

## **ELDRIDGE ELECTRIC AND WATER UTILITY BOARD**

July 5, 2023  
5:00 pm  
City Hall, 305 N. 3<sup>rd</sup> Street

1. Call to order
2. Public Comment
3. Approval of Agenda
4. **Approval of Minutes –June 20, 2023**
  
5. Financial
  - A. **Consideration to Approve Bills Payable**
  
6. Electric Department – Mike Anderson
  - A. **Outage**
  - B. Frontier Energy Proposal
  - C. Department update
  
7. Water Department – Brock Kroeger
  - A. **Water Plant Leak**
  - B. Department Update
  
8. Administrative –
  - A. **ADP Software**
  - B. Department Update
  
9. Adjournment

**NEXT REGULAR MEETING Tuesday, July 18, 2023 at 5:00pm**

The regular meeting of the Eldridge Electric and Water Utility Board was called to order at 5:00 P.M. on June 20, 2023, at Eldridge City Hall.

Board members present were Brock Kroeger, Mike Anderson, Paula Steward, Barb O'Brien and Jim Skadal. Also, present Jake Rowe and Jody Coffman. No visitors.

Public Comment- None

Motion by O'Brien, second by Skadal to approve the agenda All ayes.

Motion by Anderson, second by Skadal to approve the minutes from June 6, 2023. All ayes.

FINANCIAL – Motion by Kroeger to approve bills payable in the amount of \$182,684.25, second by O'Brien. All ayes.

ELECTRIC – Rowe gave an update on the PCA. The PCA for the next quarter will be \$0.016.

Rowe presented a proposal from Frontier Energy to have them write a grant for the department. The Board would like more information at the next meeting.

Department update: The crew has started at Ivy Acres and installing new services. We have received transformers, 8 from Irby and 3 from Resco. We are still waiting to see if Resco will be allocating any transformers to us in 2024.

WATER- Water testing was done on June 13th at 8 locations. 2 locations did not pass. Samples were retaken on June 15<sup>th</sup> in the failed areas and they passed. We will be doing a Level one assessment on our system.

Rowe brought a proposal from ISG for a Water Plant evaluation and training. Steward made a motion to accept the proposal for \$17,000.00, second by O'Brien, all ayes.

Department update: Bryson Stymiest accepted the job offer as WTO and started 6/19/23. Cahoy installed Well # 5 and HS #2 on June 12<sup>th</sup>. NSHS innovation center tapped the water main on S 1<sup>st</sup> st. Ivy Acres Bac-t samples passed, and they are finishing up the taps. Consumption has come down, we will continue to monitor the situation. We received the water meters that had been on order since December.

ADMINISTRATION-

Skadal made a motion to approve the Wage Resolution 2023-05 E&W, second by Anderson, All ayes, Steward abstained from the vote.

Department update: Rowe will be discussing the Handbook and organization chart with the City Administrator later this week. Rowe will be on vacation next week, June 26-30.

Motion by Steward to adjourn the meeting at 5:45 P.M., second by O'Brien. All ayes.

Jody Coffman  
Billing Clerk

Utility Bills Payable for JULY 5, 2023

AUXIANT	274.18
DLUXE DEPOSIT SLIPS	218.07
TOTAL CHECKS	64,929.47
MidAmerican Wire Transfer- WS4 -	67,000.00
Louisa energy charge -	34,000.00
CMMPA	
Credit Cards	
PAYROLL JUNE 24, 2023	\$31,712.17
TOTAL	<b>198,133.89</b>

VENDOR SET: 01 City of Eldridge  
 BANK: 00 FIRST CENTRAL UTILITY  
 DATE RANGE: 0/00/0000 THRU 99/99/9999

VENDOR I.D.	NAME	STATUS	CHECK DATE	AMOUNT	DISCOUNT	CHECK NO	CHECK STATUS	CHECK AMOUNT
002211	STRICKER, GABE							
I-202306163687	MILEAGE FROM 9-29-22	R	6/16/2023			225339		
630 5-820-6240	TRAVEL AND CONFERENCES			225.00				
I-202306163688	MILEAGE FROM 2-14-22	R	6/16/2023			225339		
630 5-820-6240	TRAVEL AND CONFERENCES			205.92				430.92
000890	DELTA DENTAL							
I-202306233693	ACTIVE INSURED EMPLOYEES	R	6/23/2023			225340		
600 5-810-6150	GROUP INSURANCE			172.61				
630 5-820-6150	GROUP INSURANCE			251.44				424.05
000650	WEX BANK							
I-89218111U	FUEL	R	6/26/2023			225341		
600 5-810-6331	VEHICLE OPERATION			643.11				
630 5-820-6331	VEHICLE OPERATION			593.87				
I-89851905U	FUEL	R	6/26/2023			225341		
600 5-810-6331	VEHICLE OPERATION			576.05				
630 5-820-6331	VEHICLE OPERATION			560.14				2,373.17
002031	ACCESS SYSTEMS LEASING							
I-34295725U	CITY SHOP COPIER LEASE	R	6/29/2023			225342		
630 5-820-6310	B & G MATERIAL			88.73				88.73
002830	CAHOY PUMP SERVICE, INC.							
I-26402	WELL #5	R	6/29/2023			225343		
600 5-810-6752	MINOR PROJECTS			19,911.00				
I-26403	WELL - HIGH SACHOOL #2	R	6/29/2023			225343		
600 5-810-6752	MINOR PROJECTS			17,169.00				37,080.00
000131	CINTAS CORPORATION							
I-4158669442U	MATS	R	6/29/2023			225344		
630 5-820-6310	B & G MATERIAL			45.48				
I-4158669468	MATS	R	6/29/2023			225344		
630 5-820-6310	B & G MATERIAL			42.68				88.16
000499	EASTERN IOWA TIRE							
I-100143895	UNIT 45 TIRES	R	6/29/2023			225345		
600 5-810-6332	VEHICLE MAINTENANCE			347.50				347.50
000777	MENARDS							
I-11502	FASCIA FOR WELL #5	R	6/29/2023			225346		
600 5-810-6310	B & G MATERIAL			16.85				
I-11611	FASCIA FOPR WELL #5	R	6/29/2023			225346		
600 5-810-6310	B & G MATERIAL			16.85				33.70

VENDOR SET: 01 City of Eldridge  
 BANK: 00 FIRST CENTRAL UTILITY  
 DATE RANGE: 0/00/0000 THRU 99/99/9999

VENDOR I.D.	NAME	STATUS	CHECK DATE	AMOUNT	DISCOUNT	CHECK NO	CHECK STATUS	CHECK AMOUNT
001605	METERING & TECHNOLOGY SOLUTION							
I-INV2677	WATER METERS	R	6/29/2023			225347		
600 5-810-63711	OPERATING SUPPLIES & MATERIAL WATER METERS			11,176.96				11,176.96
001512	MIDAMERICAN ENERGY COMPANY							
I-540544790	UTILITES	R	6/29/2023			225348		
600 5-810-6371	UTILITIES 401 S 16TH AVE GENER			13.39				
600 5-810-6371	UTILITIES 853 N 1ST GENERATOR			12.39				
600 5-810-6371	UTILITIES 851N 1ST ST WELL 5			16.87				
630 5-820-6371	UTILITIES 120 E IOWA ST			16.36				
600 5-810-6371	UTILITIES 503 W DONAHUE ST			152.40				
600 5-810-6371	UTILITIES 212 N 3RD ST			14.38				225.79
000935	RESCO							
I-897555-00	TRANSFORMERS	R	6/29/2023			225349		
630 5-820-67811	CAPITAL PROJECTS TRANSFORMERS			10,905.00				10,905.00
002733	US POSTAL SERVICE (CMRS-FP)							
I-202306293710	POSTAGE 106001026900	R	6/29/2023			225350		
630 5-820-6508	POSTAGE			500.00				500.00
000691	VERIZON WIRELESS							
I-9936886716U	UTILITY CELLULAR	R	6/29/2023			225351		
630 5-820-6373	TELEPHONE & INTERNET			122.61				
600 5-810-6373	TELEPHONE & INTERNET			108.25				230.86
000459	U.S. POST OFFICE							
I-202306303712	POSTAGE	R	6/30/2023			225352		
630 5-820-6508	POSTAGE			924.72				924.72
1	ELLIOTT, BETH							
I-000202306303715	US REFUND	R	6/30/2023			225353		
630 2033	DEPOSIT REFUNDS PAYABLE		01-6073-22	99.91				99.91

* * T O T A L S * *	NO	INVOICE AMOUNT	DISCOUNTS	CHECK AMOUNT
REGULAR CHECKS:	15	64,929.47	0.00	64,929.47
HAND CHECKS:	0	0.00	0.00	0.00
DRAFTS:	0	0.00	0.00	0.00
EFT:	0	0.00	0.00	0.00
NON CHECKS:	0	0.00	0.00	0.00
VOID CHECKS:	0 VOID DEBITS	0.00		
	VOID CREDITS	0.00	0.00	

TOTAL ERRORS: 0

VENDOR SET: 01 City of Eldridge  
 BANK: 00 FIRST CENTRAL UTILITY  
 DATE RANGE: 0/00/0000 THRU 99/99/9999

\*\* G/L ACCOUNT TOTALS \*\*

G/L ACCOUNT	NAME	AMOUNT
600 5-810-6150	GROUP INSURANCE	172.61
600 5-810-6310	B & G MATERIAL	33.70
600 5-810-6331	VEHICLE OPERATION	1,219.16
600 5-810-6332	VEHICLE MAINTENANCE	347.50
600 5-810-6371	UTILITIES	209.43
600 5-810-63711	OPERATING SUPPLIES & MATERIAL	11,176.96
600 5-810-6373	TELEPHONE & INTERNET	108.25
600 5-810-6752	MINOR PROJECTS	37,080.00
	*** FUND TOTAL ***	50,347.61
630 2033	DEPOSIT REFUNDS PAYABLE	99.91
630 5-820-6150	GROUP INSURANCE	251.44
630 5-820-6240	TRAVEL AND CONFERENCES	430.92
630 5-820-6310	B & G MATERIAL	176.89
630 5-820-6331	VEHICLE OPERATION	1,154.01
630 5-820-6371	UTILITIES	16.36
630 5-820-6373	TELEPHONE & INTERNET	122.61
630 5-820-6508	POSTAGE	1,424.72
630 5-820-67811	CAPITAL PROJECTS	10,905.00
	*** FUND TOTAL ***	14,581.86

VENDOR SET: 01	BANK: 00	TOTALS:	NO	INVOICE AMOUNT	DISCOUNTS	CHECK AMOUNT
			15	64,929.47	0.00	64,929.47
BANK: 00	TOTALS:		15	64,929.47	0.00	64,929.47
REPORT TOTALS:			15	64,929.47	0.00	64,929.47

# OUTAGE REPORT

Date: 6/19/23

Address: 105 W. Price St.

Outage Time: 9:27 pm – 9:50 pm

Cause: Melted Fuse

# of Customers: 11

# OUTAGE REPORT

Date: 6/21/23

Address: 551 W Price St.

Outage Time: 8:10 pm – 9:45 pm

Cause: Animal Contact at  
Transformer

# of Customers: 4



**A** FDID  State  Incident Date MM  DD  YYYY  Station  Incident Number  Exposure   Delete  Change

NFIRS - 1  
BASIC

**B Location Type**  Street address  Intersection  In front of  Rear of  Adjacent to  Directions  US National Grid

Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.

Census Tract

Number/Milepost  Prefix  Street or Highway  ST  Suffix

Apt./Suite/Room  City  State  ZIP Code  -

Cross Street, Directions or National Grid, as applicable

**C IncidentType**  422 Chemical spill or leak

**E1 Dates and Times** Midnight is 0000

Check boxes if dates are the same as Alarm Date.

Alarm  ALARM always required  
 Month  Day  Year  Hour/Min

Arrival  ARRIVAL required, unless canceled or did not arrive  
 Month  Day  Year  Hour/Min

Controlled  CONTROLLED optional, except for wildland fires  
 Month  Day  Year  Hour/Min

Last Unit Cleared  LAST UNIT CLEARED, required except for wildland fires  
 Month  Day  Year  Hour/Min

**E2 Shifts and Alarms** Local option

Shift or Platoon  Alarms  District

**D Aid Given or Received**  None

1  Mutual aid received  
 2  Auto. aid received  
 3  Mutual aid given  
 4  Auto. aid given  
 5  Other aid given

Their FDID  Their State   
 Their Incident Number

**E3 Special Studies** Local option

Special Study ID#  Special Study Value

**F Actions Taken**

44 Hazardous materials leak  
 Primary Action Taken (1)

42 HazMat detection, monito  
 Additional Action Taken (2)

Additional Action Taken (3)

**G1 Resources**  Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	<input type="text" value="4"/>	<input type="text" value="8"/>
EMS	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses and Values**

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$

Contents \$

PRE-INCIDENT VALUE: Optional

Property \$

Contents \$

**Completed Modules**

Fire-2  
 Structure Fire-3  
 Civilian Fire Cas.-4  
 Fire Service Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1 Casualties**  None

	Deaths	Injuries
Fire Service	<input type="text" value="0"/>	<input type="text" value="0"/>
Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>

**H2 Detector** Required for confined fires.

1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  None

1  Natural gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: < 21 - lb tank (as in home BBQ grill)  
 3  Gasoline: volatile fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable storage  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totalling < 65 gallons  
 0  Other: special HazMat action required or spill > 65 gal  
 (Please complete the HazMat form.)

**Mixed Use Property**  Not mixed

10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mail  
 58  Business & residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use**  None

**Structures**

131	<input type="checkbox"/> Church, place of worship	341	<input type="checkbox"/> Clinic, clinic-type infirmary	539	<input type="checkbox"/> Household goods, sales, repairs
161	<input type="checkbox"/> Restaurant or cafeteria	342	<input type="checkbox"/> Doctor/dentist office	571	<input type="checkbox"/> Gas or service station
162	<input type="checkbox"/> Bar/tavern or nightclub	361	<input type="checkbox"/> Prison or jail, not juvenile	579	<input type="checkbox"/> Motor vehicle/boat sales/repairs
213	<input type="checkbox"/> Elementary school, kindergarten	419	<input type="checkbox"/> 1-or 2-family dwelling	599	<input type="checkbox"/> Business office
215	<input type="checkbox"/> High school, junior high	429	<input type="checkbox"/> Multifamily dwelling	615	<input type="checkbox"/> Electric-generation plant
241	<input type="checkbox"/> College, adult education	439	<input type="checkbox"/> Rooming/boardng house	629	<input type="checkbox"/> Laboratory/science laboratory
311	<input type="checkbox"/> Nursing home	449	<input type="checkbox"/> Commercial hotel or motel	700	<input type="checkbox"/> Manufacturing plant
331	<input type="checkbox"/> Hospital	459	<input type="checkbox"/> Residential, board and care	819	<input type="checkbox"/> Livestock/poultry storage (barn)
		464	<input type="checkbox"/> Dormitory/barracks	882	<input type="checkbox"/> Non-residential parking garage
		519	<input type="checkbox"/> Food and beverage sales	891	<input type="checkbox"/> Warehouse

**Outside**

124	<input type="checkbox"/> Playground or park	936	<input type="checkbox"/> Vacant lot	981	<input type="checkbox"/> Construction site
655	<input type="checkbox"/> Crops or orchard	938	<input type="checkbox"/> Graded/cared for plot of land	984	<input type="checkbox"/> Industrial plant yard
669	<input type="checkbox"/> Forest (timberland)	946	<input type="checkbox"/> Lake, river, stream		
807	<input type="checkbox"/> Outdoor storage area	951	<input type="checkbox"/> Railroad right-of-way		
919	<input type="checkbox"/> Dump or sanitary landfill	960	<input type="checkbox"/> Other street		
931	<input type="checkbox"/> Open land or field	961	<input type="checkbox"/> Highway/divided highway		
		962	<input type="checkbox"/> Residential street/driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use  Code

Water utility  Property Use Description

<b>A</b>	FDID <input type="text" value="82004"/>	State <input type="text" value="IA"/>	Incident Date <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/>	Station <input type="text" value="A 6"/>	Incident Number <input type="text" value="2023-00009611"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
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**K2 Owner**  Same as person involved? Then check this box and skip the rest of this block.

Local Option   Business Name (if applicable)  Area Code  Phone Number

Check this box if same address as Incident Location (Section B). then skip the three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or Highway  Street Type  Suffix

Post Office Box  Apt./Suite/Room  City

State  ZIP Code  -

**M Authorization**

Check box if same as Officer in charge.

Officer in charge ID  Signature  Position or rank  Assignment  Month  Day  Year

Member making report ID  Signature  Position or rank  Assignment  Month  Day  Year

<b>A</b>	FDID <input type="text" value="82004"/>	State <input type="text" value="IA"/>	Incident Date <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/>	Station <input type="text" value="A 6"/>	Incident Number <input type="text" value="2023-00009611"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1 BASIC</b>
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**L Remarks**  
Local Option

On Jun 29 2023 8:26AM we were dispatched to an incident. DAAC, DAHAZO, DAHAZ, DAE7 was assigned to this incident. 1, , 3, 3 personnel responded. We arrived on scene at Jun 29 2023 8:35AM, Jun 29 2023 8:41AM, Jun 29 2023 8:43AM, Jun 29 2023 8:57AM hours and cleared at Jun 29 2023 10:43AM hours. The incident occurred at 505 W DONAHUE ST, Eldridge in district Eldridge. The local station is . The general description of this property is 647 Water utility. The primary task(s) performed at the scene by responding was 81 Incident command, 00 Action taken, other, 44 Hazardous materials leak control & containment, 42 HazMat detection, monitoring, sampling, & analysis, 92 Standby. Alarm number 2023-00009611 has been assigned to this incident.

NFIRS - 7  
HAZMAT

**A** FDID 82004 State IA Incident Date 06 29 2023 Station A 6 Incident Number 2023-00009611 Exposure 000  Delete  Change

**B** HazMat ID 1017 UN Number 23 DOT Hazard Classification 7782505 CAS Registration Number Chemical Name CHLORINE

<b>C1</b> Container Type <input type="checkbox"/> None  <u>12</u> Container Type  <div style="border: 1px solid black; padding: 2px;">More hazardous materials? Use additional sheets.</div>	<b>C2</b> Estimated Container Capacity <u>150</u> Capacity: by volume or weight	<b>D1</b> Estimated Amount Released <u>30</u> Amount Released: by volume or weight	<b>E1</b> Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input checked="" type="checkbox"/> Gas U <input type="checkbox"/> Undetermined
	<b>C3</b> Units: Capacity Check one box VOLUME WEIGHT 11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input checked="" type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet MICRO UNITS 16 <input type="checkbox"/> Cubic meters <input type="checkbox"/> Enter Code	<b>D2</b> Units: Released Check one box VOLUME WEIGHT 11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input checked="" type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet MICRO UNITS 16 <input type="checkbox"/> Cubic meters <input type="checkbox"/> Enter Code	

<div style="border: 1px solid black; padding: 2px;">Complete the remainder of this form only for the first hazardous material involved in this incident.</div>	<b>F2</b> Population Density 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	<b>G2</b> Area Evacuated <input type="checkbox"/> None 1 <input type="checkbox"/> Square feet <input type="checkbox"/> Enter measurement 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles	<b>H</b> HazMat Actions Taken Enter up to three actions taken <u>14</u> HazMat leak control and Primary action taken (1) <u>12</u> HazMat detection, monit Additional action taken (2) Additional action taken (3)
	<b>F1</b> Released From Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure <input type="checkbox"/> Story of release 2 <input type="checkbox"/> Outside of structure	<b>G1</b> Area Affected 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles <input type="checkbox"/> Enter measurement	

<b>J</b> Cause of Release <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/containerment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	<b>K</b> Factors Contributing to Release Enter up to three contributing factors <u>UU</u> Undetermined Factor contributing to release (1) Factor contributing to release (2) Factor contributing to release (3)	<b>L</b> Factors Affecting Mitigation <input checked="" type="checkbox"/> None Enter up to three factors or impediments that affected the mitigation of the incident Factor or impediment (1) Factor or impediment (2) Factor or impediment (3)
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<b>M</b> Equipment Involved in Release <input type="checkbox"/> None Equipment involved in release Brand Model Serial # Year	<b>N</b> Mobile Property Involved in Release <input type="checkbox"/> None Mobile property type Mobile property make Model Year License plate number State DOT number/ ICC number	<b>O</b> HazMat Disposition <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager
		<b>P</b> HazMat Civilian Casualties Deaths <input type="checkbox"/> Injuries <input type="checkbox"/>

**A** FDID  State  Incident Date    Station  Incident Number  Exposure   Delete  Change **NFIRS - 9 APPARATUS OR RESOURCES**

B Apparatus or Resources Use codes listed below	Dates and Times Check if same date as Alarm date on the Basic Module (Block E1)					Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at this incident	Actions Taken List up to 4 actions for each apparatus	
	Month	Day	Year	Hour / Min	Midnight is 0000					
1 ID <input type="text" value="DAAC"/> ★ Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2023"/>	<input type="text" value="0827"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="81"/>	<input type="text"/>
2 ID <input type="text" value="DAE7"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2023"/>	<input type="text" value="0846"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="92"/>	<input type="text"/>
3 ID <input type="text" value="DAHAZ"/> ★ Type <input type="text" value="93"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2023"/>	<input type="text" value="0826"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="44"/>	<input type="text" value="42"/>
4 ID <input type="text" value="DAHAZ"/> ★ Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2023"/>	<input type="text" value="0826"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="00"/>	<input type="text"/>
5 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

<b>Apparatus or Resource Type</b> <b>Ground Fire Suppression</b> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	<b>Aircraft</b> 41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other <b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 53 Marine equipment, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	<b>Medical and Rescue</b> 71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other <b>Other</b> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus / resources	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     More Apparatus?                      Use additional                 </div> NN None UU Undetermined
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**NFIRS - 10  
PERSONNEL**

**A** FDID  State  Incident Date    Station  Incident Number  Exposure   Delete  Change

**B Apparatus or Resources** Use codes listed below

**Dates and Times** Midnight is 0000  
 Check if same date as Alarm date on the Basic Module (Block E1)  
 ↓ Month Day Year Hour / Min

**Sent**  **Number of People**  **Apparatus Use**  Suppression  EMS  Other

**Actions Taken** List up to 4 actions for each apparatus

<input type="text" value="1"/> ID <input type="text" value="DAAC"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0827"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="text" value="81"/>	<input type="text"/>
★ Type <input type="text" value="92"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0835"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Clear <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="1009"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
583	Tyler Schmidt	District C	<input checked="" type="checkbox"/>	81	58			

<input type="text" value="2"/> ID <input type="text" value="DAE7"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0846"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="text" value="92"/>	<input type="text"/>
★ Type <input type="text" value="11"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0857"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Clear <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="1017"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
746	Aiden Elian Gonzalez	Junior Pri	<input checked="" type="checkbox"/>	92				
690	Amanda Mussmann	Senior Pri	<input checked="" type="checkbox"/>	58	92			
617	Ryan Johnson	Lieutenant	<input checked="" type="checkbox"/>	92				

<input type="text" value="3"/> ID <input type="text" value="DAHAZ"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0826"/>	<input checked="" type="checkbox"/>	<input type="text" value="03"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="text" value="44"/>	<input type="text" value="42"/>
★ Type <input type="text" value="93"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0843"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Clear <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="1043"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
722	Daniel Tharp	Senior Pri	<input checked="" type="checkbox"/>	44	42			
626	Thomas Schmidt	Captain (F	<input checked="" type="checkbox"/>	42	44			
613	Aaron Whitaker	Engineer (	<input checked="" type="checkbox"/>	58	46			

<input type="text" value="4"/> ID <input type="text" value="DAHAZ"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0826"/>	<input checked="" type="checkbox"/>	<input type="text" value="01"/>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	<input type="text" value="00"/>	<input type="text"/>
★ Type <input type="text" value="92"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="0841"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Clear <input checked="" type="checkbox"/> <input type="text" value="06"/> <input type="text" value="29"/> <input type="text" value="2023"/> <input type="text" value="1034"/>						<input type="text"/>	<input type="text"/>
Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
537	Ronald Burchette	Captain (F	<input checked="" type="checkbox"/>	58	92			



## DAVENPORT FIRE DEPARTMENT

331 Scott Street, Davenport, Iowa 52801  
Tel 563.326.7906 Fax 563.328.7232

Incident Number: 2023-9611

Date: 6/29/2023

Time of Alarm: 08:26:08

Davenport Operations Chief, HazMat Officer, and HazMat rig dispatched to 505 West Donahue Street in Eldridge (Eldridge Water Utility) for the report of chlorine leaking from a container. DFD Operations Chief arrived on scene and assumed DFD command, HazMat Officer arrived and became Operations. Command advised HazMat to stage at the intersection of 6<sup>th</sup> and Donahue Streets. HazMat arrived on scene and began to set up a staging area. Eldridge personnel advised that they were changing out an empty chlorine cylinder, and upon opening the full cylinder, chlorine was smelled and personnel evacuated. EPD had the road blocked at either end of the block and had been going door to door requesting residents evacuate or shelter in place.

E7 was dispatched at this time to form a back up team. 626 and 722 began to don PPE to enter the hot zone for recon. 613 was assigned to Safety Officer and Decontamination. Upon E7 arrival, a back up team was formed and began to don PPE, while the entry team made their way into the hot zone. There was no visible plume outside the chlorine storage room. Entry team monitored outside the door of the storage room and reported 50 PPM chlorine to Operations. A representative from Hawkins Company was on scene and had advised entry team what to look for and the procedure for shutting off the cylinders. Entry team turned off all cylinders at the main shut off point and tightened the vice point holding on the distribution apparatus. After a couple of minutes, the readings in the room had dropped to 1.6 PPM chlorine. E6 returned to the staging area and advised Command and Operations of the progress. The Hawkins representative suggested removing the distribution apparatus and removing the cylinder from the building.

Entry team returned to the storage room, removed the distribution apparatus, and moved the cylinder outside. In the fresh air the area around the cylinder showed 0.0 PPM chlorine, and the storage room showed 0.6 PPM. EFD had provided a PPV, which the entry team placed outside the door to the storage room for ventilation. Entry team returned to the staging area for decontamination and rehab. At this point the leak was determined to be mitigated and no further hazards. The scene was TOT EFD and all DFD units returned to service.

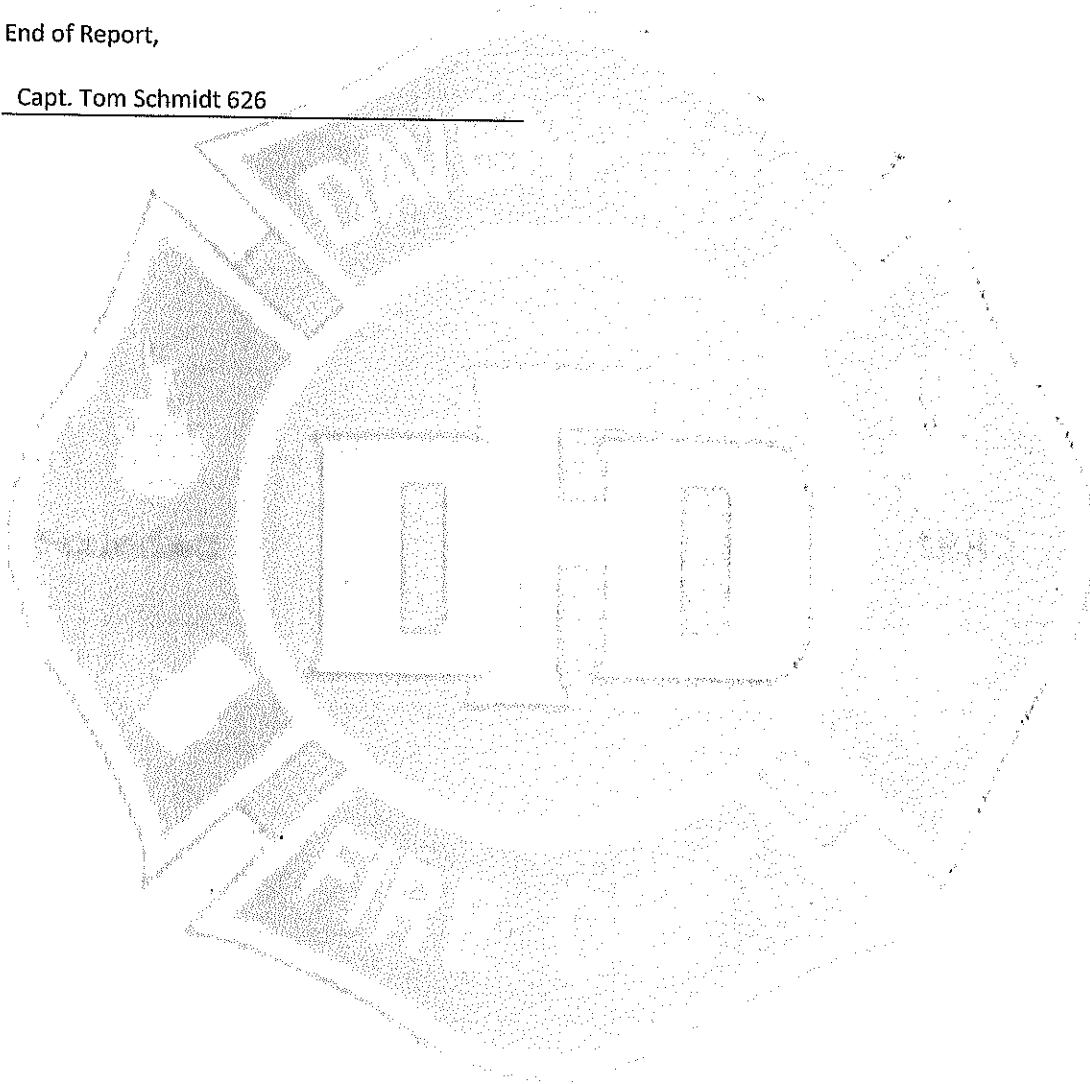
### Equipment used:

- HazMat rig
- 4 Multi-threat suits
- 4 pair boots
- 4 pair silver shield gloves
- 4 SCBA
- 4 SCBA Masks

- 4 HazMat handheld radios
- 1 AreaRae Chlorine meter
- 2 HazMat containment bags
- 8 personnel

End of Report,

Capt. Tom Schmidt 626





6/29/2023  
2023-9611  
08:26:08

Hazmat Officer Burchette was notified of a chlorine leak at the water treatment facility in Eldridge, Iowa. Hazmat Officer enroute with Davenport Operations Officer and Regional Hazmat Response Vehicle.

On scene Eldridge Fire and Eldridge PD had isolation, evacuation, and shelter-in-place procedures in place. Unified Command was established with Eldridge Fire and Hazmat Branch established. Operations officer Tyler Schmidt had assumed unified command with Eldridge Fire as DFD command. Burchette had assumed Hazmat Operations and Entry Officer. Engineer Whitaker assumed Hazmat Safety.

Entry Team of Tom Schmidt and Dan Tharp were established to make RECON and entry into the hot zone. E7 was requested to respond for backup operations. Entry and Backup were suited up in multi threat suits and SCBA. Decontamination zone was set up by Amanda Mussmann at 6<sup>th</sup> and Donahue with a positive pressure fan.

Entry team made entry with a ToxicRAE Pro Chlorine Monitor and identified 50 ppm outside the door. Entry into the room was established and tanks shut down. After normal ventilation readings dropped to 1.6 ppm. The leaking tank was removed from the room and monitored with no readings, 0 ppm. Positive pressure ventilation was set up outside the door and monitor readings were reduced to .6 ppm, which were below IDLH and PEL limits. Back up team was sent to monitor surrounding area prior to lifting evacuation and shelter-in-place. No readings present, 0 ppm.

Entry Team and Backup team exited the hot zone and entered the decontamination corridor with no incident. Personnel vitals were taken and rehab was completed. Post incident review was conducted and termination was completed. Scene was turned over to Eldridge PD and Eldridge Fire.

End of Report

Ron Burchette 537

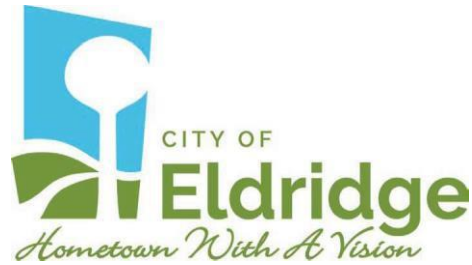


Davenport Fire Department  
331 Scott St. Davenport, Iowa 52801

T | 563.326.7906  
E | fire.info@davenportiowa.com

[davenportiowa.com/fire](http://davenportiowa.com/fire)





To: Utility Board  
From: Nevada Lemke, City Administrator  
Re: ADP Time & Attendance Software  
Date: 07/03/2023

City staff will be transitioning from a paper timecard to a web-based timecard recording process. On June 19, 2023, the City Council approved the purchase and implementation of ADP software to provide this service. It is a stand-alone software program that will integrate with our current payroll system. The software will allow us to digitize our timesheets without requiring employees to clock in and out daily. It is a web-based application that allows employees to enter their hours worked each pay period, and when they submit the timesheet, it automatically enters a workflow that requires supervisor approval. Once all timecards have been processed through the workflow, the payroll clerk will be able to import the timecard report into our Incode Payroll system to be processed. The system will also include time off requests and approvals through the same workflow process and will automatically track the leave accrual and usage balances. Ultimately, the software will increase efficiency for the payroll clerk, and reduce the risk of errors. The pricing provided is as follows:

Software Cost:

- 1-9 Employees is a base of \$49.95 per month
- + \$2.60 per employee over 9

Total:

- \$229.35 per month
- Utility Portion - \$29.03/month
- City Portion - \$200.32/month