

Barrett Beetham 11770864

Subject: Bills – Approved – Madison County

After reviewing each of the purchase orders, then and nows, and vouchers listed above, Mr. Hunter moved to approve all purchase orders and allow payment of all then and nows and vouchers.

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

Subject: Budget Revision – Approved – Felony Delinquent & Care Custody

Mr. Hunter moved per the request of Chris Brown, Juvenile Judge, to approve the budget revision for the following:

Increase: Felony Delinquent Care & Custody Grant (7080-0000-4-0100) in the amount of \$13,355.00.

ATTACHMENT A
Page 2

MADISON COUNTY COMMISSIONERS

County: Madison Approved By: Kellie Portman

FY: 18 Phone #: 7408520760

Amendment #: 2 Amendment Type: AM 1112 Realignment of Funds

Funding Source	Activity Purpose	Local Program Name	Current Budget	Adjustment (+/-)	Program Funding
Subsidy Grant	Support Activity Tracking	Supervised Probation	\$ 118,774.02	\$ -	\$ 118,774.02
Subsidy Grant	Support Activity Admission	Child Assessments	\$ 8,600.00	\$ -	\$ 8,600.00
Subsidy Grant	Support Activity Admission	Madison County DARE	\$ 12,500.00	\$ -	\$ 12,500.00
Subsidy Grant	Behavioral Change Hybrid	Hotly Business	\$ 2,600.00	\$ -	\$ 2,600.00
Subsidy Grant	SKILL Knowledge	Madison County Alternative School	\$ 10,250.00	\$ -	\$ 10,250.00
Subsidy Grant	Support Activity Tracking	Community Service	\$ 900.00	\$ -	\$ 900.00
Subsidy Grant	Support Activity Tracking	Transportation	\$ 1,000.00	\$ -	\$ 1,000.00
Subsidy Grant	Support Activity Tracking	GPS Monitoring	\$ 1,500.00	\$ -	\$ 1,500.00
Subsidy Grant	Behavioral Change	IMPACT Diversion Program	\$ 6,651.00	\$ -	\$ 6,651.00
Competitive RECLAIM	Behavioral Change	IMPACT Diversion Program	\$ 50,000.00	\$ -	\$ 50,000.00
Subsidy Grant	Grant Administration	Grant Administration	\$ 2,000.00	\$ -	\$ 2,000.00
HB-353	Grant Administration	Grant Administration	\$ 9,750.00	\$ 13,355.00	\$ 23,105.00
DAEI	Behavioral Change	Adolescent ADD Group	\$ 9,500.00	\$ -	\$ 9,500.00
DAEI	Behavioral Change	Family Functioning Therapy (FFT)	\$ 5,250.00	\$ -	\$ 5,250.00
DAEI	Behavioral Change	ProKids	\$ 5,250.00	\$ -	\$ 5,250.00
TOTAL Program Costs					\$ 358,080.02

Provide an explanation for the amendment and how it will impact the stated objectives in the Grant Agreement:

 Signature: [Signature] Date: 5/11/18
 Administrator/State
[Signature] Date: 5-14-18
 President, County Council/County Executive / County Executive

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

Note-This revenue grant funding has already been added to the account. This signed document just needed to be approved by the Commissioners

Subject: Proposal – Approved – CDBG

Mr. Hunter per the request of Whitaker Wright, CDBG Consultant, moved to approve the proposal for the CDBG Grant in the amount of \$150,400.00. This funding is for the homes that are selected to be demolished within Madison County.

MADISON COUNTY
COMMISSIONERS
MAY 14 AM 10:21

Madison 2018 CDBG Allocation Program

Total	\$168,000
Admin. and P. Housing	\$37,600
Project Budget	\$130,400

Proposals		Suggestion
Act Study	\$5,000	\$5,000
London Park and Recreation	\$50,000	\$0
Wilkey Tornado Sign	\$50,000	\$50,000
S. Solon Clearance of 2 rental houses	\$25,000	\$25,000
BY Shelter	na	\$70,400
Total	\$140,000	\$150,400
Project Total	\$150,400	\$150,400
Remainder	\$18,000	\$0

Act Study	Per OGD, Mandatory 5 year Fair Housing Analysis of local projects
London Park and Recreation	Funds to build benches at ball fields in West View Park
Wilkey Tornado Sign	Village has no tornado sign - the fire department currently drives through according to location on local speakers
S. Solon Demol	Village identified two deteriorated units the owners have agreed to have torn down
BY Shelter	Funds to defray County costs for new shelter

Project Suggestions
London has received CDBG funds in the past four years totaling \$167,200. I suggest not funding the park and recreation project.
Wilkey has not received allocation funds in roughly twenty years. It is applying for a Neighborhood Revitalization Grant. The draw will support the neighborhood application.
South Solon has not received any funds in recent memory either. The Village needs to complete an income survey.
The Village is eligible for spot signs and flags, which is how demolition projects are qualified.
BY Shelter: By not funding the London request, the County will have \$70,400 to use for the BY shelter.

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

Bureau Brothers TTY: 614-641-4541

Subject: Petroleum Underground Storage Tank 2018 Coverage – Approved – Airport

Mr. Hunter moved to approve the 2018 application for the certificate of coverage annual fee assessment statement for the petroleum underground storage tank release compensation board.

PETROLEUM UNDERGROUND STORAGE TANK RELEASE COMPENSATION BOARD
 P.O. Box 2283 Westerville, OH 43081-2283
 Phone: 614-432-3359 FAX: 614-752-9307 www.petroleumundergroundstorage.com
 MADISON COUNTY COMMISSIONERS
 2018 Application for Certificate of Coverage
 Annual Fee Assessment Statement
 July 1, 2018 - June 30, 2019

Owner Number 19477

Certificate Number MADCOM000000000000
 Fee Statement Number 33333

David Durno
 Madison County Commissioners
 P.O. Box 618
 1 N. Main Street
 London, OH 43130

PLEASE NOTE ANNUAL PER-TANK FEE DECREASE.
 Fund Coverage on and after July 1, 2018, requires payment on or before July 1, 2018. Late payment fees up to \$1,000 per tank will be assessed for untimely payment.

I. Owner Information Instructions

The following owner information is processed with the Petroleum UST Release Compensation Board and has been pre-validated for your review and correction. If this information is inaccurate, please contact the board's information and data operations in the margin.

UST Operator paying applicable fees must pay fees to the name of the UST Owner. Operators may not receive payments and liability information on the same for the USTs owned by different persons.

Address: Madison County Commissioners
 P.O. Box 618
 1 N. Main Street
 London, OH 43130

Contact Name: David Durno
 Phone Number: 765-652-2912
 Email Address: ddurno@com.madison.ohio.us

II. 2018 Fee Calculation Instructions

UST owners elect either USTs may elect to obtain reduced deductible coverage by paying \$500 per tank. All USTs must be covered at the same deductible.

Please enter the total number of USTs for which you are scheduling payment in Box 'a'. Indicate your deductible choice by placing an 'X' in the appropriate box located under the per-tank fee amount in Box 'b'. Please make your check or money order payable to "State of Ohio UST Fund" and return it with this Application. A pre-printed business reply envelope may be included for your use.

Per UST Fee and the Deductible Selection (Select only one)	Total Number of USTs (Required)	a. <input type="text" value="3"/>
<input checked="" type="checkbox"/> \$11,000 deductible (Enter \$500 per UST Fee in box b) <small>Reduced deductible (\$1,000) may only be selected for new USTs on record.</small>	Enter per UST Fee	b. <input type="text" value="550"/>
<input type="checkbox"/> \$55,000 deductible (Enter \$500 per UST Fee in box b)	Total 2018 Fees (a x b)	c. <input type="text" value="1650"/>

Make check or money order payable to State of Ohio UST Fund

III. Certification of Compliance

Before a Certificate of Coverage can be issued, you must certify you are in compliance with the State Fire Marshal's rules for the operation and maintenance of petroleum underground storage tank systems for which a Certificate of Coverage is being sought. Certifying this statement does not guarantee that the USTs in question will be granted a release from the regulated UST system. Eligibility will be as set forth in section 3737.01 of the Public Code and rules 3739.140 and 3739.141 of the Administrative Code.

By signing below, I certify the petroleum underground storage tank systems for which a Certificate of Coverage is being sought are in compliance with applicable rules adopted by the State Fire Marshal under section 3737.06 of the Ohio Revised Code.

Name of the UST Operator X David Durno	Signature (Printed) David Durno	Date 5-14-18
Phone 740-863-2992	<input checked="" type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> Other	

(SEE REVERSE SIDE)

19477

Statement of Financial Responsibility

2018
Page 2

Under Ohio law, you are required to participate in the Financial Assurance Fund and to establish a financial responsibility mechanism for the deductible amount of your coverage with the Fund. The Board can only issue a Certificate of Coverage to a UST owner who has paid the fees, certified compliance with the State Fire Marshal's Bureau of UST Regulations' (BUSTR) rules and demonstrated financial responsibility for the deductible amount of coverage.

IV. Financial Responsibility Instructions

The financial responsibility mechanism you selected in 2017 is listed below and will be recorded as your 2018 mechanism unless you indicate a change in Section V below. If your financial responsibility mechanism is "Financial Test of Self-Insurance" for 2018, you must complete the Financial Responsibility Affidavit below.

- 2017 Financial Responsibility mechanism:
- 8 Political Subdivision Guarantee

V. Financial Responsibility Method Selection Instructions

If your financial responsibility mechanism has changed for the 2018 year, please select the appropriate financial responsibility mechanism by placing an "X" in the box below. All owners selecting "Financial Test of Self-Insurance" as their 2018 mechanism must sign the Financial Responsibility Affidavit below and have it notarized.

- | | |
|---|--|
| <input type="checkbox"/> 1 Financial Test of Self-Insurance
<small>Please complete the Financial Responsibility Affidavit.</small> | <input type="checkbox"/> 6 Trust Fund |
| <input type="checkbox"/> 2 Guaranteed Standby Trust | <input type="checkbox"/> 7 State or Political Subdivision Bond Rating |
| <input type="checkbox"/> 3 Insurance/Risk Retention Group Coverage | <input checked="" type="checkbox"/> 8 Political Subdivision Guarantee |
| <input type="checkbox"/> 4 Surety Bond Standby Trust | <input type="checkbox"/> 9 State or Political Subdivision Financial Test |
| <input type="checkbox"/> 5 Letter of Credit Standby Trust | <input type="checkbox"/> 10 State or Political Subdivision Fund |

FINANCIAL RESPONSIBILITY AFFIDAVIT

STATE OF OH

COUNTY OF Madison

Peterson L. Shipley-Arnott (name of tank owner/operator) do solemnly swear to the following: I, as the owner and/or operator of underground storage tank(s) in the state of Ohio, am applying for a Certificate of Coverage with the Ohio Financial Assurance Fund for the period July 1, 2018 to June 30, 2019, and I have met the financial responsibility requirements of Ohio Revised Code Chapter 3737, and rules adopted thereunder by the Financial Test of Self-Insurance.

I will, on request by the Director of the Financial Assurance Fund, fully document the existence of the financial responsibility mechanism(s) which I possess. Should any financial assurance mechanism for which I am responsible lapse in coverage for any reason before July 1, 2018, I shall notify the Director of the Financial Assurance Fund of the reason for lapse of coverage and, if required, provide alternate coverage prior to the lapse of coverage.

Peterson L. Shipley-Arnott
 Signature of UST Owner/Operator, Affiant
 Sworn and subscribed to in my presence on the 14th day of May, year of 2018
 Notary Public
 My commission expires 5/13/19

SEAL

LISTING OF EXISTING FACILITIES
FACILITY INFORMATION INSTRUCTIONS

2018

ALL FACILITY PAGES MUST BE RETURNED WITH YOUR APPLICATION

The facilities listed below as the facilities that you own or operate are reported to the Public and LSI Release Commission Board for the 2011 year (July 1, 2011 - June 30, 2012). If there are any changes in the information provided, please make corrections on this sheet. You must fill in the number of tanks for the year for the 2011 year in the space provided on this form. If your LSI's were sold, removed, or installed during the 2011 year and you have not previously notified this office, please complete and submit the appropriate Transfer of Ownership, Tank Relinquishment and/or Tank Removal Affidavits Form(s) available on the Board's website at www.pdrcboard.org/forms.htm.

Owner #	Facility #	BUSSTR ID #	Facility County	Number of Tanks 2011 - 2012
09177	19477-0001	43283328	Madison	3
Facility Name			Facility Address	
Madison County Airport			1011 US Highway 60 Southeast	
Facility Phone		Facility City	Facility Zip	
740-853-6561		London	43140	
Operator Name			Operator Address	
State of Facility			Operator Zip	
Operator Phone			Operator City	
			Operator Zip	

NEW FACILITY PAGE
FACILITY INFORMATION INSTRUCTIONS

2018

Use this page to report any new facilities for the 2018 year that you currently own, but did not report for the period of July 1, 2017 to June 30, 2018. Please complete all blocks on the form for each facility you are adding.

Madison County Commissioners
P.O. Box 618
1 N. Main Street
London, OH 43140

Owner Number 19477
Fee Statement Number 333428

BUSSTR ID	Facility County	Date Acquired	Date Installed	Number of Tanks 2018
	Madison	No new tanks		
Facility Name		Facility Address		
Madison County Airport Authority		1011 STET 40 SW		
Facility Phone		Facility City	Facility Zip	
740-853-		London	43140	
Operator Name			Operator Address	
Operator Phone		Operator City	Operator Zip	

BUSSTR ID	Facility County	Date Acquired	Date Installed	Number of Tanks 2018
Facility Name		Facility Address		
Facility Phone		Facility City	Facility Zip	
Operator Name			Operator Address	
Operator Phone		Operator City	Operator Zip	

BUSSTR ID	Facility County	Date Acquired	Date Installed	Number of Tanks 2018
Facility Name		Facility Address		
Facility Phone		Facility City	Facility Zip	
Operator Name			Operator Address	
Operator Phone		Operator City	Operator Zip	

Benet Brothers T771034CA

NEW FACILITY PAGE
FACILITY INFORMATION INSTRUCTIONS

216

Use this page to report any new facilities for the 2018 year that you currently own, but did not report for the period of July 1, 2017 to June 30, 2018. Please complete all blocks on this form for each facility you are adding.

BUSTID	Facility County	Date Acquired	Date Released	Number of Tanks
				216
Facility Name		Facility Address		
Facility Phone	Facility City		Facility Zip	
Operator Name		Operator Address		
Operator Phone	Operator City		Operator Zip	

BUSTID	Facility County	Date Acquired	Date Released	Number of Tanks
				217
Facility Name		Facility Address		
Facility Phone	Facility City		Facility Zip	
Operator Name		Operator Address		
Operator Phone	Operator City		Operator Zip	

BUSTID	Facility County	Date Acquired	Date Released	Number of Tanks
				218
Facility Name		Facility Address		
Facility Phone	Facility City		Facility Zip	
Operator Name		Operator Address		
Operator Phone	Operator City		Operator Zip	



Petroleum Undergroud Storage Tank
Release Compensation Board

P.O. Box 2259 • Western Co., Ohio 43085-2259
Phone: (614) 762-5553 • Fax: (614) 762-6397
www.petroleumboard.org

April 2018

Dear Petroleum Tank Owner:

Enclosed you will find the 2018 Application for Certificate of Coverage, including the Annual Fee Assessment Statement, Statement of Financial Responsibility, Listing of Existing Facilities and an Invoice for outstanding prior year per-tank and site payment fees, if any. Payment and completed forms are due by July 1, 2018 for the coverage period of July 1, 2018 to June 30, 2019. THE 2018 ANNUAL FINANCIAL ASSURANCE FUND FEE HAS BEEN REDUCED TO \$350 PER TANK FOR A \$55,000 DEDUCTIBLE. Owners of six or fewer tanks may elect to pay a 2018 fee of \$150 per tank to reduce the deductible amount of coverage to \$11,000. The deductible selected will remain in effect through June 30, 2019.

The following instructions are provided to assist you with completing the enclosed forms and in obtaining a 2018 program year Certificate of Coverage:

Annual Fee Assessment Statement, Page 1

The enclosed Annual Fee Assessment Statement may be completed for multiple facilities, provided that all of the tanks are owned by the same person.

Section I

The pre-printed information in this section is specific to the tank owner. If this information is inaccurate, please cross out the incorrect information and make corrections in the space available. In addition, if a contact name, phone number, and/or email address have not been pre-printed, please provide this information.

Section II

Please select the deductible amount of coverage and complete the Fee Calculation. You are required to indicate in Box "a" the total number of tanks for which you are submitting payment with your Application. Only owners of six or fewer tanks may elect the reduced \$11,000 deductible. Make your check or money order payable to "State of Ohio UST Fund."

Section III

By signing your name in the space provided, you are certifying the tank owner is in compliance with the State Fire Marshal's Bureau of Underground Storage Tank Regulations' (BUSTR) rules for the operation and maintenance of the tanks for which you are submitting payment and have listed on the Listing of Existing Facilities and New Facility Page form included with your Application. This office will verify compliance with BUSTR's rules regarding the operation and maintenance of the tanks prior to the issuance of a Certificate of Coverage. If the owner is not in compliance with the applicable rules, a Certificate of Coverage will be denied. More information regarding these rules can be found in the Underground Storage Tank Operational Compliance Field Guide at https://ocm.dco.gov/documents/19_OperationalComplianceGuide.pdf.

Statement of Financial Responsibility, Page 2

Sections IV and V

If you selected a financial responsibility mechanism to cover the deductible amount in the 2017 program year, this mechanism has been pre-printed in Section IV on page 2. If a mechanism was not selected for the 2017 program year, or your mechanism has changed, please indicate the mechanism for the 2018 program year in Section V. Only owners with the "Financial Test of Self Insurance" as their financial responsibility mechanism must complete and have the Financial Responsibility Affidavit notarized. Failure to complete and have the affidavit notarized, when required, will result in the denial of a Certificate of Coverage. More information regarding the financial responsibility mechanisms is available in the Financial

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

Subject: Resolution – Approved – Executive Session

Mr. Hunter moved to enter into executive session at 8:43 a.m. to discuss economic development.

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

Subject: Resolution – Approved – Executive Session

Mr. Hunter moved to exit out of executive session at 9:14 a.m. No action was taken.

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

Subject: Personnel Action – Approved – Job & Family Services

Mr. Hunter moved per the request of Steve Kaifas, Job & Family Services Director, to approve the personnel action for the following:

Hire: Ellie Shoemaker, Seasonal Worker, Student Help. Effective May 20, 2018 ending August 11, 2018. \$8.30 per/hr.

Hire: Addison Conley, Seasonal Worker, Student Help. Effective May 20, 2018 ending July 23, 2018. \$8.30 per/hr.

Following a second from Mr. Forrest the result of the roll call was: Mrs. Donna Landis, yes, Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.

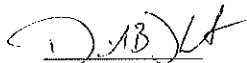
Subject: Meeting Request – Approved – Auditor

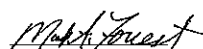
Mr. Hunter moved to approve the required meeting request in compliance of Section 325:20 ORC for the following:

Jennifer Hunter, Debbie Duffey, and Billye Crawford, to attend the CAAO Summer Conference. June 4 - 6, 2018 in Columbus, Ohio. Cost \$1,300.00.

Following a second from Mr. Forrest the result of the roll call was: Mr. Dhume, yes, Mr. Hunter, yes, and Mr. Forrest, yes.


David Dhume


—David Hunter


Mark Forrest

ATTEST: Kathie Wrenner