



CITY COUNCIL WORK SESSION

Wednesday, March 21, 2018

265 Strand Street, St. Helens, OR 97051

www.ci.st-helens.or.us

Welcome!

All persons planning to address the Council, please sign-in at the back of the room. When invited to provide comment regarding items not on tonight's agenda, please raise your hand to be recognized, walk to the podium in the front of the room to the right, and state your name only. You are not required to give your address when speaking to the City Council. If you wish to address a specific item on the agenda, you should make your request known to the Mayor as soon as possible before the item comes up. The Council has the authority to grant or deny your request. Agenda times and order of items are estimated and are subject to change without notice.

1. Call Work Session to Order

2. Visitor Comments

3. Discussion Topics

- 3.A. Discuss Possibility of Ferry To/From Washington - Mayor Scholl
- 3.B. Request to Donate Audio Cassettes to Columbia County Museum Association - Margaret
[Council Action Request - Donate Oral Histories](#)
- 3.C. Request Authority to Spend up to \$16,000 for Painting Exterior of Columbia Center - Margaret
[Council Action Request - Building Reserve Funds Exterior Painting](#)
- 3.D. Review Annual Recommendation to Adjust Cascades Reserve Allocation - Sue
[Annual TAC Adjustment](#)
- 3.E. Review Low Income Water-Sewer-Storm Assistance Program Proposal - Matt
[St. Helens Water Assistance - Proposal](#)

4. Department Reports

The St. Helens City Council Chambers are handicapped accessible. If you wish to participate or attend the meeting and need special accommodation, please contact City Hall at 503-397-6272 in advance of the meeting.

**Be a part of the vision...get involved with your City...volunteer for a City of St. Helens Board or Commission!
For more information or for an application, stop by City Hall or call 503-366-8217.**

4.A. Public Works Department Report
[PW Dept Report](#)

4.B. Administration/Community Development Department Report
[Admin Dept Report](#)

5. **Council Reports**

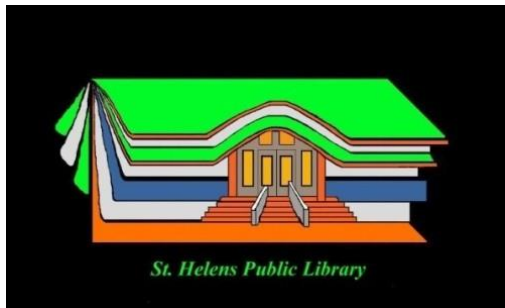
6. **Other Business**

7. **Adjourn**

Executive Session - *Following the conclusion of the Council Work Session, an Executive Session, under ORS 192.660(2)(e) and (b), is scheduled to take place to discuss Real Property Transactions and to Consider Dismissal/ Discipline of Public Officer/Employee. Representatives of the news media, staff and other persons as approved, shall be allowed to attend the Executive Session. All other members of the audience are asked to leave the Council Chambers.*

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Request for Council Action

March 21, 2018

To: The Mayor and Members of the City Council

From: Margaret Jeffries, Library Director and Brenda Herren-Kenaga, Reference Librarian

Subject: Approval to donate oral histories on audiocassettes to the Columbia County Museum Association

Recommendation:

The Library Director requests the Council's approval to donate the City's collection of historical oral interviews to the Columbia County Museum Association (CCMA). CCMA will digitize and transcribe the contents of the audiocassette tapes. The City of St. Helens reserves the right to transfer this content to an alternate format if at any time in the future, the removal of copyright restrictions and funding make it possible.

Background:

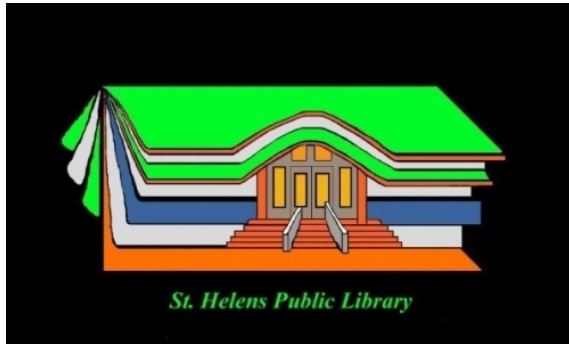
The City of St. Helens owns a small collection of audiocassette oral histories of the St. Helens area that are currently being stored in a City Hall vault. The storage of these cassettes in the vault have not enabled their protection, preservation, nor access. Furthermore, most audiocassettes degrade to the point of information irretrievability within thirty (30) years. While undated, these cassettes appear to be dangerously close to their end of life— if indeed they have not already separated/demagnetized to the point of the information being lost.

Columbia County now benefits from a museum association that has as its mission to "...collect, display, preserve, and safeguard various artifacts, ephemera, photographs and research materials about all aspects of the history of Columbia County." This mission and their expertise make the museum an ideal repository for this important audio collection.

According to manufacturers' data sheets and other technical literature, thirty years appears to be the upper limit for magnetic tape products, including video and audio tapes. LE [life expectancy] values for storage media, however, are similar to miles per gallon ratings for automobiles. Your actual mileage may vary.

Recently, articles have been appearing which suggest that the life expectancy of magnetic media is much shorter than originally thought. For example, an article in the January 1995 Scientific American (Jeff Rothenberg, "Ensuring the Longevity of Digital Documents") conservatively estimated the physical lifetime of digital magnetic recording tape at one year. Because of the confusion that can result from such a statement, NML officially responded with a letter to the editor that appeared in the June 1995 issue of Scientific American. The letter states that the "physical lifetimes for digital magnetic tape are at least 10 to 20 years."

https://www.clir.org/pubs/reports/pub54/4life_expectancy/ Retrieved March 12, 2018.



Request for Council Action

March 14, 2018

To: The Mayor and Members of the City Council

From: Margaret Jeffries, Library Director

Subject: Request to Library Building Reserve Funds for Exterior Painting of the Columbia Center

Recommendation:

The Library Director requests authorization to spend up to \$16,000 from the Library Building Reserve for the purpose of exterior painting of the Columbia Center.


Background:

The Columbia Center's exterior is in need of painting. The Public Works Department has obtained the necessary quotes from painting contractors. Needed repairs to woodwork that has been exposed to the elements will be performed by Public Works prior to painting.

Approval of this project now will allow the painting to be scheduled before contractor schedules are filled.

The entire balance of the Library Building Reserve is currently in contingency and will require a budget appropriation if the project is approved.

COUNCIL ACTION SHEET

To:	The Mayor and Members of City Council	
From:	Sue Nelson, Public Works Engineering Director Neal Sheppard, Public Works Operations Director	
Date:	21 March 2018	
Subject:	Cascades Reserve Allocation Annual Adjustment	

Background:

Each March, the Biochemical Oxygen Demand (BOD) loading rate from Cascades is reviewed and compared with the reserve allocation from the previous year per the terms of the Operation and Use Agreement. As anticipated, the loading from the mill has increased from the 2016-2017 figures because of the maintenance issues with Cascades' clarifier. Last year the reserve was set at 73%. Data for the past year shows that the actual loading increased to an average of 86.3% (see table).

	2017-18				
	BE BOD	PE BOD	Total		
	Ave lbs/day	Ave lbs/day	Ave lbs/day	BE %	PE %
Mar-17	7604	2306	9910	76.73	23.27
Apr-17	5264	2901	8165	64.47	35.53
May-17	11828	2322	14150	83.59	16.41
Jun-17	10830	1898	12728	85.09	14.91
Jul-17	7376	1697	9073	81.30	18.70
Aug-17	8252	1568	9820	84.03	15.97
Sep-17	8724	945	9669	90.23	9.77
Oct-17	15244	1444	16688	91.35	8.65
Nov-17	16482	1804	18286	90.13	9.87
Dec-17	20732	2194	22926	90.43	9.57
Jan-18	17746	2535	20281	87.50	12.50
Feb-18	18295	1940	20235	90.41	9.59
Totals	148,377.00	23,554.00	171,931.00		
Averages	12,364.75	1,962.83	14,327.58	86.30	13.70

Recommendation:

Adjust Cascades' reserve to 86.3% per the terms of the Operation and Use Agreement. This number is based on the average loading from Cascades compared to the loading from the City's Primary lagoon as outlined in section 9.2.3 in the Agreement. Per the agreement, Cascades pays either the reserve minimum or for actual loading, whichever is higher.

Low Income Water-Sewer-Storm Assistance Program City of St. Helens, Oregon

2017-18 Program

Program Proposal:

Community Action Team Inc. (CAT) is pleased to partner with the City of St. Helens (City) to provide a Low Income Water-Sewer-Storm Assistance Program to qualified residents. To that purpose the City agrees to provide \$5,000 for this program between the start of this agreement and December 31, 2018. These amounts are subject to flexibility based on the City's budget.

CAT proposes to use the same eligibility guidelines and procedures that are currently used with our state and federal energy assistance programs: Low Income Home Energy Assistance Program (LIHEAP), Oregon Low-Income Gas Assistance (OLGA), and Oregon Energy Assistance Program (OEAP). LIHEAP's measure of poverty is 60% of Median Income, this is the qualifying threshold that will be used to determine eligibility. The fund developed by the City of St. Helens will be distributed on a first-come, first-serve basis until depleted.

In performing work under this agreement CAT agrees to do the following:

- Conduct intakes with clients seeking assistance from the program.
- Determine client eligibility for the program.
- Determine amount to be received by the eligible client.
- Issue financial assistance voucher by assigned number.
 - Print-out to the client.
 - Email to the City
- Offer CAT conducted Energy/Utility Education (20% attendance target)
- Collect applicable client data.
- Report to the City when requested.

To facilitate and complete CAT's work the City agrees to do the following:

- Receive numbered vouchers by email.
- Credit client's account as indicated by voucher.
- City retains the right to deny voucher requests for extenuating circumstances.

Additional Attachments Include:

Attachment A - Energy/Utility Assistance Application

Attachment B - Income Eligibility Guidelines

Attachment C - Crisis Form

Attachment D - Policy Checklist

Acceptance of Proposal:

Community Action Team, Inc.

Signature

Name

Title

Date

City of St. Helens

Signature

Name

Title

Date

DRAFT





Energy Assistance Program Application


The enclosed Energy Assistance Program Authorization form, and submission of your required documents, will be the basis used to determine your eligibility for various services offered through this program. These services may include Energy Assistance, Weatherization, and/or direct client assistance funds. The eligibility and selection process may vary from service to service. For specific guidelines please contact your local Energy Assistance Agency. A completed application packet does not guarantee that you will receive assistance. Your local agency may request additional information from you in order to complete the application process.


It is strongly advised that you continue making payments on your energy bill. Contact your utility company to make payment arrangements in the event a disconnection is scheduled.


Important Information


 **All members of the household must be included on the application.** Income must be listed for all adults and for any children who receive Social Security. All verification must be attached to the application. No Exceptions!


 **Social Security Cards are required for everyone listed on application.** Exceptions must be explained with a note attached to the application. Some exceptions may apply.

 Identification is required for all adults 18 years of age or older, even if they are still attending High School.

 Personal ID along with a Declaration of Personal Income form (enclosed with this application) must be included for each adult claiming informal or zero income. A DHS proof of income form is required if the whole household is zero income.

 Crisis payments will not be made solely on a shut-off or disconnect notice.

 If assistance is needed for multiple services, i.e. Electric, Natural Gas, or water, please complete an additional signature page for each service.

 **Do you need assistance filling out the application? Please call for an appointment:**

Columbia: 503-397-3511 or 1-800-404-3511
Tillamook: 503-842-5261
Clatsop: 503-325-1400

SOCIAL SECURITY RECIPIENTS:

Bank statements are no longer accepted as proof of Social Security Income. To receive your award letter by mail call 1-800-772-1213 and allow 7-10 days for delivery. To receive the information in one day you must go online at <http://www.ssa.gov/myaccount/> or you can visit your local Social Security Administration office.

SERVICES FOR CUSTOMERS FOR DEAF AND/OR HEARING IMPAIRED CUSTOMERS:

Oregon Telecommunication Relay Service is a service that links Deaf and/or Hearing impaired persons via telephone.

TTY/Voice 1-800-735-2900
Contact number for TTY/Voice: 1-800-223-3131
Hours: 9 A.M. to noon, 1 P.M. to 5 P.M.

To use this service, dial the number listed above. Give the agent the number you would like to call and he or she will stay on the line to relay the conversation. You can communicate directly with the person you contacted. All calls and information are confidential.

MAILING ADDRESS:

Our agency will treat all your personal information as confidential.

Application Instructions

These instructions are included to assist you in completing this application. If your application is not accurate and complete, your assistance will be delayed or denied. Please print all responses legibly. Please mail your completed application, including all required documentation, as soon as possible.

Remember, all household members must be included in the household information. If additional space is needed, please provide information on a separate piece of paper and attach to the application.

☐ Please refer to the Acronym Code List for all needed codes.

☐ This application and additional forms you may need are also available to be downloaded at www.cat-team.org

- 1 Household Type: Circle the appropriate code that applies to your situation. USE CODE
- 2 Name: On separate lines, please print the **First Name, Full Middle Name, and Last Name** of each individual who resides in your household (if no middle name use code: NMN).
- 3 Birthdates: List each household member's birthdates using this format, MM/DD/YEAR.
- 4 Social Security Number: List each household member's Social Security Number, if none please explain.
- 5 Social Security Code: **Agency use only, please do not fill out.**
- 6 Language: Identify the primary language used by each household member. USE CODE
- 7 Gender: Identify the gender of each household member. USE CODE
- 8 Ethnicity: Identify the ethnic background of each household member. USE CODE
- 9 Race: Identify the race of each household member. USE CODE (Multiple codes may be used)
- 10 Oregon Tribes: Identify each Oregon Tribal Member in the household. USE CODE
- 11 Education: Identify the highest level of education attained by each household member. USE CODE
- 12 Disability: Identify the disability status for each household member. USE CODE
- 13 Veteran: If a household member has served in the military, they are considered a veteran. USE CODE
- 14 Homebound: Identify the status of household members who require assistance completing this application and are physically unable to leave the house. USE CODE
- 15 Non Cash Benefits: Identify each benefit received by each household member, i.e. SNAP, Medicaid, Medicare, OHP, etc. USE CODE
- 16 Home Phone: A home phone number or message phone for the household must be listed. The processing of your application will be delayed if this is not included. "Blocked", "Unavailable", "Magic Jack" customers, or those who can not be contacted by phone must provide additional alternate contact information.
- 17 Reference and other Phone numbers: Use the letter next to the names listed to add phone numbers that may be used for contact.
- 18 Mailing Address: Check the box if this address is used by all household members. Please fill it out completely, including Street Address, Apartment Number, P.O. Box, City, State, Zip Code and County. **If this address is different than your utility bill please explain the difference.**
- 19 Physical address: Check and fill this out only if your Street Address is different from your Mailing Address.
- 20 Type of Dwelling: Circle the building type that best applies to your dwelling.
- 21 Residence Status: Circle the status of your household (Subsidized Housing is Income Based Housing Assistance).
- 22 Type of Heat: Circle all the types of heat present in your dwelling. Enter the code for the primary heat source.
- 23 Employment: Use the reference letters next to the names in the Client Information section.
- 24 Income Source: Using the reference letter from the Client Information section, identify all income sources for all adults 18 years of age, not attending high school, and for children receiving SS income. If zero income, please indicate.
- 25 Income Type: Identify all income types for all household members. USE CODE
- 26 Amount: List the total GROSS amount (amount received before taxes) in the last 30 days prior to this application being submitted.
- 27 Signature of Account Holder: Your application will not be processed until it has been signed. The account holder must be over 18 years of age. The account must be in the name of a household member. If other individuals are listed on the bill that are not in the household, please explain or have them removed from the utility bill.

Please Note: Subsidized Housing Applicants (Section 8 or other) must provide a copy of their Rental Adjustment Letter (RAL) or a copy of their rental agreement only if they do not receive a utility allowance.

Acronym Code List

HOUSEHOLD TYPE

M Married
S Single
SPM Single Parent Male
SPF Single Parent Female
EXF Extended Family
2P Two Parent
COH Co-Habitants

SOCIAL SECURITY NUMBER CODE

N No
Y Yes
E Exception

LANGUAGE

AM American Sign
AR Arabic
C Chinese
E English
F Farsi
H Hmong
J Japanese
K Khmer
KO Korean
LA Laotian
M Mien
MA Mayan Group
O Other
R Russian
RU Romanian
S Spanish
V Vietnamese
DK Don't Know
RF Refused

GENDER

F Female
M Male
O Other
RF Refused

ETHNICITY

NH Non-Hispanic/Non-Latino
H Hispanic/Latino
DK Don't Know
RF Refused

RACE

AA African-American
AS Asian
AI American Indian/Alaska Native
NH/PI Native Hawaiian/Pacific Islander
WH White
DK Don't Know
RF Refused

VETERAN

N No
Y Yes
DK Don't Know
RF Refused

OREGON TRIBES

BP Burns Paiute Tribe
CO Coquille Tribe
CC Cow Creek Band of Umpqua Indians
 Confed. tribes of the Coos, Umpqua
CTC Confederated Tribes of the Coos,
 Lower Umpqua and Siuslaw Indians
CTU Confederated Tribes of the
 Umatilla Indians
GR Confed. Tribes of Grand Ronde
KT Klamath Tribes
S Confederated Tribes of Siletz
WS Confed. Tribes of Warm Springs
OT Other Oregon Tribes
MT Multiple Oregon Tribes
DK Don't Know
RF Refused

EDUCATION

NO No Schooling Completed
PK Preschool
K Kindergarten
1 1st Grade
2 2nd Grade
3 3rd Grade
4 4th Grade
5 5th Grade
6 6th Grade
7 7th Grade
8 8th Grade
9 9th Grade
10 10th Grade
11 11th Grade
12 12th Grade
GED General Educational Development
HSD High School Diploma
PS Post Secondary - No Degree
AA Associates Degree
BA Bachelors Degree
MA Masters Degree
PHD Doctorate Degree
OPD Other Grad/Professional Degree
ATC Advanced Training Certificate
SAC Skilled Artisan Certificate
DK Don't Know
RF Refused

DISABILITY

N No
Y Yes
DK Don't Know
RF Refused

INCOME FREQUENCY

E Every other Week
M Monthly
O One Time
Q Quarterly
T Twice-A-Month
W Weekly
Y Yearly

NON-CASH BENEFITS

SNAP Supplemental Nutritional Assist. Prog.
OHP Oregon Health Plan
MCARE Medicare Health Insurance Prog.
WIC Special Supplemental Nutrition Prog.
 for Women, Infants & Children
VAMS Veteran's Admin. Medical Services
TNFC TTANF Child Care Services
TNFT TANF Transportation Services
TNFO Other TANF Funded Services
PRA Section 8, Public Housing, or
 Other Ongoing Rental Assistance
OHI Other Health Insurance
OS Other Source
TRA Temporary Rental Assistance
DK Don't Know
RF Refused
N None

INCOME REPORTED

N No
Y Yes
ZIS Zero Income Statement
DK Don't Know
RF Refused

INCOME TYPE

AD Adoption
AL Alimony or other Spousal Support
AN Annuities
CG Cash Grant
CS Child Support
DB Death Benefit
E Education
FC Foster Care
GA General Assistance
GT General Assistance Tribal
IN Private Disability Insurance
I Interest
OS Other Source
PP Private Pension
PS Property Sale
SS Social Security Income
SSI Supplemental Security Income
SSDI Social Security Disability Income
SE Self-Employment
TANF Temp. Assistance for Needy Families
TF Trust Fund
U Unemployment Insurance
VDP Veteran's Disability Payment
VP Veteran's Pension
W Wages
WC Worker's Compensation

HOMEBOUND

N No
Y Yes
DK Don't Know
RF Refused

Circle One Household Type: M S SPM SPF EXF 2P COH

Acronym Code List - See Reverse Side of Form

Total Number in Household:			SSN Code	Adult ID Verified	Language	Gender	Ethnicity	Race (see codes on reverse side)	OR Tribe	Education	Disabled	Veteran	Homebound	Non-Cash Benefits
Ref.	Legal Name	Birthdate												
A														
B														
C														
D														
E														
F														
G														
H														

PHONE

☐ HOME Phone is the SAME for entire Household (except as ref at right side)

HOME Phone: _____

MAILING ADDRESS: ☐ Mailing Address is the same for all Clients in Household

☐ Mailing is SAME AS Physical Address (Except where noted below)

Street Address: _____

City: _____ State: _____ Zip: _____

PO Box#: _____ Apt. or Space#: _____

PHYSICAL ADDRESS: ☐ Only if different than Mailing Address (written below)

Street Address: _____

City: _____ State: _____ Zip: _____

Apt. or Space #: _____

HH Comments: _____

Type of Dwelling (Circle below):

H Single Family House

M Multi-Unit (2-4)

U Multi-Unit (Over 4)

A MFD/Mobile Home

E Hotel / Motel

T Travel Trailer

R Other

Residence Status (Circle below):

R Rent (Heat not included)

E Rent (Heat included)

O Own

S Subsidized Rent with Utility Allowance (Heat not included)

U Subsidized Rent (Heat included)

W Subsidized Rent without Utility Allowance

Energy Sources (Circle below):

E Electric

N Natural Gas

O Oil

L Propane/Liquid Gas

W Wood

P Pellet

S Solar

O Other (list)

Enter Primary Energy Source: _____

ADDRESSES

Ref.	Income Source / Income Reported	Type	Income Verification	Comments	Amount	FREQ	Annual Amount
INCOME							

Circle Type(s):		Account Status:		Energy Education:		Intake Date:		Matrix Energy Type:	
1. Regular	2. Rmr/Bdr	1. Current	2. Past Due	<input type="checkbox"/> 1. Intake	<input type="checkbox"/> 2. In-Home	<input type="checkbox"/> 3. Workshop			
3. Fuel	4. Crisis	3. Shutoff	1-5 days	<input type="checkbox"/> Referral for Weatherization <input type="checkbox"/> Non-Energy Service <input type="checkbox"/> Energy Advocacy					
5. Combo	6. Furnace	4. Shutoff	0-24 hours	Vendor:	Account No:	Name on Account:	Account Status:	Authorized Amount:	
7. Subsidized	8. Supplemental	5. Disconnected	6. Bulk Fuel					Vendor Amount:	
9. Other	10. H & S	7. Bulk Fuel Out						Vendor Amount:	
Comments:									
<input type="checkbox"/> Life Threatening Crisis <input type="checkbox"/> 18 Hour <input type="checkbox"/> 48 Hours									

APPLICANT DISCLAIMER AND RELEASE:

I understand that these programs are voluntary; if I choose to apply for assistance I must provide all required information. During application processing I may be asked for more information in order to determine my eligibility.

I understand that the information I provide to complete this application will be used to determine and verify my eligibility for energy services and for the purposes of referral, research, evaluation, and analysis. I understand that if I feel my application was unjustly denied or not processed in a timely manner, I may be entitled to a fair hearing if requested within 30 days of the completion date of the application or date of denial. Any such request for a hearing must be in writing and delivered or mailed to the service provider. In addition to any appeal rights from such hearing granted by the service provider, I may contact the Oregon Housing and Community Services Department (OHCS) within 30 days of the hearing decision to request that OHCS review the hearing decision for material deficiencies. The request for OHCS review must be in writing and delivered by email to energyservices@oregon.gov or mailed to 725 Summer St NE Suite B, Salem OR 97301. Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct and that any funds received by me will be used solely for the purpose of paying my energy costs.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility(ies) identified in this application to share information related to my application including information about my account(s) including, but not limited to, account number, account name, service address, annual usage or consumption, and annual costs. I agree to hold harmless and/or release such organizations from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

I authorize my utilities and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing energy services for the current program year (10/1 to 9/30). I am the account holder or the customer's authorized agent for the utility, fuel supplier, and/or fuel vendor service accounts(s) identified in this application.

Signature of applicant or authorized representative

Date

FOR OFFICE USE

Agency Certification: The above named applicant has met the income eligibility requirements for the State of Oregon low-income energy assistance programs and is authorized to receive assistance in the amount above.

Intake Worker Signature	Date	Authorizing Agency Signature	Date
Data Entry	Date	<input type="checkbox"/> LIHEAP <input type="checkbox"/> OEAP <input type="checkbox"/> Other	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Declaration of Personal Income

USE THIS FORM ONLY IF YOU ARE DECLARING ZERO OR IRREGULAR INCOME. All of the following must be completed for the application to be accepted. Do not leave blank lines, if an item does not pertain to you then mark "NA". If additional space is needed, please provide the information on a separate piece of paper and attach it to the application. PLEASE CHECK ALL THE BOXES THAT APPLY:

- ☐ My income is lower than my rent or mortgage.
- ☐ I have zero income.
- ☐ I receive regular **informal** payments (such as from an informal child support agreement, family contributions, etc.).
- ☐ I have other income (for business owners a self-employment worksheet must be attached).
- ☐ I am a full-time high school student.

Name of person claiming zero/irregular income: _____

Applicant name (if different): _____

Please answer YES or NO regarding income that the person listed above DIRECTLY RECEIVES:

Y or N TANF (Cash Grant)	Y or N Alimony	Y or N Pension
Y or N Child Support	Y or N Workman's Comp	Y or N Veteran's Benefits
Y or N Social Security/SSI	Y or N Unemployment Benefits	Y or N Work Study

HOUSEHOLD SUPPORT:

RENT

How much do you pay for your rent or mortgage? \$ _____

Source of funds used for rent or mortgage? ☐ NOHA/Section 8 ☐ Other household members income

☐ Family and/or Friends ☐ Work Exchange ☐ Faith-based or CAT assistance

☐ Savings ☐ No Rent or Mortgage ☐ Behind, facing eviction or foreclosure

☐ Other, please describe _____

If your rent or mortgage is paid by a rental assistance program, agency, or someone outside of the household, how many months have they been helping you? _____

If your rent or mortgage is paid by family and/or friends, is it paid to you directly or does it go directly to the Landlord or Mortgage company? _____

FOOD & UTILITIES

How do you pay for food? (food stamps, food boxes, etc.) _____

Have you made a payment to your utility company in the last 90 days? **Y or N** How much? \$ _____

If you are claiming zero income, what funding source was used to make the utility payment? _____

INCOME

If you have zero income, how long have you had zero income? _____

What was your last source of income? _____

Do you receive unemployment: **Y or N** If not, why? _____ If yes, how much? \$ _____

If you have lost your employment in the last 30 days, what was the date of your last check? _____

What is the source of your informal/self-declared income?
Please include items like odd jobs, pop bottle returns, giving blood, selling items, etc.

How long have you received your informal/self-declared income? _____

How much money have you received in the last 30 days? \$ _____

By signing this form I certify that the information stated is true and accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature: _____ Date: _____

Application Requirements

VERIFICATION OF IDENTIFICATION

All household members (18 and older) must provide proof of identity to receive assistance. Proof of identity can be established by providing a copy of any of the following forms of identification for each adult member of the household.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS, ONLY SEND COPIES.

Verification of identification will be required each program year.

Social Security Card	State Identification	Tax Records	DHS Printout
Birth Certificate	Social Security Records	Court Records	Court Documents
Drivers License	Pay Stubs with Name	Social Service Records	Utility bills
Passport	Other Identification Cards	Military Identification	Bank Statements

This is not inclusive and other official documents identifying household members may be approved on a case by case basis.

SUBSIDIZED HOUSING/RENT APPLICANTS

Many residents of subsidized housing receive a utility allowance that is intended to cover a portion of their utility costs. This utility allowance provides the basis for a reduced energy assistance payment. For this application, it will be assumed that all applicants residing in reduced and/or subsidized housing programs have this allowance in their rental contracts unless proven otherwise.

Income Document Requirement List

All adult household members, for the previous 30 days (minimum). This includes any items for which you or any other adult household members receive payment and must show gross amount (before any deductions).

Social Security

Social Security payments received by minors are also considered household income.

See the list below for acceptable documentation to prove household income.

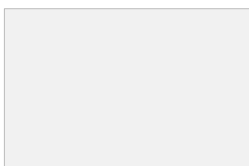
- ☐ **No Income:** Any adult household members with no income must complete a Declaration of Personal Income and provide ID. If you have declared zero income for the entire household must also supply reports from DHS regarding SNAP, TANF or other assistance received.
- ☐ **Informal Income:** Any adult household members with income that cannot be documented by formal means, i.e. odd jobs, bottle returns, babysitting, etc. must complete a Declaration of Personal Income.
- ☐ **Earned Income:** Pay stubs that show current gross amounts for the last 30 days prior to this application. Paystubs must include your name and employer information, including address. **If any paystubs are missing, please explain.**
- ☐ **Self-Employment Income:** Records to show income; please complete the Self-Employment form. This form can be downloaded and printed from online at www.cat-team.org.
- ☐ **Social Security Benefits:** (SS/SSI/SSD): Your most recent SS award letter for each individual in the household receiving SS benefits. The letter must show the gross benefit amount awarded. A bank statement is NOT sufficient.
- ☐ **Veterans Benefits:** Your most recent VA award letter showing the awarded benefit amount. A bank statement is NOT sufficient.
- ☐ **TANF:** This is considered income and must be declared. We need the award letter or other DHS documentation that shows your name and the benefit amount awarded.
- ☐ **Child Support/Alimony:** Court documents showing the amount you received, not the amount ordered (a printout from state agency may be used). If none of these options work, please use attached Declaration of Personal Income form.
- ☐ **Unemployment Benefits:** Print-out from the unemployment office showing the amount and the weeks paid. It must contain the printed name and SSN of the recipient, hand written names and SSN are NOT acceptable.
- ☐ **Worker's Compensation Benefit:** Provide an award letter that shows the gross amount received and the dates received.
- ☐ **Private Pension/Retirement Benefits:** Award letter (not SS) or statement that shows the amount (a recent bank statement may be used if the amount is consistent and there are no deductions).
- ☐ **Assistance From Family/Friends:** Include amount, dates received, from whom, and if it is paid directly to you.
- ☐ **Any Income Not Listed Above:** Please use the attached Declaration of Personal Income form.

APPLICATION CHECKLIST

Review your application prior to mailing to make sure that it is complete.

- ☐ I have completed all sections.
- ☐ I have listed all the people residing in my household, even if they do not contribute to my budget.
- ☐ I have included copies of the following as appropriate:
 - ☐ Copies of identification for **ALL** household members over 18 years old (Collected each program year).
 - ☐ Copies of Social Security cards for everyone in the household.
 - ☐ If you do not receive a utility allowance while on Subsidized Housing, please provide a copy of your recent Rental Adjustment Letter or a copy of your rental agreement. NOTE: Most NOHA clients have utility allowances.
 - ☐ Documentation of gross income for all household members older than 18 years for the past 30 days. (Paycheck stubs, unemployment printout, child support printout, TANF, etc.)
 - ☐ Current Social Security Benefit Statement or most recent Annual Statement from the Social Security Administration. **Bank Statements are NO longer accepted.**
 - ☐ Most recent heating or utility bill with the account number, service address, and account holder name. You must provide **both** an electric bill and a heating bill if your heat is supplied from a source other than electricity. If your heat is in your Landlord's name then a **Landlord Letter** will be required, please call or come in to request the form.
 - ☐ Recent purchase receipts for wood, oil, propane and/or pellets. Receipt must show the date, amount, vendor name, address and phone number. **Receipts must be no more than 3 months old.**
- ☐ I have signed and dated my application.

**Please do not assume we have, or can get, a copy of prior documents.
It is your responsibility to provide all required documentation.**



Community Action Team, Inc.
125 N 17th Street
St. Helens, OR 97051



Gross Income Guidelines for Oregon
Program Year 2018 (Effective October 1, 2017)
 Estimated 60% of state median income by household size

Size of Family Unit	60% of Median Annual Gross Income	60% of Median Monthly Gross Income
1	\$23,095	\$1,924.58
2	\$30,201	\$2,516.75
3	\$37,308	\$3,109.00
4	\$44,414	\$3,701.16
5	\$51,520	\$4,293.33
6	\$58,626	\$4,885.50
7	\$59,958	\$4,996.50
8	\$61,291	\$5,107.58
9	\$62,623	\$5,218.58
10	\$63,956	\$5,329.66
11	\$65,288	\$5,440.66
12	\$66,620	\$5,551.66
Each additional member	\$1,265	\$105.41

*Gross income means all household income before any deductions.

Life Threatening/Unexpected event Energy Assistance Request

Just because you have been disconnected or have a shut off notice does not guarantee we can help.

- **Note: It could take as long as 72 hours for us to process a payment application before notifying you or the utility of the decision to help.**

Please check all that apply:

- ☐ A life threatening event has occurred in the last 90 days.
- ☐ An unexpected event has occurred in the last 90 days.
- ☐ Documentation is required to support this event based assistance.
- ☐ A payment has been made to the utility company in the last 90 days.

Name: _____ Date: _____

- ☐ My application is attached.
- ☐ Energy Type: ☐ Electric ☐ Northwest Natural Gas ☐ Water
- ☐ My Shut off date is: _____ Amount to Prevent shut off \$ _____
- ☐ A person in my household has a Life Threatening Medical condition that will be an issue if my utility is turned off. Explain: _____

- ☐ An unexpected event has occurred in my household that will prevent me from making a payment on my utility bill. Explain: _____

By signing this form I agree that the above information is true.

Client name

Community Action Team, Inc.
Energy Assistance
Phone: (503) 397-3511 ext. 2023

Signature

125 N. 17th Street
St. Helens, Oregon 97051
Fax: 503-397-1079

Attachment D

Low Income Water-Sewer-Storm Assistance Program

City of St. Helens – Policy Checklist

Use of these funds must meet the following criteria:

- _____ At or below 60% state median poverty guidelines.
- _____ One time City of St. Helens Water Assistance per program year.
- _____ The need must meet the department's crisis definition (attach crisis form).
- _____ Water /Utility Assistance- Maximum amount is 50% of the bill up to \$100, anything above this amount must be staffed. The request must include the Utility Bill.

Exceptions to the above criteria must be staffed with one Energy Authorizer, one Energy staff, and at least one appropriate staff from Housing, Seniors, or Veterans.

Written assistance disbursement vouchers will include the signature of a manager. All awards will be logged into the appropriate database, OPUS and/or ServicePoint.


\$_____ City of St. Helens Funds used

\$_____ Client paid

Verification completed by: _____

Program Manager approval: _____

PUBLIC WORKS MEMO

To:	The Mayor and Members of City Council	
From:	Sue Nelson, Public Works Engineering Director Neal Sheppard, Public Works Operations Director	
Date:	21 March 2018	
Subject:	February Public Works Status Summary	

Engineering

1. Put two projects out to bid – Columbia Blvd. Sewer Repair and 2018 Crack Sealing Project.
2. Completed and submitted 5 year Water Management and Conservation Plan update to State.
3. Reviewed plans for a sewer extension on S. 2nd and street improvements on Gable Road.
4. Participated in Homeland Security Infrastructure Assessment for the Water Filtration Facility.
5. See complete report.

Parks

1. Reseeded at the Courthouse Plaza, Campbell Park, and McCormick Park.
2. Helped out with snow removal and mitigation.
3. Columbia View Park: repaired restroom equipment; removed damaged equipment; installed chips.
4. Pruned trees and started mowing.
5. See complete report.

Public Works Operations & Maintenance

1. Replaced 5 standard water meters with new radio read meters.
2. Completed water meter readings, including all of the manual readings.
3. Worked rotating shifts through snow event to ensure roads were safe.
4. Worked on clearing and cleaning St. Helens Industrial Park site (Boise White Paper property).
5. Serviced and/or made repairs on 41 vehicles and/or equipment.
6. Responded to seven after-hours call-outs.
7. See complete reports.

Water Filtration Facility

1. Produced 38.4 million gallons of filtered drinking water, an average of 1.37 million gal/day.
2. Troubleshooting issues with chlorine feed pump.
3. Completed final work to (hopefully) resolve the fire alarm issues
4. Spent over 6 hours with Homeland Security personnel for Infrastructure Assessment.
5. See complete report.

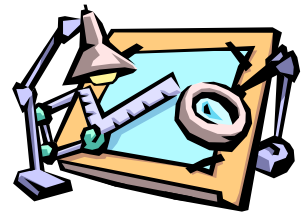
Waste Water Treatment Plant

1. Completed upgrade of Pump Station No. 9.
2. Issued new Industrial Pretreatment Permit to Cascades.
3. Cleaned grease from wetwells at 4 lift stations; sprayed wecks and cleaned control panels.
4. See complete report.



Engineering Department Status Report

6 March 2018



DEVELOPMENT PROJECTS

Red Leaf Subdivision

There has been no additional contact with this potential developer.

Emerald Meadows Subdivision Construction Permit

The Contractor continues to work on the public infrastructure in this new subdivision, located near the intersection of Pittsburg and N. Vernonia Roads. Work is near completion on the storm drain and sanitary sewer systems, and is starting on the water system installation.

Elk Ridge Estates Phase VI

There has not been a lot of new activity on this project. The Contractor is working on constructing the small booster pump station, and has also chipped away some of the rock bluff at the entrance to the whole subdivision at Hankey Road, improving sight distance.

Proposed New Medical Building

Plans for public sewer, water, and storm drain have been reviewed and returned to the Engineer for revisions. The plans are specific to one lot that will be created by the subdivision of commercial property from the previous Violet's Villa site.

Columbia County Education Campus

Reviewed plans for the new alternative school building and for the new middle school building. Staff has reviewed plans for the public waterline improvements and for the street improvements on N. 16th Street and West Street along the School District property frontage required as part of the new middle school construction. These plans are ready to approve whenever the school district is prepared to start construction.

Potential Metal Fabrication Shop

Staff attended a pre-application meeting with developers interested in constructing a metal fabrication shop on property located on Old Portland Road.

WATER PROJECTS

Homeland Security Infrastructure Assessment, Water Filtration Facility

Engineering and Public Works staff participated in an intense site assessment of the Water Filtration Facility (WFF) conducted by Homeland Security through a special program designed to help owner/operators of critical infrastructure become better prepared for an emergency and more resilient. The WFF was one of only a handful of critical facilities in Columbia County that was selected to be part of this free program. Information collected during the assessment will be analyzed by preparedness and resiliency experts and the results will be provided to the City in 4 to 6 months. The City will be able to use the final report to help secure grants to provide funding for upgrades.

Columbia County Education Campus Waterline Extension

Plans are approved but work on this project is not anticipated to begin until spring 2018.

Water Management and Conservation Plan Benchmark Update

Every 5 years the City is required to submit an update on the benchmarks established in the Water Management and Conservation Plan, adopted in 2013. In addition to the 14 separate benchmark updates, the information includes a summary of the results of the annual water audit (comparing volumes of water produced to what is metered); a report showing the average monthly and daily volumes of water used for each of the City's nine separate water rights for the past 5 years; and a comparison of the metered water used by each of the twelve different customer categories for the past five years.

SANITARY SEWER AND STORM DRAIN PROJECTS

Pump Station No. 2 Suction Pipe Replacement Project

Work on this project was recently awarded to Semling Construction, Inc. The scope will include installation of new suction pipes and stabilizing bars for the existing sanitary sewer pumps.

S. 7th Street & Columbia Boulevard Sanitary Sewer Replacement

This project is currently out for bids and is anticipated to be awarded at the March 21 City Council Regular Session. The project includes replacement of approximately 620 feet of 8-inch and 10-inch diameter sanitary sewer pipe, mainly located in Columbia Boulevard between S. 7th and N. 6th Streets.

STREET AND TRANSPORTATION PROJECTS

2018 Crack Sealing Project

This project is currently out for bids and is anticipated to be awarded at the March 21 City Council Regular Session. The project includes crack sealing of approximately 3.4 miles of roadway in 7 different locations.

St. Helens Riverfront Connector Project

Reviewed new material in preparation for the second meeting of the Committee Overseeing Overt Long-range Passageway Planning. The group will work towards the goals and objectives that have been set for the project, which include identification of options to provide safe, convenient, multi-modal access to local business within the Riverfront District.

Gable Road Improvement Project

Preliminary engineering is moving forward by the County's consultant, David Evans and Associates. Issues being looked at mostly include storm drainage, or lack thereof, and other utility impacts.

MISCELLANEOUS PROJECTS AND ACTIVITIES

Right-of-Way and Construction Permits

There were three Right-of-Way/Construction permits issued in February 2018 – two public infrastructure plan review permits (John L. Jersey, Gable Road and St. Helens' Development, Lot 1 of Violett's Villa subdivision) and one permit to NW Natural to disconnect a service.

Training Workshops and Committee Meetings

Staff attended a workshop presentation on new technologies applies to cure-in-place pipe.

Director attended the monthly Columbia County Traffic Safety Commission meeting.



Parks Department for February 2018



Daily duties were performed which include: cleaning restrooms, garbage pickup, and general parks maintenance.

Pruned trees at Civic Pride Park and McCormick Park

Outfitted the barge with lights and an anchor

Ordered picnic table frames

Disposed of road kill

Reseeded the Plaza

Repaired TP dispensers at Columbia View Park

Removed a piece of playground equipment from Columbia View Park

Mowed where it was feasible

Seeded Campbell Park and the tee-ball fields at McCormick Park

Pruned and trimmed trees and bushes at the Library

Check the dike at Salmonberry Reservoir

Installed a playground piece at Columbia View Park

Pruned the street trees

Repaired a urinal at Columbia View Park

Installed new chips for play structure at Columbia View Park

Replaced TP dispenser at Columbia View Park

Worked in the flower beds at the Library

Helped clean up a homeless camp under a bridge

Removed brush at Grey Cliffs and Civic Pride Parks

Dealt with the snow

Removed graffiti at Campbell Park

Installed dog bag dispenser on River Street

Public Works Work Report

February 2018

Water Dept:

Installed 5 radio read meters
Read heavy users
Read meters
Turned off and on 23 delinquents
Helped clean City Hall and move safe
Worked on Parks barge for a few days
Fixed leak on 4" main
Replaced shut-off and box at 154 Nimitz St.
Fixed leak on 100 blk. N. 7th St.
Located & repaired leak at 438 N. 12th St.
Installed plug in reservoir
Cleaned flusher dump
Fixed sewer lateral at CAT bldg.
Replaced two shut-offs
Snow storm – cleared snow and sanded

Sewer Dept:

Fixed sink hole at 205 Dubois Ln.
Cleaned property and ditches on Boise property – 2/2 to 2/28
Cleaned sewer by funeral home at 7th St. & Columbia Blvd.
Sanded roads during snow storm

Call-Outs:

Turned water on at 35223 Aubuchon Dr.
Sewer plugged at 404 S. 10th – homeowner's side
Removed branch on Belton Rd.
Turned water off and on for repair on N. 14th St.
Stop sign run over at Gable Rd. & OPR
Water off for repair on 11th St.
Put plywood over door police kicked in at 1070 Cowlitz St.

Miscellaneous:

Swept streets
Marked 43 locates
Checked wells & reservoirs daily

Monthly Report February 1st to 28th

Feb 1st

JMF Safety meeting
Office Called on prices for a new paint machine

Feb 2nd

CRFR Helped remove the boom and hydraulic cylinder from the boom on a fire truck
PW #34 Had a fuel problem filled the upper fuel filter with fuel and started the machine
Shop cleaned the restroom

Feb 5th

Office Computer work filled paper work
PW #34 Had another fuel problem watched it run for a while to see if we could find the problem
Parks P3 was brought to the shop for repairs
Brett Left 2hrs early

Feb 6th

Parks #3 Replaced the Thermostat housing and also replaced the belt
PW #34 Checked on the excavator
PW #23 Installed a lynch pin in the door on the mower deck
Parks Helped Thad with some lights for the boat

Feb 7th

PW #31 Looked at the blower fan think we found a loose connector and reseated it onto the switch seems to work now
PW Met with Feenaughty to go over specs for a new excavator

Feb 8th

PW Went over John Deere Excavator Specs with Pape Machinery sales person
PW #34 Checked on the fuel problem with the excavator
Police S-4 Inspected the car

Feb 9th

Office Looked at bid specs for a new John Deere excavator
PW #13 and #4 Started both truck let them warm up for a while
PW #9 Looked at the damage done to the front end of the truck everything looks ok except for the front bumper
Shop Cleaned the restroom and shop sink

Feb 12th

Office Filled paper work Called on prices for a new paint Machine, Turned in the quote
PW #46 Check on the chipper being used at the Boise Property
Shop Cleaned up some old Parts we have for miscellaneous pieces of equipment

Feb 13th

Shop Clean up

PW Checked Equipment

Parks Filled a container with hydraulic oil for one of the mowers

Feb 14th

PW #16 Full service, lubed the boom and checked the pump and exhauster on the flusher truck

Police S-2 Checked out the millage on the car checked oil life monitor

Feb 15th

PW #55 Installed new gutter brooms

Parks Sharpened saws

Feb 16th

Office Computer work

PW Started all the sanders

Parks Sharpened the pole saw

Feb 20th

PW Sanded streets

PW #32 Installed new tire chains and a new two-way radio

Feb 21st

Office Computer work Filled paper work

PW #13 Tightened hydraulic fittings on the sander installed new tire chains

PW #32 Removed the snow plow and removed the hydraulic cylinder that operates the plow to be rebuilt

PW Looked at the DEMO excavator

Feb 22nd

PW #32 Removed the center bolt on the plow added two washers to it and reinstalled the bolt

PW Checked the other sanders and small plow

Shop Drained out the water from the last hoist well, helped pull the sump pump and cleaned out the bottom of the well

Feb 23rd

Shop Clean shop floor and cleaned the restroom and shop sink

PW Tightened up the hydraulic fittings on the snow plow

Police S-4 Installed a license plate light

Feb 26th

PW #34 Installed a new hydraulic pipe on the boom of the excavator welded on brackets

Police S-7 Repaired a tire

PW #32 Picked up a hydraulic cylinder for the snow plow

Feb 27th

PW #55 Replaced gutter brooms

Parks Sharpened chain saws

Feb 27th Cont.

Parks #2 Replaced the right rear brake light

PW #32 Installed the hydraulic cylinder on the plow and connected it to the truck

PW Helped Clean out the sweeper shed

Feb 28th

Office Computer work

PW #34 Checked on the excavator to see if nit was still having a fuel problem

PW Ordered the new paint machine



City of St. Helens, Oregon
Public Works
Water Filtration Facility
PWS 4100724
P.O. Box 278
St. Helens, OR 97051
PH: (503) 397-1311 FAX: (503) 397-3351



Water Filtration Facility Journal February 2018

Water Production: 38.4 million gallons, which averages 1.37 million gallons per day

Week 1 Produced and sent January OHA reports to the State. Performed monthly check on fire extinguishers. Sent sewer readings to Columbia City public works. Changed out Chlorine monitor reagents. Ordered bleach for delivery next week. Received our gasoline storage cabinet. Chlorine feed pump not delivering chemical properly to WFF system. Troubleshooting pump operation, finally switched over to the backup chlorine feed pump system. Taking apart Milroy pump and inspecting for broken diaphragm and worn parts.

Week 2 Gathered and sent out the February 2018 LT2 (Giardia/Cryptosporidium) sample. Received a delivery of bleach. DTS fire alarm contractor on site. Ordered caustic delivery for next week. DTS has completed his upgrade, now for the inspection with city building inspector and fire marshal. Requested United Fire to return and complete the annual smoke alarm inspection because the fire alarm system upgrade is completed and fully functional. Completed setting up the gasoline storage cabinet in the Sally Port.

Week 3 Received caustic delivery. SNOW is falling?! United Fire testing smoke alarms. After testing the system, the Gamewell panel refused to restore back to normal and created an alarm that would not reset at security central, so we had an active fire alarm, nothing alarming in the WFF, no lights, no auditory alarms? Finally, United Fire called DTS and DTS gave them step by step instructions how to do a hard reboot of the fire alarm system. United Fire is not licensed to perform any troubleshooting or make any repairs or adjustments to the fire alarm system, just to test it, so.....with DTS on the phone, DTS provided United Fire the verbal instructions as to how to reset and reboot the Gamewell fire alarm system, so if anything went wrong, DTS was liable for the system failing, not United Fire. The exercise worked and the alarm cleared and all is back to normal. I truly appreciate that United Fire came to our rescue and took this extra step and worked with us to bring our system back into service. If United Fire would not have done the reboot, I would have performed the critical reboot of the fire alarm system while talking with DTS on the phone while United is still here on site watching me and monitoring the system as the process comes back into service. I am glad this phase of our fire alarm system is now behind us, now all we have is the inspection phase to be completed and this job will finally be done and signed off on.

Week 4. Ordered bleach for the beginning of next week. Homeland security visiting WFF. Took 6 hours to fill out all the paper work and then the tour of the WFF.

Howie Burton, City of St. Helens – Public Works Filtration Facility Supervisor and Operator

WWTP Monthly Operations and Maintenance Report

February 2018

To: Sue Nelson

From: Aaron Kunders

Secondary System Report

- 2/6-Sprayed weeds on dike.
- 2/7-Installed repaired brain board in SolarBee D.
- 2/14-Replaced sampler head on Bioassay sampler.
- 2/21-Removed old DO sensor lines and equipment.

Primary System Report

- 2/6-Sprayed weeds on dike.
- 2/27-GFCI tripped for the Primary Effluent sampler. Reset and won't stay. Found the extension cord is no good. Replaced and working fine.

Pump Stations

- 2/1-PS#9-Finished site prep for remodel.
- 2/5-8-PS#9-Bateson Enterprises here to remodel interior of wetwell.
- 2/6-Sprayed weeds at PS 2, 5, 7, and 11.
- 2/12-Cleaned grease off wetwell walls at 1, 4, 5, and 7.
- 2/15-PS#9-Cleaned up area around construction site.
- 2/15-PS#1-Dug down next to dry well to find conduit to run new Mission antenna.
- 2/20-PS#9-Reattached the screens on the bottom of the control panel.
- 2/22-PS#11-Cleaned lift station control box and surrounding area.
- 2/26-PS#4-Cleaned lift station control panel and surrounding area.

Sodium Hypochlorite System

- 2770 gallons used this month.
- 5112 gallons used last month.
- 2/23-5100 gallons of hypo delivered.

Call-outs

- 2/24-2015-PS#3 pump 1 failure. Reset and watched pump down the wetwell. No more issues.

Plant

- 2-9-Cleaned South contact tank.
- 2/24-Cleaned all spindles in dishwasher hoping to fix BOD failures.

Pretreatment

- 2/7-Septage receiving station plugged. Cleaned out and ran tote of water through.
- 2/8-0.0 chlorine residual at the mill. Called Jeff South and they found pump air bound.
- 2/13-Talked to McDonalds about grease trap and maintenance.

- 2/14-Technical Advisory Committee meeting with Cascades. Issued them their Industrial Pretreatment Permit. It will take effect March 1st.
- 2/19-Contacted Armstrong about the increase in Perlite in the headworks.
- All month-Revised City's Mandated Pretreatment Manual.

Other

- 2/9-Prepped for floor waxing.

Next Month

- Spring cleaning
- Replace draw tubes at PS#2.



Memorandum

To: Mayor and City Council

From: John Walsh, City Administrator

Subject: **Administration & Community Development Dept. Report**

Date: March 21, 2018

Business License Report attached.

BUSINESS LICENSE REPORT

City Department Approval: March 05 2018

The following occupational business licenses are being presented for City approval:

Signature: Jak
Date: 3/14/18

RESIDENT BUSINESS – RENEWAL 2018

- | | | |
|--------------------------|--------------------------------|-----------------------------|
| <input type="checkbox"/> | Floyd Harrison | Secondhand Sales |
| <input type="checkbox"/> | The Galaxy Duo | Reselling Used & Used Items |
| <input type="checkbox"/> | Kissed By Time Mercantile | Resale |
| <input type="checkbox"/> | Koelzer Construction Inc | Construction |
| <input type="checkbox"/> | Lady J's Boutique | Women's Clothing Resale |
| <input type="checkbox"/> | Noi Thai Kitchen | Thai Food Restaurant |
| <input type="checkbox"/> | Ore.Healthcare Ctr/Meadow Park | Nursing Home Skilled Care |
| <input type="checkbox"/> | PNRS St Helens Dialysis Unit | Dialysis Unit |
| <input type="checkbox"/> | Safe Transitions Counseling | Counseling |
| <input type="checkbox"/> | SLB Studio | Vintage Booth |
| <input type="checkbox"/> | Wild Currant | Catering |

RESIDENT BUSINESS – NEW 2018

- | | | |
|--------------------------|-----------------------------------|--------------------|
| <input type="checkbox"/> | Affordable Auto And Rv Repair LLC | Auto/Rv Repair |
| <input type="checkbox"/> | Below Zero | Ice Cream Truck |
| <input type="checkbox"/> | Hob Nob Brewhouse | Restaurant/Taproom |
| <input type="checkbox"/> | Jentle Hands Dog Grooming | Dog Grooming |
| <input type="checkbox"/> | Straightforward Computers | Computer Repair |
| <input type="checkbox"/> | St Helens Pawn And More LLC | Pawn Broker |

NON-RESIDENT BUSINESS - 2018

- | | | |
|--------------------------|---------------------------------|--|
| <input type="checkbox"/> | American Carports INC | Metal Carports/Garages Installation |
| <input type="checkbox"/> | Even Construction INC | Building Contractor |
| <input type="checkbox"/> | LEB Construction | Construction Remodel |
| <input type="checkbox"/> | Nestle Ice Cream Company | Distributors – Delivery |
| <input type="checkbox"/> | Perlo Construcion LLC | General Commercial Contractor |
| <input type="checkbox"/> | Priceline.Com LLC | Travel Reservation Facilitation Services |
| <input type="checkbox"/> | Sessions Plumbing & Heating INC | Plumbing Contractor |
| <input type="checkbox"/> | Source Refrigeration And HVAC | Refrigeration Remodel |

*Denotes In-Home Business

RENTALS - 2018

☐ Sheri L. Melling Investments Residential Rentals

☐ OPR LLC Commercial Rental

MISCELLANEOUS - 2018

☐