



CITY OF COUNCIL GROVE • 205 UNION STREET • PO BOX 313
COUNCIL GROVE, KS 66846 • 620-767-5417 • COUNCILGROVE.COM

**City Council Agenda
December 5, 2023
5:30 P.M. - City Hall**

WELCOME AND CALL TO ORDER

PLEDGE OF ALLEGIANCE

INVOCATION

PUBLIC COMMENT PERIOD

Items not already on the agenda may be brought before the Governing Body. People must sign in to be eligible. (**Three-minute maximum time limit**). After three minutes, items will then be voted on to see whether to place the item on the next agenda.

CONSENT AGENDA:

- Minutes from the Previous meeting: Pages 2 – 3
- Appropriations:
- Cabin Transfers: N/A
- License Renewal to sell Cereal Malt Beverages:
 - Pizza Hut Pages 4 - 9
 - Ray’s Apple Markey Pages 10 - 13

Motion: Seconded: Action: Abstention: Este. Cost:

OLD BUSINESS:

- Mill N Overlay 4th Street to Eat City Limits: Update

Motion: Seconded: Action: Abstention: Este. Cost

- Safe Routes to School: Update

Motion: Seconded: Action: Abstention: Este. Cost

NEW BUSINESS:

- Utilities Committee Recommendation: Sewer Computer Replacement Pages 14 - 18

Motion: Seconded: Action: Abstention: Este. Cost

- Utilities Committee Recommendation: Flow Meter Replacements Pages 19 - 21

Motion: Seconded: Action: Abstention: Este. Cost

- Library Roof Repair Proposals: Pages 22 - 26

Motion: Seconded: Action: Abstention: Este. Cost

- Executive Session – Non-Elected Employee

Motion: Seconded: Action: Abstention: Este. Cost

Governing Body Comments:

Adjournment:

City Council Meeting Minutes
November 21, 2023

WELCOME AND CALL TO ORDER

Mayor Debi Schwerdtfeger called the regular City Council Meeting to order. Council members present were Jason Booker, Mark Berner, Denise Hartman, Sean Honer, Larry Siegrist and Sharon Haun, also present were the City Administrator Nick Jones, City Attorney Molly Priest and Brian Henderson. Others attending were Jan Sciacca, Celeste Plitz, Mindy Anders, Renee Berner, Rev. Adam Reichart, Stephen McKnight, Ashley McKnight, Karen Exon, Andy Benning.

PLEDGE OF ALLEGIANCE

INVOCATION:

Rev. Adam Reichart

PUBLIC COMMENT PERIOD

N/A

CONSENT AGENDA

Councilperson Sean Honer made a motion to approve the Consent Agenda as presented in the packet. Councilperson Jason Booker seconded the motion. Motion Carried 5 – 0. The consent agenda consisted of:

- Nov 7, 2023, Minutes
- Nov. 7, 2023, to Current Appropriations.

OLD BUSINESS

- **Greenwood Cemetery Rockwall: Update**
City Administrator Nick Jones reported the Hartman Masonry has started work on the Greenwood Cemetery Wall repair. Hartman Masonry plans to finish up in the next 2 to 3 weeks barring any weather-related delays.
- **City Lake Plat: Update**
City Administrator Nick Jones reported to the Council that Kaw Valley Engineering is finishing up the Lake Plat. Administrator Jones said that some adjustments made need to be made to finalize the plat sense there were some issues with the CAD file.
- **Water and Sewer PER Reports: Update**
City Administrator Nick Jones reported to the Council that while the city applied for prequalification's from the Clean Water State Revolving fund to redo water and sewer infrastructure were initially denied. Some entities have decided to drop from consideration making funding available and the city now has to opportunity to apply for funding. The Utilities Committee will meet after Thanksgiving to consider different options.

NEW BUSINESS

- **Celeste Plitz – Garden Fence:**
Celeste Plitz addressed the City Council requesting a variance to the city's fence ordinance #2027 to continue building a garden fence, which consists of branches being interwoven. The Council discussed safety concerns with the rebar sticking out of the ground and required that caps be placed on the rebar to help prevent injury. The Council also discussed at what point it is too much oversight on someone's property. After discussion Councilperson Mark Berner made a motion to approve the variance for the fence with caps being placed on the rebar. The motion was seconded by Councilperson Sean Honer. Motion Carried 6 – 0
- **GAAP Waiver:**
City Administrator Nick Jones presented to the Council GAAP Waiver Resolution 112123-01, which follows K.S.A 78-1120a that allows the city to waive generally accepted accounting principles in preparation of financial statements and financial reports. After discussion Councilperson Sean Honer made a motion to approve Resolution #112123-01. The motion was seconded by Councilperson Jason Booker. Motion carried 6 – 0
- **Employee Christmas Party Date:**
City Administrator Nick Jones informed the Council that the Annual Employee Christmas party by on December 13th, from 11 – 1pm in City Hall.

KEEP THIS LICENSE POSTED CONSPICUOUSLY AT ALL TIMES

Fee \$125.00

No. 4

DEALER'S RETAIL LICENSE

From January 1, 2024
Month Day Year

To December 31, 2024
Month Day Year

To All Whom It May Concern:

License is hereby granted to Pizza Hut to sell at retail

CEREAL MALT BEVERAGES

For consumption on the premises

(State if for consumption on the premises, or for sale in original and unopened containers and not for consumption on the premises.)

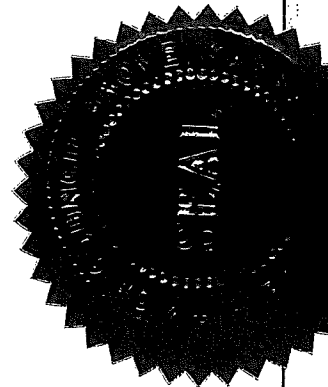
at 15 Union Street

(Give exact location, with street number, if any.)

in the City of Council Grove in Morris County, Kansas,

Application therefor, on file in the office of the City Clerk of said City, having been approved by the governing body of such City as provided by the Laws of Kansas and the rules, regulations and ordinances pertaining thereto.

This License will expire December 31, 2024, unless sooner revoked, is not transferable, nor will any refund of the fee be allowed thereon.



Given under our hands and the corporate seal of said City, this 5th

day of December 2023

Countersigned:

Mayor

City Treasurer

City Clerk

SECTION 5 – MANAGER OR AGENT INFORMATION		
My place of business or special event will be conducted by a manager or agent.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following:		
Manager/Agent Name Sadie Cooper	Phone No.	Date of Birth
Residence Street Address	City and State Cottonwood Falls, KS	Zip Code 66845
Manager or Agent Spousal Information*		
Spouse Name Jeffrey Cooper	Phone No.	Date of Birth
Residence Street Address	City and State Cottonwood Falls, KS	Zip Code 66845
SECTION 6 – QUALIFICATIONS FOR LICENSURE		
Applies to each partner or member of a firm or association AND their spouses*. Enter lowest residency length number**.		
Are all persons identified in Sections 4 & 5 Citizens of the United States*?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the person identified in Section 5 currently a resident of Kansas*?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All persons identified in Sections 4 & 5 are at least 21 years old*?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
All persons in Sections 4 & 5 have been a Kansas resident for at least 5 years prior to submitting this application.**		
Within 2 years immediately preceding the date of this application, have any persons identified in Sections 4 & 5 been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*: (1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness; (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the partnership, firm or association have a manager, officer, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the spouse of any partner or member ever been convicted of any of the crimes identified in Section 6 during the time the partner or member held a CMB license?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SECTION 7 – DURATION OF SPECIAL EVENT		
Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

Proceed to Section 8 on the next page.

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

City or County of Council Grove

SECTION 1 – LICENSE TYPE			
Check One: <input type="checkbox"/> New License <input checked="" type="checkbox"/> Renew License <input type="checkbox"/> Special Event Permit			
Check One: <input checked="" type="checkbox"/> License to sell cereal malt beverages for consumption on the premises. <input type="checkbox"/> License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.			
SECTION 2 – APPLICANT INFORMATION			
Kansas Sales Tax Registration Number (required):		004-931034319 F-01	
I have registered as an Alcohol Dealer with the TTB. <input type="checkbox"/> Yes (required for new application)			
Name of Corporation PH North, INC		FEIN	
Corporation Street Address 3048 West Stolley Park Rd		Corporation City Grand Island	State NE Zip Code 68801
Date of Incorporation 6/7/1990		Articles of Incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Agent Name Quincy Krase		Phone No.	
Residence Street Address 916 24th Ave		City Galva	State KS Zip Code 67443
SECTION 3 – LICENSED PREMISE			
Licensed Premise (Business Location or Location of Special Event)		Mailing Address (If different from business address)	
DBA Name Pizza Hut		Name Staab Management Company	
Business Location Address 15 Union St		Address PO Box 1866	
City Council Grove, KS 66846	State	City Grand Island, NE 68802	State NE Zip 68802
Email Address(s) Please separate values with a comma. kabraham@staabmgt.com			
Business Phone No. 620-767-5000		<input checked="" type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.	
Business Location Owner Name(s) David Wayne Staab			
SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK List each person and their spouse*, if applicable. Attach additional pages if necessary.			
Name David Wayne Staab		Position President	
Residence Street Address		City Grand Island	State NE Zip Code 68801
Spouse Name Jill Krista Staab		Position	
Residence Street Address		City Grand Island	State NE Zip Code 68801
Name Michael Gerard Staab		Position Vice President	
Residence Street Address		City Lincoln	State NE Zip Code 68506
Spouse Name Susan Kiel Staab		Position	
Residence Street Address		City Lincoln	State NE Zip Code 68506
Name Curtis William Staab		Position Secretary	
Residence Street Address		City Lincoln	State NE Zip Code 68521
Spouse Name Lisa Marie Staab		Position	
Residence Street Address		City Lincoln	State NE Zip Code 68521

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK (CONTINUED)			
Name	Gary Tomas Staab		Position Officer
Residence Street Address	City Kearney	State MO	Zip Code 64060
Spouse Name	Lissi Lynne Staab		Position
Residence Street Address	City Kearney	State MO	Zip Code 64060
Name			Position
Residence Street Address	City	State	Zip Code
Spouse Name			Position
Residence Street Address	City	State	Zip Code
Name			Position
Residence Street Address	City	State	Zip Code
Spouse Name			Position
Residence Street Address	City	State	Zip Code
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Residence Street Address	City	State	Zip Code
Spouse Name			Position
Residence Street Address	City	State	Zip Code
Name			Position
Residence Street Address	City	State	Zip Code
Spouse Name			Position
Residence Street Address	City	State	Zip Code

SECTION 8 – LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: 8 1/2" by 11" drawing attached.



See Attachment

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE *[Signature]* DATE 11.15.23

FOR CITY/COUNTY OFFICE USE ONLY:

License Fee Received Amount \$ _____ Date _____
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

\$25 CMB Stamp Fee Received Date _____

Background Investigation Completed Date _____ Qualified Disqualified

Verified applicant has registered with the TTB as an Alcohol Dealer

New License Approved Valid From Date _____ to _____ By: _____

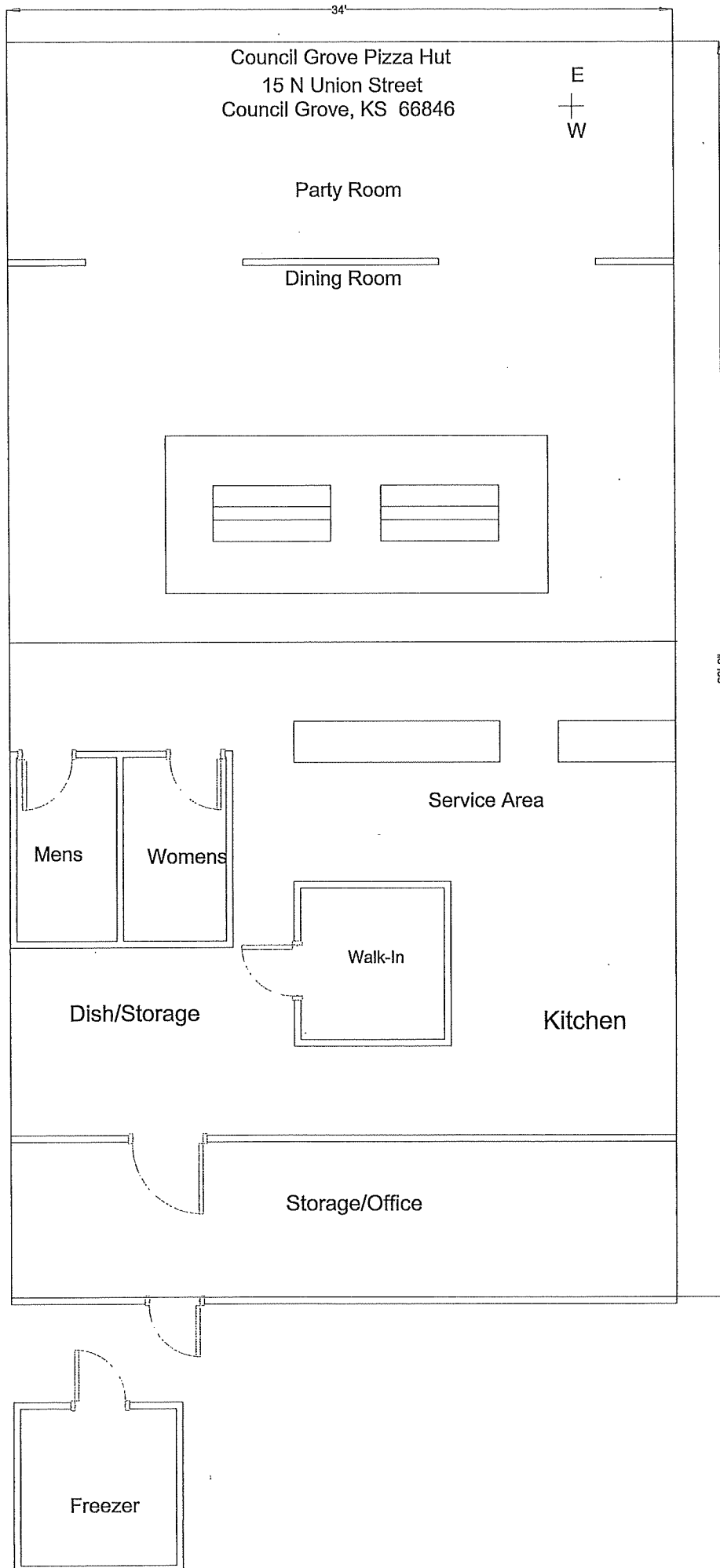
License Renewed Valid From Date _____ to _____ By: _____

Special Event Permit Approved Valid From Date _____ to _____ By: _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)





KEEP THIS LICENSE POSTED CONSPICUOUSLY AT ALL TIMES

Fee \$50.00

No. 16

DEALER'S RETAIL LICENSE

From January 1st, 2024
Month Day Year

To December 31, 2024
Month Day Year

To All Whom It May Concern:

License is hereby granted to Ray's Apple Market to sell at

CEREAL MALT BEVERAGES

NOT for consumption on the premises

(State if for consumption on the premises, or for sale in original and unopened containers and not for consumption on the premises.)

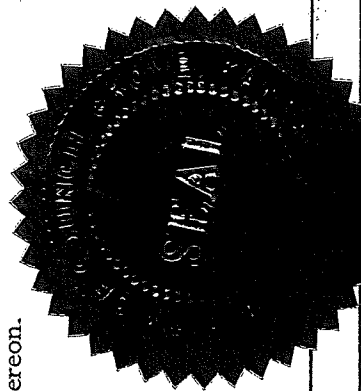
at 115 E Main

(Give exact location, with street number, if any.)

in the City of Council Grove in Morris County, Kansas,

Application therefor, on file in the office of the City Clerk of said City, having been approved by the governing body of such City as provided by the Laws of Kansas and the rules, regulations and ordinances pertaining thereto.

This License will expire December 31, 2024, unless sooner revoked, is not transferable, nor will any refund of the fee be allowed thereon.



Given under our hands and the corporate seal of said City, this 5th

day of December, 2023

Countersigned:

Mayor.

City Treasurer.

City Clerk.

\$ 50.00 V# P116071

CORPORATE APPLICATION FOR LICENSE TO SELL CEREAL MALT BEVERAGES

(This form has been prepared by the Attorney General's Office)

City or County of Council Grove

2024

SECTION 1 – LICENSE TYPE

Check One: New License Renew License Special Event Permit

Check One:

- License to sell cereal malt beverages for consumption on the premises.
 License to sell cereal malt beverages in original and unopened containers and not for consumption on the licensed premises.

SECTION 2 – APPLICANT INFORMATION

Kansas Sales Tax Registration Number (required): _____

I have registered as an Alcohol Dealer with the TTB. Yes (required for new application)

Name of Corporation <u>Floersch IGA, Inc.</u>	FEIN		
Corporation Street Address <u>1</u>	Corporation City <u>Clay Center</u>	State <u>KS</u>	Zip Code <u>67432</u>
Date of Incorporation <u>July 1982</u>	Articles of Incorporation are on file with the Secretary of State. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Agent Name <u>Michael Floersch</u>	Phone No. <u>r</u>		
Residence Street Address	City <u>Clay Center</u>	State <u>KS</u>	Zip Code <u>67432</u>

SECTION 3 – LICENSED PREMISE

Licensed Premise (Business Location or Location of Special Event)		Mailing Address (If different from business address)	
DBA Name <u>Ray's Apple Market #444</u>	Name		
Business Location Address <u>115 E. Main</u>	Address		
City <u>Council Grove</u> State <u>KS</u> Zip <u>66846</u>	City	State	Zip
Email Address(s) Please separate values with a comma.			
Business Phone No. <u>620-767-5219</u>	<input checked="" type="checkbox"/> Applicant owns the proposed business location. <input type="checkbox"/> Applicant does not own the proposed business location.		
Business Location Owner Name(s) <u>Michael Floersch</u>			

SECTION 4 – OFFICERS, DIRECTORS, STOCKHOLDERS OWNING 25% OR MORE OF STOCK

List each person and their spouse*, if applicable. Attach additional pages if necessary.

Name <u>Michael Floersch</u>	Position <u>owner</u>	Date of Birth	
Residence Street Address	City <u>Clay Center</u>	State <u>KS</u>	Zip Code <u>67432</u>
Spouse Name <u>Nelda Floersch</u>	Position <u>Secretary</u>	Date of Birth	
Residence Street Address	City <u>Clay Center</u>	State <u>KS</u>	Zip Code <u>67432</u>
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Age	
Residence Street Address	City	State	Zip Code
Name	Position	Date of Birth	
Residence Street Address	City	State	Zip Code
Spouse Name	Position	Age	
Residence Street Address	City	State	Zip Code

SECTION 5 – MANAGER OR AGENT INFORMATION

My place of business or special event will be conducted by a manager or agent. Yes No

If yes, provide the following:

Manager/Agent Name Brent Simonis	Phone No.	Date of Birth
Residence Street Address	City and State Council Grove KS	Zip Code 66846

Manager or Agent Spousal Information*

Spouse Name	Phone No.	Date of Birth
Residence Street Address	City and State	Zip Code

SECTION 6 – QUALIFICATIONS FOR LICENSURE

Applies to each partner or member of a firm or association AND their spouses. Enter lowest residency length number**.*

Are all persons identified in Sections 4 & 5 Citizens of the United States*? Yes No

Is the person identified in Section 5 currently a resident of Kansas*? Yes No

All persons identified in Sections 4 & 5 are at least 21 years old*? Yes No

All persons in Sections 4 & 5 have been a Kansas resident for at least **40** years prior to submitting this application.**

Within 2 years immediately preceding the date of this application, have any persons identified in Sections 4 & 5 been convicted of, released from incarceration for or released from probation or parole for any of the following crimes*:
(1) Any felony; (2) a crime involving moral turpitude; (3) drunkenness; (4) driving a motor vehicle while under the influence of alcohol (DUI); or (5) violation of any state or federal intoxicating liquor law? Yes No

Does the partnership, firm or association have a manager, officer, director or stockholder owning in the aggregate more than 25% of the stock of a corporation that has had any license issued pursuant to the Kansas Liquor Control Act, Kansas Club and Drinking Establishment Act or Kansas Cereal Malt Beverage Act, revoked for a violation of such acts? Yes No

Has the spouse of any partner or member ever been convicted of any of the crimes identified in Section 6 during the time the partner or member held a CMB license? Yes No

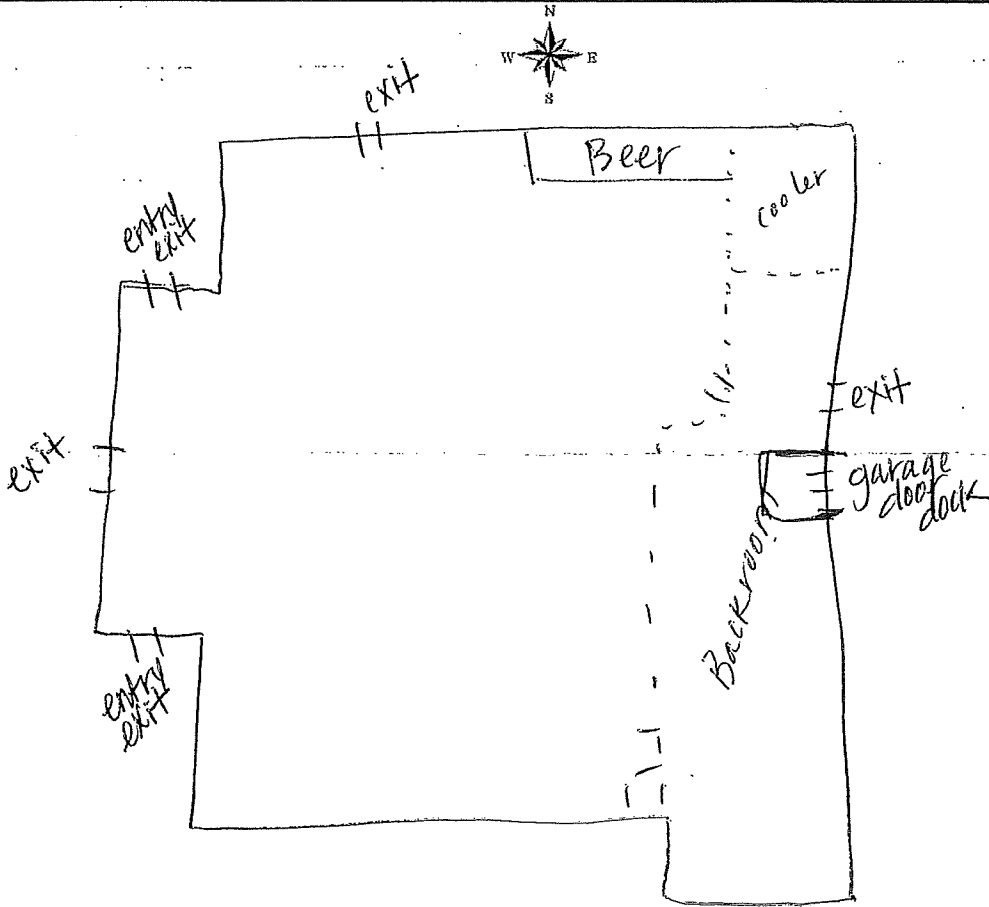
SECTION 7 – DURATION OF SPECIAL EVENT

Start Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
End Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

Proceed to Section 8 on the next page.

SECTION 8 - LICENSED PREMISE

In the space below, draw the area you wish to sell or deliver CMB. Include entrances, exits and storage areas. Do not include areas you do not wish to license. If you wish to attach a drawing, check the box: 8 1/2" by 11" drawing attached.



I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct and that I am authorized by the corporation to complete this application. (K.S.A. 53-601)

SIGNATURE Michael Floersch

DATE 11-14-2023

FOR CITY/COUNTY OFFICE USE ONLY:

License Fee Received Amount \$ _____ Date _____
(\$25 - \$50 for Off-Premise license or \$25-200 On-Premise license)

\$25 CMB Stamp Fee Received Date _____

Background Investigation Completed Date _____ Qualified Disqualified

Verified applicant has registered with the TTB as an Alcohol Dealer

New License Approved Valid From Date _____ to _____ By: _____

License Renewed Valid From Date _____ to _____ By: _____

Special Event Permit Approved Valid From Date _____ to _____ By: _____

A PHOTOCOPY OF THE COMPLETED FORM, TOGETHER WITH THE STAMP FEE REQUIRED BY K.S.A. 41-2702(e), MUST BE SUBMITTED WITH YOUR MONTHLY REPORT (ABC-307) TO THE ALCOHOLIC BEVERAGE CONTROL, 109 SW 9TH ST, 5TH FLOOR, PO BOX 3506, TOPEKA, KS 66601.

* Applicant's spouse is not required to meet citizenship or age requirements. If renewal application, applicant's spouse is not required to meet the no criminal history requirement. K.S.A. 41-2703(b)(9)





CITY OF COUNCIL GROVE · 205 UNION STREET · PO BOX 313
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Utilities Committee Recommendation

The Utilities Committee recommends the Council approve the purchase of a SCADAview computer/software from MICROCOMM at a cost of \$8,043 to replace the current sewer computer system that is approaching being outdated.



15895 S. Pflumm Rd.
 Olathe, KS 66062-8502
 (913) 390-4500
 FAX: (913) 390-4550
 www.micro-comm-inc.com

COMPUTER PRICE QUOTE

Derrick Craig
 Council Grove
 205 Union
 Council Grove, KS 66846
watercg@tctelco.net

Derrick,
 Please find below the requested line item quote for a purpose built SCADAview computer replacement. This quote also includes the price for the computer and required software. The configuration and setup for this equipment is included in this quote. The installation of the equipment will be completed by the customer with scheduled remote service unless otherwise stated. The following page outlines the remote access requirements.

Dell OptiPlex 7000 W/ Monitor and speaker bar Windows 10 Pro, Core i7, 16GB Ram, 1TB SSD, Dual Ethernet	\$2,450.00
SCADAview CSX License (Additional Cost) Hotstandby	\$4,500.00
Service Contract CSX Discount (If computer is purchased through Micro-Comm)	-\$1,000.00
Computer Setup + Configuration + Remote Service (inhouse)	\$2,000.00
USB External hard drive (2 TB) - Required	\$168.00
SCADA Dial Twilio (Analog Modem and Phone line Replacement) Annual Cost	\$350.00
UPS-APC Battery back up	\$295.00
Labor discount (If computer is purchased through Micro-Comm)	-\$500.00
Service Contract Discount (If computer is purchased through Micro-Comm)	-\$350.00
Shipping & Handling	\$130.00
Total	\$8,043.00

If you should have any questions or concerns, please give me a call at your convenience.

Sincerely,

Joshua L Johnson
 Systems Engineer

Accepted By: _____ Date ____/____/____ P.O.# _____

This quote is valid for 60 days from 11/15/2023. This quote does not include Tax.

MICROCOMM

15895 S. Pflumm Rd.
Olathe, KS 66062-8502
(913) 390-4500
FAX: (913) 390-4550
www.micro-comm-inc.com

Micro-Comm Remote Access Requirements

Below are the requirements for Micro-Comm Remote Access (see Figure 1 for more details). These requirements cover TeamViewer and SCADAWeb. In order for Micro-Comm to provide you with the best level of service all requirements must be met. In the event that your Internet service provider cannot configure these services, please contact your local Network technician.

Micro-Comm Remote Access Requirements:

Business Class Broadband Internet Service

SCADAweb Access: In addition to the Remote access requirements you will need the following.

Static Global (Internet Accessible) IP address

Forward HTTP Port 80, 8080, or 8888 TCP & UDP to Scada Computer

DHCP Range 192.168.1.75-192.168.1.99

Subnet Mask 255.255.255.0

Local Area Network Requirements: (SCADAweb)

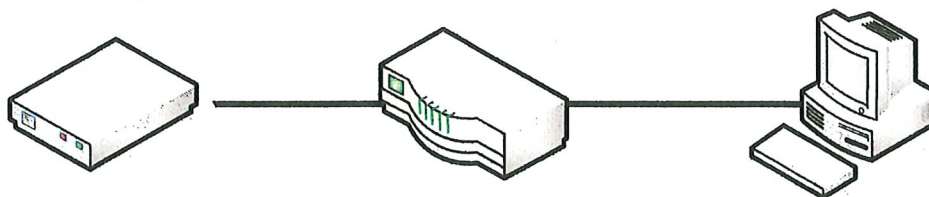
Static Local IP address for Scada Computer (i.e. 192.168.1.40)

Subnet Mask 255.255.255.0

Broadband Modem
(Cable, DSL, ...)

Router
(Router, Wireless Router,...)

Scada Computer



Note: Broadband Modem will most likely need to be set up in Point-to-Point (Bridged, MAC address forwarding, ...) mode so the Router can use the Global (Internet) IP address for Port Forwarding.

Figure 1: Network Diagram Example

If you should have any questions or concerns please give us a call at your convenience.

Micro-Comm Inc.
15895 South Pflumm Rd.
Olathe, KS 66062
Phone: 913-390-4500
FAX: 913-390-4550



15895 S. Pflumm Rd.
Olathe, KS 66062-8502
(913) 390-4500
FAX: (913) 390-4550
www.micro-comm-inc.com

Computer Price Quote Frequently Asked Questions

- 1) Can you remove the monitor for from the quote?
 - a. The computer is purchased and warrantied as a whole unit. The whole unit consists of the monitor, speaker bar, computer, keyboard and mouse. Because of this they are sold together as one unit.
- 2) How long is the warranty on the computer?
 - a. The computer is purchased with the premium 3 Year Onsite Next day warranty through Dell. This allows quick repairs and minimal down time. In most cases the warranty can be extended.
- 3) What is the USB External hard Drive used for?
 - a. The USB external hard drive is used to make a system image of the SCADAview machine after it is pre-configured at Micro-Comm. It is also used to make the weekly archived system imaged backups. The system image backup includes the operating system, registry files, installed programs, user files, configuration files, history files ... This allows an entire machine to be quickly restored in the event of a hard drive failure. With the archived system images it allows the computer to be rolled back to a previous state if needed.
- 4) What is the Serial to Ethernet Hardware?
 - a. If the existing SCADAview computer is communicating to the Central Telemetry Unit (CTU) via RS232 Serial connection (9 pin sub D) the Serial to Ethernet hardware will be required. New computers (starting in 2010 and even before) have very poor quality serial ports. Even third party serial ports do not have the required quality. Because of this it is not uncommon for RS232 serial port to fail often. Since the uptime of your SCADAview equipment is critical a more robust connection is required. The Industrial Serial to Ethernet Hardware allows us to provide that robust connection.
- 5) How often should the SCADAview computer be replaced?
 - a. If your SCADAview computer is in an office environment the replacement schedule would be every 5 years. After 5 years of 24/7 use the likelihood of a catastrophic failure dramatically increases. Your SCADAview computer gives you an operator interface and historical logging for your SCADA system. Due to this it is highly recommended to proactively replace your SCADAview computer. If your SCADAview Computer is in a Water Treatment Plant environment a 1 to 3 year life cycle is not uncommon.
- 6) Is Antivirus software provided with this computer?
 - a. As an added service we install Microsoft Security Essentials.

MICROCOMM

15895 S. Pflumm Rd.
Olathe, KS 66062-8502
(913) 390-4500
FAX: (913) 390-4550
www.micro-comm-inc.com

- 7) Can we purchase our own computer?
 - a. It is highly recommended to purchase your purpose-built SCADAview computer from Micro-Comm. It has been our experience that most customer provided computers end up costing the customer more money and time. This is due to the computer not meeting the hardware requirements, having the incorrect Operating system or missing the required software drivers which in turn, costs extra time to find solutions and any other unforeseen problems.
 - b. Micro-Comm maintains a stock of computers, monitors and associated materials identified in this proposal. This computer can be pre-loaded with your SCADA configuration, tested and shipped quickly to reduce your control system monitoring downtime. To insure a cost conscience solution for our customers, Micro-Comm only adds a small handling fee to the Dell computer and associated hardware cost. Our goal is to get you back up and running quickly!
- 8) Why Should I upgrade to SCADAview CSX?
 - a. SCADAview 32 is being replaced by SCADAview CSX. SCADAview 32 was originally designed to run on a 32bit operating system, which can no longer be purchased on new computers. With the introduction of Windows 10 (and it's inevitable future changes) it is highly recommended to upgrade to SCADAview CSX. SCADAview 32 running under Windows 10 may experience errors or not support all previous hardware and added software features. Even though SCADAview CSX has a similar look and feel as SCADAview 32, it has many new features available.
- 9) Can I use the SCADAview computer for other software?
 - a. One of the basic requirements for your SCADA machine is that it be a dedicated machine. Your SCADAview machine is crucial to your system for your data logging and operator interface needs. By isolating your SCADAview machine for other software it protects it from the venerability's of software compatibility issues.



CITY OF COUNCIL GROVE · 205 UNION STREET · PO BOX 313
COUNCIL GROVE, KS 66846 · 620-767-5417 · COUNCILGROVE.COM

Utilities Committee Recommendation

The Utilities Committee recommends the Council approve the purchase and installation of two 8in Seimans mag flow meters for the main building filter gallery at a cost of \$24,410 from Alexander Pump & Service Inc. The installation will take place on separate dates as both flow meters cannot be offline at the same time.

Alexander Pump & Service Inc.
 17728 NW 62nd St.
 Saint Marys, KS 66536 US
 aps@alexanderpump.com
 www.alexanderpump.com



Estimate

ADDRESS

City Of Council Grove
 205 Union Street
 Council Grove, KS 66846

ESTIMATE # 1453
DATE 09/07/2023

JOB DESCRIPTION

Flow Meter 8"

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Mobilization		1	600.00	600.00
	Hourly @ 160.00	2 techs @ 8hrs	16	160.00	2,560.00
	Gasket	Flange packs	2	225.00	450.00
	Freight Charge		1	400.00	400.00
	flow meter	8" Seimans mag meter	1	8,200.00	8,200.00

We will have to evaluate weather we need any spacers or spool pieces. Any other parts will be added as needed.

SUBTOTAL	12,210.00
TAX	0.00
TOTAL	\$12,210.00

Accepted By

Accepted Date

Alexander Pump & Service Inc.
 17728 NW 62nd St.
 Saint Marys, KS 66536 US
 aps@alexanderpump.com
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SUBTOTAL	12,210.00
TAX	0.00
TOTAL	\$12,210.00

Accepted By

Accepted Date



Prepared For

Nick Jones
 829 Main St.
 Council Grove, Kansas 66846
 (785) 466-6775

Murphy's Seamless Roofing Inc

5450 Murphy Lane
 Saint Marys, KS 66536
 Phone: (785) 844-1822
 Email: murphysseamless@gmail.com

Estimate # 2090
 Date 11/29/2023
 Business / Tax # 83-3404803

Description	Total
<hr/>	
Description	\$9,200.00
<ul style="list-style-type: none"> • Perform a thorough inspection of roof • Patch all seams that are breaking or cracking, any areas on edge of roof that are coming apart • Patch any areas on flat part of roof that are damaged and could be leaking 	
<hr/>	
Subtotal	\$9,200.00
<hr/>	
Total	\$9,200.00

By signing this document, the customer agrees to the services and conditions outlined in this document. P23



Prepared For

Nick Jones
 829 Main St.
 Council Grove, Kansas 66846
 (785) 466-6775

Murphy's Seamless Roofing Inc

5450 Murphy Lane
 Saint Marys, KS 66536
 Phone: (785) 844-1822
 Email: murphysseamless@gmail.com

Estimate # 2089
 Date 11/29/2023
 Business / Tax # 83-3404803

Description	Total
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Description	\$0.00
-------------	--------

- Power wash entire roof
- Primer all of roof
- Fall fabric with polyester fabric and elastomeric basecoat over the entire roof.
- Caulk all edges , AC units and vent pipes .
- Topcoat entire roof with a white elastomeric topcoat.

Description	\$36,500.00
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Description	\$0.00
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This is a 20 year labor and material Warranty.

10% down upon signing of contract. This will put you on the schedule for spring, so your job gets completed at the beginning of the summer.
 Remaining balance due upon completion of project.

Subtotal	\$36,500.00
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Total	\$36,500.00
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By signing this document, the customer agrees to the services and conditions outlined in this document. P25

Nick Jones

Proposal

J. B. TURNER AND SONS ROOFING & SHEET METAL

P.O. Box 19525
 Topeka, KS 66619
 Phone: 785 233-9603

6840 SE Johnston St.
 Topeka, KS 66619
 Fax: 785 233-3868

SUBMITTED TO City of Council Grove	PHONE	DATE November 6, 2023
STREET 205 Union	JOB NAME City Library	
CITY, STATE, & ZIP Council Grove, KS	JOB LOCATION 829 Main St., Council Grove, KS	
ATTENTION: Nick	JOB PHONE	FAX

J.B. Turner & Sons Roofing & Sheet Metal will do the following:

Recommended Roof Repairs

- 1.) South flat roof repairs
 - a.) Repair open field seam south of RTU
 - b.) Repair open target patch around flue pipe
 - c.) Repair loose edge stripping at outside edges
 - i.) Trim back edge stripping approximately 2"
 - ii.) Clean metal edge and strip in with 3-coarse of UltraFlash and polyester reinforcement
- 2.) Main barrel roof repairs
 - a.) Replace missing gutter straps and secure existing loose straps
 - b.) Repair open wall corner flashings
 - c.) Repair wind damaged area (approximately 500 square feet)
 - i.) Secure repair area with screws and insulation plates approximately 1 per 2 square feet
 - ii.) Overlay repair area with modified bitumen cap sheet and tie-in to adjacent field membrane
- 3.) Re-roof area over northeast entrance
 - a.) Remove and dispose of existing roofing and insulation down to roof deck
 - b.) Install 2" ISO board over deck
 - c.) Install 60 mil mechanically attached TPO roofing system
 - d.) Fabricate and install new 24 gauge pre-finished edge metal
 - e.) Repair outside of scupper flashing from barrel roof

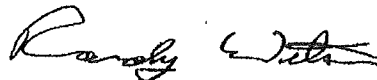
- Notes:
- 1.) Entrance re-roof includes 2 year contractor warranty
 - 2.) Excludes replacement of any damaged decking if required

We propose, hereby, to furnish material and labor, complete in accordance with the above specifications, for the sum of:
Fifteen Thousand Six Hundred Fifty Six & 00/100 Dollars **\$15,656.00**

Payment to be made as follows: **Total Upon Completion**

Net due in full upon completion. A service charge of 1 1/2% per month will be added to all accounts not paid 30 days from invoice date.

All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the original proposed estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. One (1) year of Completed Operations Insurance Coverage is included with any / all other insurance policies maintained by JB Turner and Sons Roofing & Sheet Metal on behalf of themselves and our customers



Authorized Signature
Randy Wilson-Maintenance Director

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted

Date of Acceptance: _____ Signature _____