthaler

Item description: Vaccine for Merck: Gardasil 9 (HPV)
Cost Per Item: $218.09 **Quantity:** 10 **Extended Cost:** $2,180.90

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Related expenses (eg. Shipping & Handling):
Total Requested Spending: **$2,180.90**

Budget Account(s):	Fund	Dept	Object	Amount
	008	24	306237	$ 2,180.90
			Total budget lines:	**$ 2,180.90**

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wasteage.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____

Harper County KANSAS MOVING FORWARD

Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health **Date:** 2/12/20

Requestor: Sherry Vierthaler

Item description: Vaccine from GSK: Shingrix
Cost Per Item: $151.26 **Quantity:** 10 **Extended Cost:** $1,512.60

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Item description:
Cost Per Item: **Quantity:** **Extended Cost:** $0.00

Related expenses (eg. Shipping & Handling):
Total Requested Spending: **$1,512.60**

Budget Account(s):	Fund	Dept	Object	Amount
	008	24	306237	$ 1,512.60
			Total budget lines:	**$ 1,512.60**

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wasteage.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____

TRAVEL REQUEST AND REIMBURSEMENT FORM
HARPER COUNTY, KANSAS

Employee Name: Heather Stuble	Department: Harper County Health Dept./HCHHA

PART 1 – TRAVEL REQUEST

Destination: ~~[illegible]~~ Greensburg - 302 E. Florida

Purpose / Justification of Travel: Coalition / Executive Board
if available

Method of Travel (mark one): ☒ County Vehicle ☐ Bus ☐ Air ☐ Train ☐ Private Auto ☐ Other

Date of Departure: 4/3/2020	Date of Return: 4/3/2020	Are funds budgeted for this request? Yes ☒ No ☐

Budget line: 0% *Must = 100%*	008-26-301074-50% #1: 008-44-30074%: 50%	#2: %:	#3: %

Jenny Viethaler — Department Head Signature
2/18/2020 — Date
County Commisioner Signature — Date

PART II – EXPENSE REPORT

Expense Category		Estimated Total	Actual Total
A. Lodging for days at $ per day		$	$
B. Transportation for 140 miles at current rate per mile Fare $ .575		$ 80.50	$
Meals (Number of):	Total	$	$
Breakfasts: meals @ per meal.	$	$	$
Lunches: meals @ per meal.	$	$	$
Dinners: meals @ per meal.	$	$	$
C. Fees (Registration, Dues, etc.) ITEMIZED List:		$	$
D. Miscellaneous (Taxi, Telephone, Tolls, etc.)ITEMIZED List:		$	$
RECEIPTS MUST BE ATTACHED FOR APPROVAL	TOTALS:	$ 80.50	$

Instructions:

Prior to Travel: Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.

Post Travel: Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.

PART III – OFFICE USE ONLY

A. Prepaid Registration	Reconciliation
B. Prepaid Travel Reservations	
C. Other	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

Requesting Employee Signature — Department Head Approval Signature

Copies: Original to personnel file – Copy to HR – Copy to Department Head

TRAVEL REQUEST AND REIMBURSEMENT FORM
HARPER COUNTY, KANSAS

Employee Name: Heather Struble	Department: Harper County Health Dept./HCHHA

PART 1 – TRAVEL REQUEST

Destination: Pratt, KS 117 W. 3rd St.

Purpose / Justification of Travel: Coalition Meeting
if available

Method of Travel (mark one): ☒ County Vehicle ☐ Bus ☐ Air ☐ Train ☐ Private Auto ☐ Other

Date of Departure: 5/1/2020	Date of Return: 5/1/2020	Are funds budgeted for this request? Yes ☒ No ☐

Budget line: 0% *Must = 100%*	008-26-301076 - 50% #1: 008-44-301076 %: - 50%	#2: %:	#3: %

Sherry Vierthaler — Department Head Signature — Date: 2/18/2020

County Commisioner Signature — Date

PART II – EXPENSE REPORT

Expense Category		Estimated Total	Actual Total
A. Lodging for days at $ per day		$	$
B. Transportation for 140 miles at current rate per mile Fare $ .575		$ 80.50	$
Meals (Number of):	Total	$	$
Breakfasts: meals @ per meal.	$	$	$
Lunches: meals @ per meal.	$	$	$
Dinners: meals @ per meal.	$	$	$
C. Fees (Registration, Dues, etc.) ITEMIZED List:		$	$
D. Miscellaneous (Taxi, Telephone, Tolls, etc.)ITEMIZED List:		$	$
RECEIPTS MUST BE ATTACHED FOR APPROVAL	TOTALS:	$ 80.50	$

Instructions:

Prior to Travel: Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.

Post Travel: Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.

PART III – OFFICE USE ONLY

A. Prepaid Registration:	Reconciliation:
B. Prepaid Travel Reservations:	
C. Other:	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

Requesting Employee Signature — Department Head Approval Signature

Copies: Original to personnel file – Copy to HR – Copy to Department Head

TRAVEL REQUEST AND REIMBURSEMENT FORM
HARPER COUNTY, KANSAS

Employee Name: Heather Stauble	Department: Harper County Health Dept./HCHHA

PART 1 – TRAVEL REQUEST

Destination: 117 W. 3rd Street, Pratt, KS

Purpose / Justification of Travel: Coalition Meeting if available

Method of Travel (mark one)

- [x] County Vehicle
- [ ] Bus
- [ ] Air
- [ ] Train
- [ ] Private Auto
- [ ] Other

Date of Departure: 6/5/2020	Date of Return: 6/5/2020	Are funds budgeted for this request? Yes [x] No [ ]

Budget line: 0% *Must = 100%*	008-26-301076 50%		
	#1: 008-44-301076 %: 50%	#2: %:	#3: %

Shanny Viertholer — 6/18/2020
Department Head Signature — Date

County Commisioner Signature — Date

PART II – EXPENSE REPORT

Expense Category		Estimated Total	Actual Total
A. Lodging for days at $ per day		$	$
B. Transportation for 140 miles at current rate per mile Fare $ .575		$ 80.50	$
Meals (Number of):	Total	$	$
Breakfasts: meals @ per meal.	$	$	$
Lunches: meals @ per meal.	$	$	$
Dinners: meals @ per meal.	$	$	$
C. Fees (Registration, Dues, etc.) ITEMIZED List:		$	$
D. Miscellaneous (Taxi, Telephone, Tolls, etc.)ITEMIZED List:		$	$
RECEIPTS MUST BE ATTACHED FOR APPROVAL	TOTALS:	$ 80.50	$

Instructions:

Prior to Travel: Employee completes PART-I and Estimate portion of PART II. Department Head and County Administrator must sign under PART-I to approve travel.

Post Travel: Requesting Employee completes Actual PART-II and submits to Department Head for approval with receipts to be vouched for next accounts payable.

PART III – OFFICE USE ONLY

A. Prepaid Registration:	Reconciliation:
B. Prepaid Travel Reservations:	
C. Other:	

Requesting Employee Statement: I certify this actual expense incurred and was accomplished in accordance with the travel authorization and the information hereon is correct.

Requesting Employee Signature — Department Head Approval Signature

Copies: Original to personnel file – Copy to HR – Copy to Department Head

YOUR TRIP:

Total Route: 1 hr 14 min - 70.7 miles

Est. Fuel cost: $4.40 - IRS Reimbursement: $40.99

Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

A 123 N Jennings Ave, Anthony, KS 67003-2708

1. Start out going south on N Jennings Ave toward E Main St/KS-44.

Then 0.06 miles

2. Turn right onto W Main St/KS-44.

Then 0.51 miles

3. Turn right onto N LL and G Ave/KS-2/KS-14. Continue to follow KS-14.

Then 34.88 miles

4. Turn right onto E Sherman Ave.

Then 0.08 miles

5. Turn left onto N Spruce St.

Then 0.01 miles

6. 125 N SPRUCE ST is on the left.

B 125 N Spruce St, Kingman, KS 67068-1648

This leg: 39 min - 35.54 miles

1. Start out going north on N Spruce St toward E A Ave.

Then 0.28 miles

2. Turn left onto E D Ave/US-54 W/US-400 W. Continue to follow US-54 W/US-400 W.

Then 34.66 miles

3. Turn left onto S Main St/US-281 S.

Then 0.14 miles

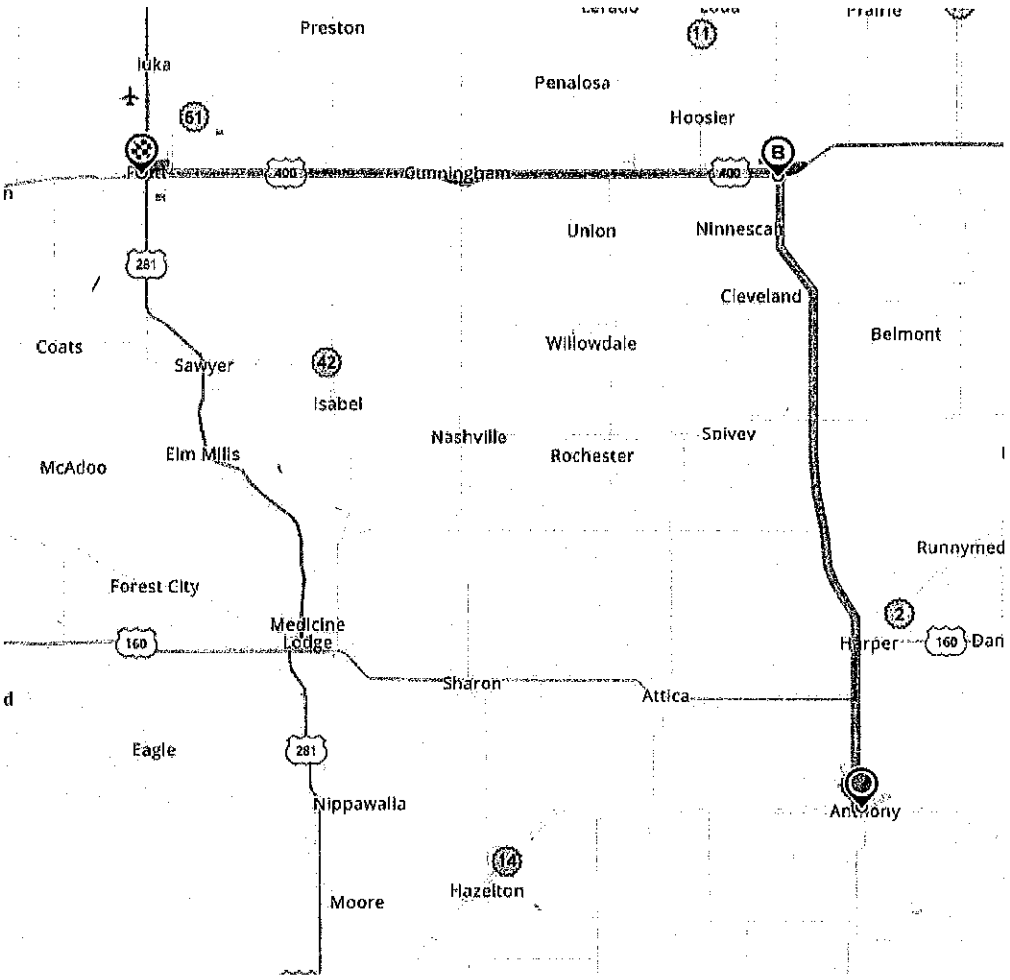
4. Turn right onto W 3Rd St.

Then 0.05 miles

5. 117 W 3RD ST is on the left.

C Pratt City Fire Department

This leg: 35 min - 35.14 miles


Preston
Iuka
Penalosa
Hoosier
Cunningham
Union
Ninnescah
Cleveland
Belmont
Coats
Sawyer
Isabel
Willowdale
Nashville
Snivey
Elm Mills
Rochester
McAdoo
Runnymed
Forest City
Medicine Lodge
Harper
Sharon
Attica
Eagle
Nippawalla
Anthony
Hazelton
Moore

HARPER COUNTY BOARD OF COUNTY COMMISSIONERS

CHECK LIST FOR CONSIDERATION
OF A SPECIAL USE CASE

PURPOSE:

This check list is to assist: (1) the Chairman in conducting the discussion on a special use case; (2) the County Clerk in an orderly process of minute taking; (3) the Applicant in presenting new information; and (4) any persons who have new information or wish to know their rights in the matter. Although the order of the outline should be followed, the material will need to be modified to relate to the particular case. This check list is in keeping with the procedures in K.S.A. 12-757(c), (d) and (e) and the decision in Houston v. Board of (Wichita) City Commissioners, 218 Kan. 323 (1975). The latter determined that:

> *"Where the statutory requirements are fully met (Ed: Notice and public hearing) and a full and complete record of the substance of the planning commission proceedings is before the governing body, due process does not require the governing body to conduct a second public hearing on the advisability of the proposed change." (Syllabus)*

CALL AGENDA ITEM:

I call Agenda item # ___ which is on Case No. SU-01-2019. This is an application to modify two conditions of the existing Special Use case SU-01-2016 for the Plumb Thicket Landfill approved by Resolution 2002-04, which Condition #28 was tabled for further review.

DISQUALIFICATION DECLARED AND QUORUM DETERMINED:

Before we proceed, I'll ask the Commission if any of them intend to disqualify themselves from discussing and voting on this case because they have conflicts of interest. Please let the minutes show that _____ has disqualified himself/herself because_____ _____ and has temporarily disassociated himself/herself from our Commission. We now have a quorum of _____ present for the consideration of the case.

PROTEST PETITIONS:

Has the County Clerk received any protest petitions on the case? (If no, proceed to next item.) (If yes) Do they constitute the statutory required 20% necessitating a 3/4 vote of the Commission to approve the case? (If yes) Having determined that a valid protest petition has been submitted to the Clerk, I would remind the Commission that a unanimous vote is necessary to approve the case.

COMMUNICATIONS:

Did the Commission receive any comments from a city on this case? (If no, proceed to next item.) (If yes, discuss as deemed desirable.) Are there any other communications to consider on this matter other than from our Planning Board? (Read and discuss as deemed desirable.)

SUMMARY OF HEARING:

I ask the Commission members if they have all received copies of the unapproved Minutes of the Planning Board for December 17 , 2019 which summarizes the hearing on this case? (If no, consider a motion to continue the agenda item until the minutes are available.) (If yes) Having determined that the members have received the required information, I am going to call on the Zoning Administrator for a report and then ask the Applicant and any members of the public who wish to speak on this case to confine their presentation to new information not otherwise presented at the hearing. The Commission may also want to direct questions to the Applicant, the staff or other persons present.

ZONING ADMINISTRATOR'S REPORT:

I call on our Zoning Administrator, Matthew Booker to provide us with a report on the case and recommendation of the Planning Board. (See Special Use Report.)

Thank you for your presentation. Any questions for the Zoning Administrator from the Commission members?

APPLICANT'S PRESENTATION:

Does the Applicant wish to present any new information?

Thank you for your information. Any questions to the Applicant from Commission members?

PUBLIC COMMENTS:

Does anyone from the public wish to respond to the Applicant's information or provide any new information? Please come forward and give your name and address.

Do any of the Commission members have a question for the public presenter(s)?

APPLICANT'S RESPONSE:

Does the Applicant have any further responses to the public comments?

Any Commission questions?

BOARD DELIBERATION:

Assuming the Commission has received all the information they need on this case, you have received an outline of choices provided under the state statutes for Commission action: (K.S.A. 12-757[c]) How do you wish to act?

(Recommendation to approve.)

(1) Move to adopt the findings and factors and recommendation of the Planning Board on Case No. SU- 01- 19 and to **approve** Resolution No. 2020-_____. (Majority vote needed.) *****

(Recommendation to disapprove.)

(2) Move to adopt the findings and factors and recommendation of the Planning Board to **disapprove** Case No. SU- 01- 19 . (Majority vote needed.)

(Recommendation to approve.)

(3) Move to **override** the Planning Board's recommendation, **approve** Case No. SU- 01 – 19 , **amend** in detail the findings and factors supporting the motion in the Special Use Report, **attach appropriate conditions,** if any, and **approve** Resolution No. 2020 - ___. (2/3 Majority vote needed.)*****

(Recommendation to disapprove.)

(4) Move to **override** the Planning Board's recommendation, **disapprove** Case No. SU- 01- 19, Condition #28 and amend in detail the findings and factors supporting the motion in the Special use Report. (2/3 Majority vote needed.) *

(5) Move to **return the recommendation** to the Planning Board on Case No. SU- 01 - 19 **for further consideration** at its next regular meeting with a statement specifying the basis for the Board's concern whether to approve or disapprove the recommendation. ******

(6) Move to **table** Case No. SU- 01 – 19, Condition #28 until _____, 20___ at __:__ (a.m., p.m.) in this same meeting room for more (information) (and) (study) in regard to
(Majority vote needed.)

***** **(Note:** If a valid protest petition is determined, a unanimous vote will be needed to approve the case.)

** **(Note:** If the Commission returns the Planning Board's recommendation, the Planning Board, after considering the same, may resubmit its original recommendation giving the reasons therefore or submit a new and amended recommendation. Upon the receipt of such recommendation, the Commission, by a simple majority thereof, may adopt or may revise or amend and adopt such recommendation by resolution, or it need take no further action thereon. If the Planning Board fails to deliver its recommendation to the Commission following the Planning Board's next regular meeting after receipt of the Board's report, the Commission shall consider such course of inaction on the part of the Planning Board as a resubmission of the original recommendation and proceed accordingly. In either circumstance, the Commission may take any action they desire by majority vote unless legal protest petitions are received which would necessitate a 3/4 vote, i.e., a unanimous vote to approve the case.)

CLOSING REMARKS:

(For approval)

Persons aggrieved by the final decision of the Commission on this matter have 30 days after the effectuating resolution is published within which to appeal to District Court.

(For disapproval)

Persons aggrieved by the final decision of the Commission on this matter have 30 days after today's action within which to appeal to District Court.

Thank you for participating in this matter.

I call for Agenda item #____.

HARPER COUNTY, KANSAS

Agenda No.___

for February 24, 2020

REVISED SPECIAL USE REPORT *

CASE NUMBER: **SU-01-19**

APPLICANT: **Waste Connections of Kansas**
AGENT:

REQUEST: **To modify two conditions attached to the Special Use case SU-01-06 for the Plumb Thicket Landfill approved by Resolution No. 2002-04**

CASE HISTORY: **Application is submitted under the provisions described in Condition #42-"Should it be deemed necessary by the Applicant to request a modification of any of these conditions or an addition thereto, application will need to be made to consider only such modification or addition in the same manner of notification, hearing, recommendation and decision as for the original special use case. Such a modification or addition shall not cause the validity of an approved special use to be repealed nor create a new special use."**

APPROX. LOCATION: **440 NE 150 Rd, Harper Kansas**

SITE SIZE: **487.5 acres more or less**

1. Condition-Section 17: Modify the condition to allow for the inclusion of a five acre tract within the screening area in the SE corner, along the entrance road, for the express purpose of an education center, a gas energy plant designed to process collected land fill gas and ancillary improvements (e.g. road, landscaping).

2. Condition-Section 28: Modify the annual fee paid to the County from $150,000, subject to annual Consumer Price Index (CPI) adjustments that is directly proportional to the percentage change in the CPI for such annual period to a set amount of $175,000, with $25,000 dedicated to Plumb Thicket Conservation Committee and specifically used for the Environmental Program and End Use initiatives at the landfill.

ADJACENT ZONING AND EXISTING LAND USE:

North: **Kingman County, A-1 Agricultural District – Agricultural land**

South: **A-2 Agricultural District – Agricultural land, Fish Farm**

East: **A-2 Agricultural District – Agricultural land.**

West: **A-2 Agricultural District – Agricultural land**

* **NOTE:** This report is to assist the Planning Commission to determine their findings from the evidence presented at the hearing so as to base their rezoning recommendation on the required 17 factors found in Section 11-100 H of the Zoning Regulations. The responses initially provided need to be evaluated with the evidence and reworded as necessary to reflect the Commission's considered opinion. Conditions attached to the motion, if any, should be carefully worded to provide instructions to the applicant and facilitate enforcement by the Zoning Administrator. A copy of the report should be provided to the applicant before the hearing. The completed report can be included within the minutes following the statutory required summary of the hearing or attached thereto. The minutes and report should be forwarded to the Governing Body within 14 days to serve as a basis for their decision.

BACKGROUND INFORMATION:

This property has been a waste facility consisting of an office, scales, maintenance shop, vehicle parking, leachate storage, pads for periodic monitoring of the contents of refuse loads, interim educational center and the cells for actual depositing of refuse and covering since 2005.

(See attached aerial photo with drawing.)

FACTORS AND FINDINGS: **

1. **What are the existing uses and their character and condition on the subject property and the surrounding neighborhood? (See Adjacent Existing Land Use on page 2 of 7.)**

   Subject property is and remains a solid waste disposal facility licensed in the State of Kansas. Plumb Thicket is a solid waste disposal facility accepting municipal solid waste, construction and demolition debris, and special waste approved by both the State of Kansas and Waste Connections. Plumb Thicket, since it's inception in 2005, has operated under the same State regulations and company operating values. The surrounding area is agricultural land and a fish farm to the south.

2. What is the current zoning of the subject property and that of the surrounding neighborhood in relation to the request? (See Adjacent Zoning on page 2 of 7.)

The subject property has been issued a Special Use permit to allow construction and operation of a sanitary landfill in the A-2 Agricultural District. The surrounding properties are zoned as A-2 Agricultural District, used for farming, exploration and production (oil and gas industry), and pasture land.

3. Is the length of time that the subject property has remained undeveloped or vacant as zoned a factor in the consideration?

The length of time the subject property has remained undeveloped is not a factor in this consideration. The area currently undeveloped by the future landfill gas to energy (LFGTE) facility has remained undeveloped from the site's commencement of operation (2006) to the current date.

** **NOTE:** Of those factors considered as relevant to the requested change in zoning district classification or boundary, not all factors need to be given equal consideration by the Board in deciding upon its recommendation.

4. Would the request correct an error in the application of these regulations?

The request does not correct any error in the application.

5. Is the request caused by change or changing conditions in the area of the subject property and, if so, what is the nature and significance of such changed or changing conditions?

Yes, conditions related to landfill gas (LFG) have changed. The landfill has reached an age where there is enough landfill gas (LFG) produced to run and operate a beneficial reuse application. Landfill gas has a high energy value and can be used through combustion in several beneficial reuse energy applications.

6. Do adequate sewage disposal and water supply and all other necessary public facilities including street access exist or can they be provided to serve the uses that would be permitted on the subject property?

Adequate sewage, water, and electrical supply are nearby and available for the LFGTE plant. Applicant has a permit to maintain and operate a septic tank and a leach filter field for the treatment of sewage. Sumner-Cowley Electric Cooperative, Inc. supplies electricity and Rural Water District #5 supplies water. Existing road access to Northeast 150th Rd will remain unchanged.

7. Would the subject property need to be platted or replatted or in lieu of dedications made for rights of way, easements, and access control or building setback lines?

No replatting will be necessary for inclusion of the LFGTE plant into the Special Use and zoning permit. The property was platted in connection with the issuance of the Special Use and zoning permit prior to the commencement of operations.

8. Would a screening plan be necessary for existing and/or potential uses of the subject property?

There is already a screening plan in place for the subject property (the landfill and associated buildings). However, the existing screening plan will need to be amended to include screening for the LFGTE plant.

9. Is suitable vacant land or buildings available or not available for development that currently has the same zoning as is requested?

There is no suitable land in the same zoning suitable for the LFGTE plant. Operation of the plant is made efficient by the proximity to the landfill gas (LFG) control source, which is a candlestick-style flare. Other interior locations in the subject property will be used for future expansion of the active waste area. These area's are within the permitted waste boundary as defined by the Kansas Department of Health and Environment (KDHE) regulations.

10. If the request is for business or industrial uses, are such uses needed to provide more services or employment opportunities?

The uses are needed to provide both employment and royalty opportunities. LFGTE plant employees will have to be hired for everyday plant operations. Also, Harper County will collect a 15% royalty on LFG sales from the LFGTE plant.

11. Is the subject property suitable for the uses in the current zoning to which it has been restricted?

Yes, the addition of the LFGTE is suitable with the landfill special use. It was approved as a future use as part of the original approved Special Use. It is a compatible and environmentally responsible activity to the landfill use.- LFGTE is a common installation or addition to landfills.

12. To what extent would the removal of the restrictions, i.e., the approval of the zoning request detrimentally affect other property in the neighborhood?

The LFGTE plant will not produce odors, noise, litter, or any other detrimental effect on the surrounding properties. Additional screening will provide a visual buffer to adjacent properties. The flame seen from flare gas will cease.

13. Would the request be consistent with the purpose of the zoning district classification and the intent and purpose of these regulations?

Yes. The modification to the Special Use is consistent with the purpose of the zoning district classification and the intent and purpose of the regulations. The proposed request to modify the Special Use does not change the property's current use as a landfill facility.

14. Is the request in conformance with the Comprehensive Plan and does it further enhance the implementation of the Plan?

This request is in conformance with the Harper County Comprehensive Plan. Chapter 4, Economy, notes an effort to "aggressively be pursued:

1. While continuing to develop and strengthen agriculture, all segments of government and private initiative should work towards the diversification of the economy by selectively encouraging the expansion of nonagricultural businesses and industries and agritourism."

The landfill has demonstrated economic benefits to the County since beginning operation in January of 2006. This request will further enhance implementation of the Plan to provide additional revenue for Harper County, and will provide a beneficial reuse of generated LFG that would otherwise be flared off.

15. What is the nature of the support or opposition to the request?

No public were present at the hearing.

16. Is there any information or are there recommendations on this request available from professional persons or persons with related expertise which would be helpful in its evaluation?

A historical chart was received from the Harper County Clerk showing the annual monitoring fees collected from Waste Connections have been included in the packet to review. This chart shows the adjustment of CPI % increases for each year, which should be used for County inspections and monitoring.

17. By comparison, does the relative gain to the public health, safety or general welfare by not approving the request outweigh the loss in property value or the hardship imposed upon the applicant?

There would be both financial and other hardships to the Applicant by not approving the request of change to condition #17. As an operator of a solid waste landfill, the Applicant believes in providing environmental benefits if at all possible through the disposal of waste. In this case, the Applicant has the opportunity to offset the carbon footprint of the landfill by beneficially reusing LFG as an energy/fuel source. However, the gain to the public health, safety & general welfare by not approving the request of modifying Condition #28 would outweigh the hardship of the Applicant by which the County could improve the monitoring of the landfill pertaining, but not limited, to the conditions hereto attached to case SU-01-06: Conditions 5, 8, 10, 11, 12, 13, 21, 24, 33, 34, and 39.

<u>CONDITIONS:</u> **(Determine conditions, if any, applicable to the case with rewording if necessary and add additional conditions as deemed desirable.)**

1. A site plan and screening will need to be approved by the Site Plan Committee before a zoning permit will be approved for the educational center and landfill gas energy plant.

2. A septic permit will need to be approved for the educational center by the County Sanitarian before a zoning permit is approved.

3. The Operation Plan will need to be updated and submitted to the County Clerk for file.

cc: Applicant

HARPER COUNTY BOARD OF COUNTY COMMISSIONERS

CHECK LIST FOR CONSIDERATION
OF A SPECIAL USE CASE

PURPOSE:

This check list is to assist: (1) the Chairman in conducting the discussion on a special use case; (2) the County Clerk in an orderly process of minute taking; (3) the Applicant in presenting new information; and (4) any persons who have new information or wish to know their rights in the matter. Although the order of the outline should be followed, the material will need to be modified to relate to the particular case. This check list is in keeping with the procedures in K.S.A. 12-757(c), (d) and (e) and the decision in Houston v. Board of (Wichita) City Commissioners, 218 Kan. 323 (1975). The latter determined that:

> *"Where the statutory requirements are fully met (Ed: Notice and public hearing) and a full and complete record of the substance of the planning commission proceedings is before the governing body, due process does not require the governing body to conduct a second public hearing on the advisability of the proposed change." (Syllabus)*

CALL AGENDA ITEM:

I call Agenda item # ___ which is on Case No. SU-02-2019. This is an application to establish a pipeline pump station in the A-2 Agricultural District

DISQUALIFICATION DECLARED AND QUORUM DETERMINED:

Before we proceed, I'll ask the Commission if any of them intend to disqualify themselves from discussing and voting on this case because they have conflicts of interest. Please let the minutes show that _____ has disqualified himself/herself because_____ _____ and has temporarily disassociated himself/herself from our Commission. We now have a quorum of _____ present for the consideration of the case.

PROTEST PETITIONS:

Has the County Clerk received any protest petitions on the case? (If no, proceed to next item.) (If yes) Do they constitute the statutory required 20% necessitating a 3/4 vote of the Commission to approve the case? (If yes) Having determined that a valid protest petition has been submitted to the Clerk, I would remind the Commission that a unanimous vote is necessary to approve the case.

COMMUNICATIONS:

Did the Commission receive any comments from a city on this case? (If no, proceed to next item.) (If yes, discuss as deemed desirable.) Are there any other communications to consider on this matter other than from our Planning Board? (Read and discuss as deemed desirable.)

SUMMARY OF HEARING:

I ask the Commission members if they have all received copies of the unapproved Minutes of the Planning Board for January 27, 2020 which summarizes the hearing on this case? (If no, consider a motion to continue the agenda item until the minutes are available.) (If yes) Having determined that the members have received the required information, I am going to call on the Zoning Administrator for a report and then ask the Applicant and any members of the public who wish to speak on this case to confine their presentation to new information not otherwise presented at the hearing. The Commission may also want to direct questions to the Applicant, the staff or other persons present.

ZONING ADMINISTRATOR'S REPORT:

I call on our Zoning Administrator, Matthew Booker to provide us with a report on the case and recommendation of the Planning Board. (See Special Use Report.)

Thank you for your presentation. Any questions for the Zoning Administrator from the Commission members?

APPLICANT'S PRESENTATION:

Does the Applicant wish to present any new information?

Thank you for your information. Any questions to the Applicant from Commission members?

PUBLIC COMMENTS:

Does anyone from the public wish to respond to the Applicant's information or provide any new information? Please come forward and give your name and address.

Do any of the Commission members have a question for the public presenter(s)?

APPLICANT'S RESPONSE:

Does the Applicant have any further responses to the public comments?

Any Commission questions?

BOARD DELIBERATION:

Assuming the Commission has received all the information they need on this case, you have received an outline of choices provided under the state statutes for Commission action: (K.S.A. 12-757[c]) How do you wish to act?

(Recommendation to approve.)

(1) Move to adopt the findings and factors and recommendation of the Planning Board on Case No. SU- 02- 19 and to **approve** Resolution No. 2020- . (Majority vote needed.) *****

(Recommendation to disapprove.)

(2) Move to adopt the findings and factors and recommendation of the Planning Board to **disapprove** Case No. SU- 02- 19 . (Majority vote needed.)

(Recommendation to approve.)

(3) Move to **override** the Planning Board's recommendation, **approve** Case No. SU-02-19 , **amend** in detail the findings and factors supporting the motion in the Special Use Report, **attach appropriate conditions,** if any, and **approve** Resolution No. 2020 - . (2/3 Majority vote needed.)*****

(Recommendation to disapprove.)

(4) Move to **override** the Planning Board's recommendation, **disapprove** Case No. SU-02-19 and amend in detail the findings and factors supporting the motion in the Special Use Report. (2/3 Majority vote needed.) *

(5) Move to **return the recommendation** to the Planning Board on Case No. SU-02-19 **for further consideration** at its next regular meeting with a statement specifying the basis for the Board's concern whether to approve or disapprove the recommendation. ******

(6) Move to **table** Case No. SU-02-19 until _____, 20___ at __:__ (a.m., p.m.) in this same meeting room for more (information) (and) (study) in regard to

(Majority vote needed.)

***** **(Note:** If a valid protest petition is determined, a unanimous vote will be needed to approve the case.)

** **(Note:** If the Commission returns the Planning Board's recommendation, the Planning Board, after considering the same, may resubmit its original recommendation giving the reasons therefore or submit a new and amended recommendation. Upon the receipt of such recommendation, the Commission, by a simple majority thereof, may adopt or may revise or amend and adopt such recommendation by resolution, or it need take no further action thereon. If the Planning Board fails to deliver its recommendation to the Commission following the Planning Board's next regular meeting after receipt of the Board's report, the Commission shall consider such course of inaction on the part of the Planning Board as a resubmission of the original recommendation and proceed accordingly. In either circumstance, the Commission may take any action they desire by majority vote unless legal protest petitions are received which would necessitate a 3/4 vote, i.e., a unanimous vote to approve the case.)

CLOSING REMARKS:

(For approval)

Persons aggrieved by the final decision of the Commission on this matter have 30 days after the effectuating resolution is published within which to appeal to District Court.

(For disapproval)

Persons aggrieved by the final decision of the Commission on this matter have 30 days after today's action within which to appeal to District Court.

Thank you for participating in this matter.

I call for Agenda item #____.

HARPER COUNTY, KANSAS

Agenda Item No. __

for February 24, 2020

AMENDED REVISED SPECIAL USE REPORT *

CASE NUMBER: **SU-02-2019**

APPLICANT: **Gerald Wolff, Trustee of the Charley Wolff Trust #1**
AGENT: **Jeff Maddox, Saddlehorn Pipeline Co., LLC**

REQUEST: **Special Use requested to establish a pipeline pump station in the A-2 Agricultural District.**

CASE HISTORY:

APPROX. LOCATION: **A tract of land in SW 4 of Section 24, Towship 33, Range 6 , ½ mile north of the intersection of Hwy KS 44 and NE 60 Ave.**

SITE SIZE: **4.5 acres more or less**

PROPOSED USE: **To establish a pipeline pump station**

ADJACENT ZONING AND EXISTING LAND USE:

North: **A-2 Agricultural District – Agricultural land**

South: **A-2 Agricultural District and I-1 Industrial District– Agricultural land and 1 residence to the SW a ½ mile**

East: **A-2 Agricultural District – Agricultural land**

West: **A-2 Agricultural District – Agricultural land**

* **NOTE:** This report is to assist the Planning Commission to determine their findings from the evidence presented at the hearing so as to base their rezoning recommendation on the required 17 factors found in Section 11-100 H of the Zoning Regulations. The responses initially provided need to be evaluated with the evidence and reworded as necessary to reflect the Commission's considered opinion. Conditions attached to the motion, if any, should be carefully worded to provide instructions to the applicant and facilitate enforcement by the Zoning Administrator. A copy of the report should be provided to the applicant before the hearing. The completed report can be included within the minutes following the statutory required summary of the hearing or attached thereto. The minutes and report should be forwarded to the Governing Body within 14 days to serve as a basis for their decision.

BACKGROUND INFORMATION:

This property is located at an area that has an established pump station and pipeline.

(See attached aerial photo with drawing.)

FACTORS AND FINDINGS: **

1. What are the existing uses and their character and condition on the subject property and the surrounding neighborhood? (See Adjacent Existing Land Use on page 1 of 4.)

> ***The property is surrounded by agricultural land with one dwelling to the southwest, a half of a mile away. The property is a half of a mile North of KS Highway 44.***

2. What is the current zoning of the subject property and that of the surrounding neighborhood in relation to the request? (See Adjacent Zoning on page 1 of 4.)

> ***The property is zoned as the A-2 Agricultural District.***

3. Is the length of time that the subject property has remained undeveloped or vacant as zoned a factor in the consideration?

> ***No.***

4. Would the request correct an error in the application of these regulations?

> ***No.***

5. Is the request caused by change or changing conditions in the area of the subject property and, if so, what is the nature and significance of such changed or changing conditions?

> ***The expansion of the oil & gas pipelines in the area has created the demand for such a station.***

****** **NOTE:** Of those factors considered as relevant to the requested change in zoning district classification or boundary, not all factors need to be given equal consideration by the Board in deciding upon its recommendation.

6. Do adequate sewage disposal and water supply and all other necessary public facilities including street access exist or can they be provided to serve the uses that would be permitted on the subject property?

> ***NE 60 Avenue is a graveled road and water supply and sewage disposal facilities are not needed.***

7. Would the subject property need to be platted or replatted or in lieu of dedications made for rights of way, easements, and access control or building setback lines?

> Yes. ***The land will need to be platted since it is being divided.***

8. Would a screening plan be necessary for existing and/or potential uses of the subject property?

> ***Screening for this property will be determined by the site plan committee.***

9. Is suitable vacant land or buildings available or not available for development that currently has the same zoning as is requested?

> ***There are no vacant properties specifically zoned for this special use in the rural area of the County.***

10. If the request is for business or industrial uses, are such uses needed to provide more services or employment opportunities?

> ***There is a need for the station to provide pumping service for the gas and oil production companies.***

11. Is the subject property suitable for the uses in the current zoning to which it has been restricted?

> ***Yes. The property could continue to be used for agricultural uses.***

12. To what extent would the removal of the restrictions, i.e., the approval of the zoning request detrimentally affect other property in the neighborhood?

> ***The station will be an electrically powered pumping station. The station will have electric motors and HVAC equipment. It will be remotely monitored through the control center in Tulsa. After completion, traffic will consist of 1-2 semi-trucks and 3-4 work trucks a week. The noise level and traffic should be minimal.***

13. Would the request be consistent with the purpose of the zoning district classification and the intent and purpose of these regulations?

> ***Yes. Such pumping stations are listed as a special use in the A-2 District.***

14. Is the request in conformance with the Comprehensive Plan and does it further enhance the implementation of the Plan?

> ***The Comprehensive Plan for the Unincorporated Area of Harper County, Kansas: 2003-2020 in Chapter 8 does not currently address gas production for the "Oil Boom" era.***

15. What is the nature of the support or opposition to the request?

> ***No public was present.***

16. Is there any information or are there recommendations on this request available from professional persons or persons with related expertise which would be helpful in its evaluation?

> ***Oil & Gas pumping stations are obviously needed in the County with the current expansion of oil & gas drilling and the question is where can they be located in as compatible a setting as possible.***

The Public Works Director has concerns for the new access to the station.

17. By comparison, does the relative gain to the public health, safety or general welfare by not approving the request outweigh the loss in property value or the hardship imposed upon the applicant?

> ***There would be substantial environmental benefits to the surrounding properties as a relative gain to the public health, safety, or general welfare if the special use were approved, and the overall gain to the County at-large outweighs the nearby affects since such stations are needed for the gas industry and the Applicant has certain limitations in finding a site due to pipeline locations.***

<u>CONDITIONS:</u> (Determine conditions, if any, applicable to the case with rewording if necessary and add additional conditions as deemed desirable.)

1. That a site plan be submitted to the County Site Plan Review Committee for approval prior to application and approval of a Zoning Permit by the Zoning Administrator.

2. That the subject property be platted prior to the application & approval of a Zoning Permit by the Zoning Administrator.

3. After completion of the facility, there will be 8" of aggregate added to NE 60 Ave., beginning at KS Hwy 44 going North, to NE 10 Rd. Application will be completed by Harper County Public Works Department. Owners of the facility will be responsible for the one-time cost of the aggregate material, in an amount not to exceed $125,000.

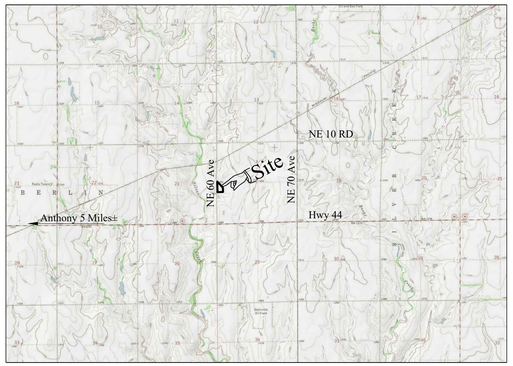
4. A written letter from the Public Works Director approving the access from NE 60th Ave. onto the property of the Harper Station.

cc: Applicant

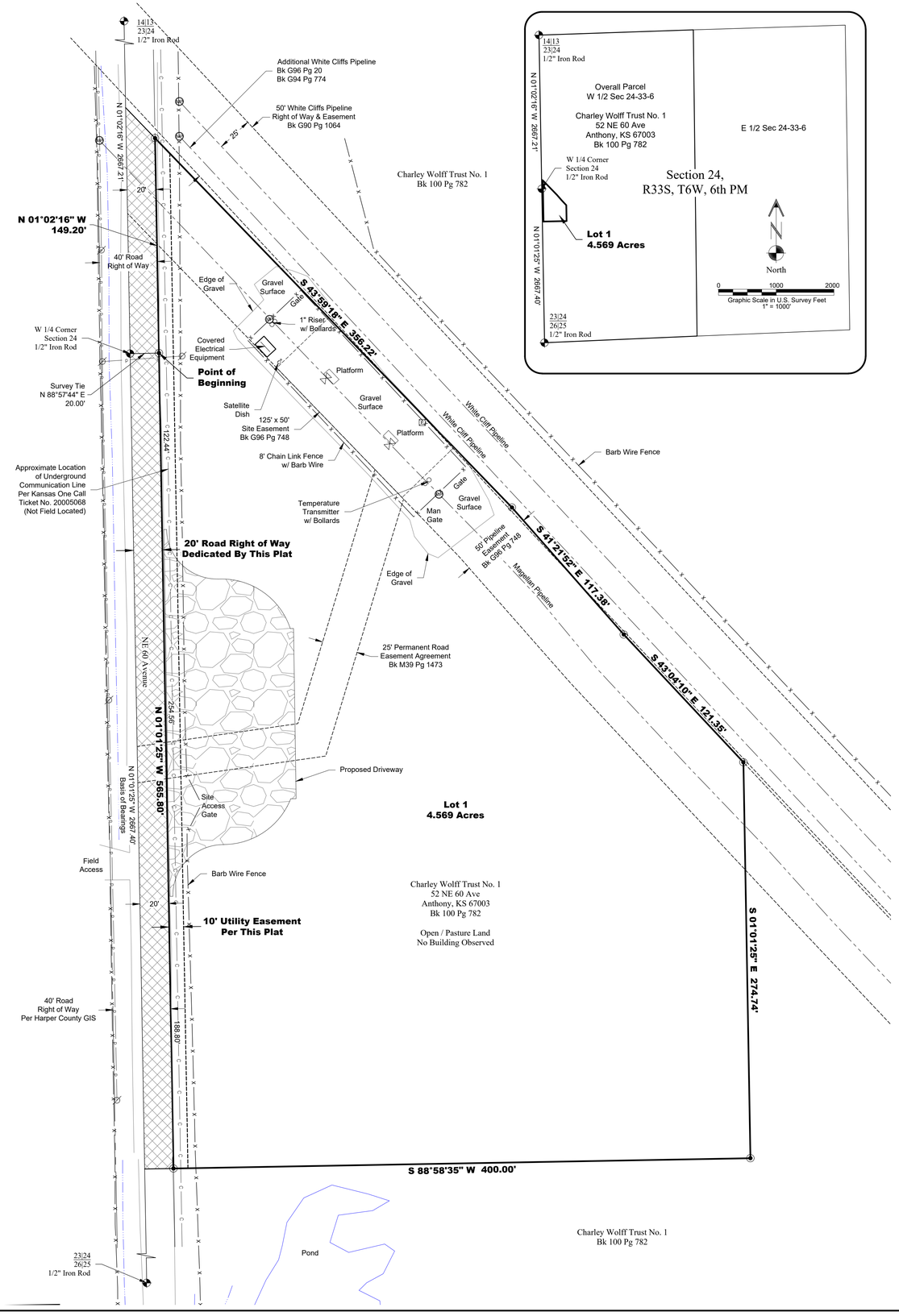
Agent

Final Plat
Harper Station

A Portion of the W 1/2 of Section 24
Township 33 South, Range 6 West, 6th P.M.
Harper County, Kansas



Vicinity Map
1"= 5000'



Owner's Certification and Dedication:
State of Kansas)
ss
County of Harper)

This is to certify that the undersigned is the owner(s) of the land described in the Surveyor's Certificate; have caused the same to be surveyed and subdivided on the accompanying plat into lots, blocks, streets and other public ways under the name of Harper Station; that all streets and easements as denoted on the plat are hereby dedicated to and for the use of the public for the purpose of constructing, operating, maintaining and repairing public improvements; and further that the land contained herein is held and shall be conveyed subject to any restrictions, reservations, and covenants on file in the Office of the Register of Deeds of Harper County, Kansas.

Signed this _____ day of _____ , 20___

_____
Gerald Wolff, as Successor Trustee of The Charley Wolff Trust No. 1, dated March 1, 1994

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ , by Gerald Wolff, as Successor Trustee of the Charley Wolff Trust No. 1 dated March 1, 1994.

_____
Notary Public
My Commission expires: _____

Planning Agency Certificate:
State of Kansas
ss
County of Harper

This plat was approved by the Harper County Planning on this _____ day of _____,20____, and was recommended for approval by the Governing Body of the _____ of _____, Kansas.
Signed this _____ day of _____, 20____.

_____
Steve D. Bellesine - President

ATTEST: _____
Jackie M. Keim - Secretary

County Clerk Certificate:
State of Kansas
ss
County of Harper

I, the undersigned, Clerk of Harper County, Kansas, within my respective jurisdiction, do hereby certify that there are no delinquent general taxes, no unpaid current general taxes, no unpaid forfeited taxes, no redeemable tax sales, and further, that there are no delinquent or unpaid current or forfeited special assessments or any deferred installments against or apportioned to any of the land included in this plat.

Signed this _____ day of _____,20____.

_____
Ruth A. Elliot - County Clerk

County Commissioner's Certificate:
State of Kansas
ss
County of Harper

This plat approved and all dedications shown on this plat, if any, are hereby accepted by the Board of County Commissioners, Harper County, Kansas, this _____ day of _____,20____.

_____
Carla Pence - Commission Chairperson

_____
Brian Waldschmidt - Commissioner

_____
Lee Adams - Commissioner

ATTEST: _____, Ruth A. Elliot - County Clerk

File: G:\GEOSURV\Kansas\SaddlehornROV21\Final Products\SaddlehornROV21-FP.dwg
Printed: Feb 19, 2020 2:47pm by: jvogt

Surveyors Certificate and Description:

I, the undersigned, licensed professional surveyor of the State of Kansas, do hereby certify that the following described tract of land was surveyed on November, 2019 and the accompanying final plat prepared and that all the monuments shown herein actually exist and their positions are correctly shown to the best of my knowledge and belief:
A portion of that parcel conveyed to Charley Wolff Trust No. 1, dated March 1, 1994 filed June 6, 1994 in Book 100 at Page 782 in Section 24, Township 33 South, Range 6 West of the Sixth Principal Meridian, Harper County, Kansas, described as follows:

Note:
1. The Basis of Bearings is the west line of the southwest quarter of Section 24, T33S, R6W 6th P.M., as monumented with a 1/2" iron rod at each end with a grid bearing of N 01°01'25" W. All directions, distances and dimensions are based on a modified NAD 83 UTM zone 14 coordinate system. CSF=1.000345827 from 0,0.

Commencing at the west quarter corner of Section 24, a 1/2" iron rod; Thence N 88°57'44" E a distance of 20.00 feet to a point on the easterly right of way line of NE 60 Avenue and the POINT OF BEGINNING;

Thence N 01°02'16" W, along said right of way line, a distance of 149.20 feet, more or less, to a point on the northerly line of that 50 foot Magellan Pipeline Easement filed February 12, 2015 in Book G95 at Page 1235 and July 19, 2016 in Book G96 at Page 748;

Thence along said northerly line the following three (3) courses:
1. Thence S 43°59'18" E a distance of 356.22 feet;
2. Thence S 41°21'52" E a distance of 117.38 feet;
3. Thence S 43°04'10" E a distance of 121.35 feet;

Thence S 01°01'25" E a distance of 274.74 feet;

Thence S 88°58'35" W a distance of 400.00 feet, more or less, to a point on the easterly right of way line of NE 60 Avenue;

Thence N 01°01'25" W, along said right of way line, a distance of 565.80 feet to the POINT OF BEGINNING.

Containing 4.569 acres more or less.

Michael Blake Brown
LS 1552
For and on behalf of Topographic Land Surveyors.

MICHAEL BLAKE BROWN
LICENSED
LS-1552
2/19/20
KANSAS
LAND SURVEYOR

Notes:

1. Topographic Land Surveyors relied on First American Title Insurance Company, Commitment Number 2343222, Revision A, dated December 2, 2019 for the preparation of this survey. This survey does not constitute a title search by this surveyor of the property shown and described hereon to determine:
   a. ownership of the tract of land.
   b. compatibility of this description with those of adjacent tracts of land.
   c. rights of way, easements and encumbrances of record affecting this tract of land.
2. These premises are subject to any and all easements, rights of way, variances and or agreements as of record may appear.
3. This parcel is located in an area that is not within a special flood hazard area according to the National Flood Insurance Program Flood Insurance Rate Map number 200125 0006 A with an effective date of July 1, 1980 and Converted by Letter 2/1/2013.
4. This parcel is located in the A-2 Agricultural District.
5. Underground utilities as shown hereon are based on maps by others, surveyed locations of physical and visible evidence such as utility pedestals, manholes, inlets, meters, etc.
6. Project Benchmark is a 2" aluminum cap set near the existing westerly barb wire fence, south of the site access gate, as shown hereon, with a NAVD 88 OPUS solution elevation of 1287.24'. Contours shown are from a ground survey done in August 2019 and added to in October 2019, contour interval = 1'.

Register of Deeds Certificate:

State of Kansas
ss
County of Harper

This is to certify that this instrument was filed for record in the Register of Deeds Office at _____ __.M. on this _____ day of _____,20____.

_____
Audrey Anderson - Register of Deeds

_____
Denise Beckner - Deputy Register of Deeds

Review Surveyor's Certificate:

I hereby certify that the review of this plat was found to be in compliance with the requirements of K.S.A. 58-2005.
Approved this _____ day of _____, 2020

_____

Transfer:

Entered on transfer record this _____ day of _____,20____.

_____
Ruth A. Elliot - Harper County Clerk

LEGEND

- Section Corner
- Set Plastic Cap LS-99 on 1/2 Iron Rod
- Utility Pole
- Electrical Transformer
- Marker Post
- Valve
- Road Right of Way Being Dedicated
- Proposed County Road Access Point
- Easement
- Fence
- Power Overhead
- Underground Communication Line

North
0 40 80
Graphic Scale in U.S. Survey Feet
1" = 40'

Closure Report:

Closure error distance = 0.0042', Error Bearing = N 12°8'5" W, Closure Precision = 1:471,953.8

Sheet 1 of 1
Revised February 19, 2020

Date of Survey	10/09/2019
Control File	UTM Ground
Job Number	129245

TOPOGRAPHIC
LOYALTY INNOVATION LEGACY
520 Stacy Court Ste B, Lafayette, CO 80026
303.666.0379 www.topographic.com

REPORT TO BOARD OF COUNTY COMMISSIONERS ON FINAL PLAT

This report is to be completed by the Subdivision Administrator to assist in making a recommendation to the Planning Board in determining whether the final plat should be approved; approved with conditions and/or modifications; disapproved or deferred for more study. Information for the report should be compiled from the "Check List for Contents of Final Plat". The completed report should be distributed to the Planning Board and the Subdivider with the related agenda to facilitate the discussion, maximize the use of time and serve as a basis for decision making.

Description

Application Date: January 21, 2020

Name of Subdivision: Harper Station

General Location: 52 NE 60 Ave, Anthony, Kansas _____

Urban Type_____Rural Type___X_____

Name of Subdivision Administrator: Matthew Booker_____

Name of Landowners: Gerald Wolff, Trustee for Charley Wolff Trust #1

Name of Subdivider/Agent Jeff Maddox, Saddlehorn Pipeline Co., LLC_____

Name of Licensed Land Surveyor: Michael Blake Brown, on behalf of Topographic Surveyors

1. Final Plat of entire Preliminary Plat area_____
   Final Plat of unit number _____ of _____ unit developments
   Final Plat for small tract_____X_____
   Final Replat of original platted area_____

2. If this is a final plat for a small tract, have all the qualifications for approving such a plat been met as stated in Section 4-113 including proposed use, maximum acreage and number of lots permitted? Yes_____X_____No_____

3. If a preliminary plat was previously approved, have all the conditions and/or modifications, if any, been satisfied? Yes___N/A___ No_____If no, list conditions and/or modifications still needing to be satisfied in the comment section on the next page.

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Comments

Evaluation of the **final plat** by various affected and interested parties would indicate the following actions:

Planning Board Action:

	Yes	No	Change
A) Approved			
B) Deferral for more information and/or study			
C) Disapproval with reasons listed below:			
D) Approval subject to conditions and specified modifications:			
1. Depict the locations and dimensions of the entrance/exits as agreed to by all parties for County Roadway.	X		

Modifications requested by the Sub-divider (See Section 11-103.): (Note: Any variances from the County Zoning Regulations must be processed by the Board of Zoning Appeals.)

1. _____
_____
_____

Planning Board Action

Having reviewed the final plat for the ___Harper Station_____filed as
Case No: FP-1-2020____. I _____move that we

(approve the plat and recommend that the dedications shown thereon be accepted by the Governing Body.)

(approve the plat subject to conditions {and specified modifications} as heretofore agreed upon and recommend that the dedications shown thereon be accepted by the Governing Body.)

(disapprove the plat for the reasons heretofore agreed upon.)

(defer the plat until the _____, 2020 regular meeting of the Planning Board for more (information) (study) as heretofore specified.)

Motion seconded by _____and passed by a (unanimous) vote of _____to _____. Member(s) abstaining from the vote was/were: _____

(Note: Except in the case of a tie vote, abstentions are counted as part of the majority vote. Members disqualifying themselves are not part of the quorum and unable to vote. A majority vote of the members present and voting is necessary to pass a motion on a plat.)

Date:_____

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