FARR WEST CITY COUNCIL AGENDA

April 20, 2023 at 7:00 p.m.
City Council Chambers
1896 North 1800 West
Farr West, UT 84404

Notice is hereby given that the City Council of Farr West City will hold its regular meeting at 7:00 pm on Thursday, April 20, 2023

Call to Order – Assistant Mayor Boyd Ferrin

1. Opening Ceremony
   a. Pledge of Allegiance
   b. Opening Prayer
2. Comments/Reports
   a. Public Comments (*2 minutes)*
   b. Report from the Planning Commission
3. Consent Items
   a. Consider approval of minutes dated March 30, 2023 and April 6, 2023
   b. Consider approval of bills dated April 19, 2023
4. Business Items
   a. Consider approval of business licenses –Amerimex Auto Glass LLC – Teresa Vazquez Esparza
      Idaho Landcare Company Inc – Jeremy Vincent
   b. Consider approval of the Municipal Wastewater Planning Program Annual Report – Dave Bunderson
   c. Consider approval of Resolution No. 2023-02, providing support for Weber County's Pre-disaster Mitigation Plan Update
   d. Discussion/Action – 2023 RAMP Municipality Grant distribution
5. Mayor/Council Follow-up
   a. Report on Assignments
   b. Assignments and direction for Planning Commission
6. Adjournment

In compliance with the American with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify the City Recorder at 801-731-4187, at least three working days prior to the meeting. Notice of time, place and agenda of the meeting was emailed to each member of the City Council, posted in the City Hall, and posted on the Utah Public Meeting Notice Website on April 14, 2023.

Lindsay Afuvai
Recorder

Application for Residential Business License

FARR WEST CITY

Application date: 4/3/2023

Owner Name: Ma. Teresa Vazquez Esparza

Owner Address: 3924 N 2700 W City: Farr West State: UT Zip: 84404

Telephone: (435)754-5427 Fax: _____ Email: terelife2010@hotmail.com

Business Name: Amerimex Auto Glass LLC DBA: _____

State Sales Tax ID # 12376222 002 STC State License # 12328

If a daycare of preschool, number of own children: _____; number of other children: _____

Describe your type of business in detail: Auto Motive: window tint. cars — residences, commercial buildings etc. Windshields replacement and repairs. Clear Bra

Businesses that require Health Department inspection and permit: ANY business that is selling food, day cares, nursing and assisted livings.

Health Department Permit # _____ or check if not applicable _____

Please initial each box acknowledging you understand and comply with the ordinance requirements (Farr West City Ordinance, Chapter 5.16)

- ☑ Only persons who are bona fide residents of the premises shall be engaged in the business or occupation.
- ☑ The business shall not physically change or alter the exterior of the dwelling.
- ☑ No business signs or advertising will be on the premises.
- ☑ **The business will not cause an increase in vehicular traffic.**
- ☑ **The business will not require additional off street parking beyond that normally required for residential uses.**
- ☑ The business will meet all applicable safety, fire, building and health codes.
- ☑ The business will not produce noise, dust, odors, noxious fumes glare or other hazards to safety and health which are emitted from and may be discernible beyond the premises. Residential businesses may not create a public nuisance as defined by State law or this code.

- ☒ The business will not create a hazard by using flammable, explosive or other dangerous materials or by keeping or raising animals which are capable of inflicting harm or discomfort or endangering the health and safety of any person or property.
- ☒ Any nursery or daycare use of the dwelling shall comply with state laws governing such use.
- ☒ If the business is conducted within the living quarters of the home, it will not occupy more than 25% of the main floor area, or more than 400 square feet of the home. If conducted within the garage, it shall not occupy more than 33% of the garage area. *Businesses in accessory building may use the whole structure for business use.

Residential Business License Fee
$30.00

Residential businesses conducted entirely within the primary residence are not subject to the $30.00 fee.

Is this business conducted entirely within the primary residence? Yes
If no, is it conducted in a garage and/or accessory building? _____

I, the applicant, am aware of and conform to all State and Federal Regulations. I have read and understand the Codes and Ordinances of Farr west City for Business License Regulations (Title 5).

Applicant signature: _____ Date: 4/3/2023

For office use only:

Amount paid: 30- Date paid: 4-3-2023 Receipt Number: 9.002360
City Council Date: 4/20/2023 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Application for Business License

Application date: 3/15/2023

Owner Name: Jeremy Vincent

Owner Address: 314 N. Bonner Dr City: Nampa State: ID Zip: 83651

Telephone: 208-880-3235 Fax: N/A Email: jeremy.Vincent@USlawns.net

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Business Name: Idaho Landcare Company Inc. DBA: U.S. Lawns of Ogden

Business Address: 3677 N. Highway 126 Ste X City: Farr West State: UT Zip: 84404

Mailing Address: 3677 N. Highway 126 Ste X City: Farr West State: UT Zip: 84404

Business Phone Number: 435-554-8873 Number of employees: 8

Manager Name: Jeremy Vincent Contact Phone: 208-880-3235

**If business is commercial or manufacturing/warehousing, please list square footage: _____

State Sales Tax ID # 146 7998 5003 WTH State License # 11423488

If a daycare of preschool, number of own children: _____; number of other children: _____

Describe your type of business in detail: Landscape Contractor

Businesses that require Health Department inspection and permit: ANY business that is selling food, tattoo and piercing salons, tanning salons, day cares, nursing and assisted livings.

Health Department Permit # _____ or check if not applicable _____

BUSINESS LICENSE FEE SCHEDULE

COMMERCIAL

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$200.00	$300.00

MANUFACTURING/WAREHOUSING

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$150.00	$200.00

OTHER

Contractor	Professional	Interstate Commerce
$100.00	$50.00	$50.00

ALCOHOL

Class "A" Beer	Class "B" Beer Restaurant	Class "C" Limited Restaurant	Class "D" Golf Course	Class "E" Full Service Restaurant
$200.00	$200.00	$200.00	$200.00	$200.00

*If you are renewing an alcohol license:
Has the applicant been arrested or convicted of a felony or misdemeanor in the past 12 months? _____

Type of License Applying For: Small Commercial License fee due: 100.00

I, the applicant, am aware of and conform to all State and Federal Regulations. I have read and understand the Codes and Ordinances of Farr west City for Business License Regulations (Title 5).

Applicant signature: _____ Date: 3/15/2023

For office use only:

Amount paid: 100 - Date paid: 4.7.2023 Receipt Number: 9.002362
City Council Date: 4/20/2023 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

UTAH DEPARTMENT of ENVIRONMENTAL QUALITY
WATER QUALITY

Municipal Wastewater Planning Program (MWPP) Annual Report for the year ending 2022 FARR WEST CITY

Collections System Section

Form completed by:

May Receive Continuing Education /units (CEUs)

Dave Bunderson

Part I: SYSTEM DESCRIPTION

What is the largest diameter pipe in the collection system (diameter in inches)?

15

What is the average depth of the collection system (in feet)?

10

What is the total length of sewer pipe in the system (length in miles)?

35

How many lift/pump stations are in the collection system?

1

What is the largest capacity lift/pump station in the collection system (design capacity in gallons per minute)?

1100

Do seasonal daily peak flows exceed the average peak daily flow by 100 percent or more?

- ○ Yes
- ◉ **No**

What year was your collection system first constructed (approximately)?

1968

In what year was the largest diameter sewer pipe in the collection system constructed, replaced or

renewed? (If more than one, cite the oldest)

2004

PART II: DISCHARGES

How many days last year was there a sewage bypass, overflow or basement flooding in the system due to rain or snowmelt?

0

How many days last year was there a sewage bypass, overflow or basement flooding due to equipment failure (except plugged laterals)?

0

The Utah Sewer Management Program defines two classes of sanitary sewer overflows (SSOs):

Class 1- a Significant SSO means a SSO or backup that is not caused by a private lateral obstruction or problem that:

(a) affects more than five private structures;
(b) affects one or more public, commercial or industrial structure(s);
(c) may result in a public health risk to the general public;
(d) has a spill volume that exceeds 5,000 gallons, excluding those in single private structures; or
(e) discharges to Waters of the state.

Class 2 - a Non-Significant SSO means a SSO or backup that is not caused by a private lateral obstruction or problem that does not meet the Class 1 SSO criteria.

Below include the number of SSOs that occurred in year: 2022

	Number
Number of Class 1 SSOs in Calendar year	0
Number of Class 2 SSOs in Calendar year	0

Please indicate what caused the SSO(s) in the previous question.

NA

Please specify whether the SSOs were caused by contract or tributary community, etc.

NA

Part III: NEW DEVELOPMENT

Did an industry or other development enter the community or expand production in the past two years, such that flow or wastewater loadings to the sewerage system increased by 10% or more?

- ○ Yes
- ◉ **No**

Are new developments (industrial, commercial, or residential) anticipated in the next 2 - 3 years that will increase flow or BOD5 loadings to the sewerage system by 25% or more?

- ○ Yes
- ◉ **No**

Number of new commercial/industrial connections in

the last year

1

Number of new residential sewer connections added in the last year

34

Equivalent residential connections[7] served

34

Part IV: OPERATOR CERTIFICATION

How many collection system operators do you employ?

3

Approximate population served

7500

State of Utah Administrative Rules requires all public system operators considered to be in Direct Responsible Charge (DRC) to be appropriately certified at least at the Facility's Grade.

List the designated Chief Operator/DRC for the Collection System below:

	Name	Grade	Email
	First and Last Name		Please enter full email address

Chief Operator/DRC	Dave Bunderson	II	dave@farrwestcit

List all other Collection System operators with DRC responsibilities in the field, by certification grade, separate names by commas:

	Name separate by comma
SLS[17] Grade I:	
Collection Grade I:	
Collection Grade II:	
Collection Grade III:	
Collection Grade IV:	

List all other Collection System operators by certification grade, separate names by commas:

	Name separate by comma
SLS[17] Grade I:	
Collection Grade I:	
Collection Grade II:	Robert Spronk, Dave Anderson
Collection Grade III:	
Collection Grade IV:	
No Current Collection Certification:	

Is/are your collection DRC operator(s) currently certified at the appropriate grade for this facility?

- (●) **Yes**
- ( ) No

Part V: FACILITY MAINTENANCE

	Yes	No
Have you implemented a preventative maintenance program for your collection system?	(●)	( )
Have you updated the collection system operations and maintenance manual within the past 5 years?	(●)	( )
Do you have a written emergency response plan for sewer systems?	(●)	( )
Do you have a written safety plan for sewer systems?	( )	(●)
Is the entire collections system TV inspected at least every 5 years?	( )	(●)
Is at least 85% of the collections system mapped in GIS?	(●)	( )

Part VI: SSMP EVALUATION

	Yes	No
Has your system completed a Sewer System Management Plan (SSMP)?	◉	○
Has the SSMP been adopted by the permittee's governing body at a public meeting?	◉	○
Has the completed SSMP been public noticed?	◉	○
During the annual assessment of the SSMP, were any adjustments needed based on the performance of the plan?	○	◉

Date of Public Notice

04/16/2015

During 2022, was any part of the SSMP audited as part of the five year audit?

○ Yes

◉ **No**

Have you completed a System Evaluation and Capacity Assurance Plan (SECAP) as defined by the Utah Sewer Management Program?

- (●) **Yes**
- ( ) No

Part VII: NARRATIVE EVALUATION

This section should be completed with the system operators.

Describe the physical condition of the sewerage system: (lift stations, etc. included)

Satisfactory working order

What sewerage system capital improvements[3] does the utility need to implement in the next 10 years?

Add maintenance access/ manholes to existing line

What sewerage system problems, other than plugging, have you had over the last year?

Lift station electrical and pump control problems

Is your utility currently preparing or updating its capital facilities plan[2]?

○ Yes

◉ **No**

Does the municipality/district pay for the continuing education expenses of operators?

◉ **100% Covered**

○ Partially cover

○ Does not pay

Is there a written policy regarding continuing education and training for wastewater operators?

○ Yes

◉ **No**

Any additional comments?

Sewer system is in good serviceable condition

This is the end of the Collections System questions

To the best of my knowledge, the Collections System section is completed and accurate.

☑ **Yes**

Save & View Table of Contents

NOTE: This questionnaire has been compiled for your benefit to assist you in evaluating the technical and financial needs of your wastewater systems. Completion of the collection section meets the annual reporting requirement for the USMP. If you received financial assistance from the Water Quality Board, annual submittal of this report is a condition of that assistance. Please answer questions as accurately as possible to give you the best evaluation of your facility. If you need assistance, please send an email to wqinfodata@utah.gov and we will contact you as soon as possible. You may also visit our Frequently Asked Questions page.

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FARR WEST CITY
RESOLUTION NO. 2023-02

A RESOLUTION PROVIDING SUPPORT FOR WEBER COUNTY'S PRE-DISASTER MITIGATION PLAN UPDATE

WHEREAS, Weber County developed a Pre-Disaster Mitigation Plan ("PDM") in 2018 which was approved by the Federal Emergency Management Agency ("FEMA"); and

WHEREAS, FEMA requires that responsible agencies review and revise their PDM to reflect changes in development, progress in local hazard mitigation efforts, and changes in mitigation priorities and submit their revised multi-hazard mitigation plan for review and approval by FEMA to remain eligible for pre-disaster mitigation grant funding; and

WHEREAS, Farr West City ("City") is a major stakeholder in Weber County's PDM and the County is required by FEMA to obtain formal resolutions of participation and support from its major stakeholders; and

NOW, THEREFORE, BE IT RESOLVED by the City Council of Farr West City, as follows:

1. The City does hereby intend to support Weber County's PDM update initiative by participating with the committee intended to develop revisions and updates to Weber County's PDM.

2. This Resolution shall take effect upon passage.

Approved and adopted by the City Council of Farr West City this _____day of _____, 2023.

FARR WEST CITY

_____
Ken Phippen, Mayor

Vote of City Council

Yes	No	
___	___	Council Member Ferrin
___	___	Council Member Blazzard
___	___	Council Member Chugg
___	___	Council Member Leatham
___	___	Council Member Williams

ATTEST:

_____
City Recorder