

# **LEGISLATIVE FACT SHEET**

**DATE:** \_\_\_\_10/03/2011\_\_\_\_ **BT OR RC NUMBER:** \_\_\_\_  
(Administration Bills)

**SPONSOR** (Department/Division/Agency/Council Member): Public Works

## **PURPOSE/SUMMARY:**

The Purpose of this legislation is to authorize the Mayor to execute a Declaration of Restrictive Covenant (Declaration) with the Florida Department of Environmental Protection due to groundwater contamination that has traveled into the City-owned right of way. This legislation will also authorize the Mayor to execute an indemnity Agreement with I.B.N. Incorporated (IBN) who owns the adjacent property and the location of the original contamination. In this Agreement IBN agrees to cover the City's costs associated with the handling and disposal of any contaminated groundwater that may be encountered should it need to perform work in the right-of-way as well as the costs associated with preparing the Declaration.

**APPROPRIATION :** Total Amount Appropriated: \$ \_\_\_\_0.00\_\_\_\_ as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of In-Kind Contribution Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

## **IMPACT - FINANCIAL/OTHER:**

### **ACTION ITEMS:**

Emergency?	Yes ____	No <u>X</u> __	Justification: _____
Federal or State Mandates	Yes ____	No <u>X</u> __	
Fiscal Year Carryover?	Yes ____	No <u>X</u> __	_____
CIP Amendment?	Yes ____	No <u>X</u> __	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u> __	No ____	(Attach a copy only)
C/A negotiations on-going?	Yes ____	No <u>X</u> __	
Oversight Department Required?	Yes ____	No <u>X</u> __	Name of Dept. _____
Related RC?/BT?	Yes ____	No <u>X</u> __	(Attach a copy)
Waiver of Code?	Yes ____	No <u>X</u> __	(Identify Code Provision _____)
Code Exception?	Yes ____	No <u>X</u> __	(Identify Code Provision _____)

Continuation Grant? Yes \_\_\_ No X  
Surplus Property Certification? Yes \_\_\_ No X (Attach a copy)  
Related Enacted Ordinances? Yes \_\_\_ No X Ord. # of Previous Ord. \_\_\_\_\_  
Report Required to City Council/Council Auditors  
Yes \_\_\_ No X Date \_\_\_\_\_ Frequency \_\_\_\_\_

**Add additional pages as necessary for explanation.**  
**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Jeff Beck, Acting Director of Public Works

Phone: 287.8922 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: Monroe Hazen, Topographical Survey Manager and Kristina G. Nelson, OGC

Phone: 255.8732 or 630.1736 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL  
OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: Jeff Beck, Acting Director of Public Works

Phone: 287.8922 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: Monroe Hazen, Topographical Survey Manager and Kristina G. Nelson, OGC

Phone: 255.8732 or 630.1736 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legislation from Independent Agencies requires a resolution from the Independent Agency Board  
approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**