

**SUMMERSET CITY COMMISSION REGULAR MEETING
SUMMERSET MUNICIPAL BUILDING
7055 LEISURE LANE
THURSDAY DECEMBER 2nd, 2021, 6:00 P.M.**

Mayor Torno called the Regular Meeting to order at 6:00 p.m. Commissioners Hirsch, Thurman, Kitzmiller and Butler were present. The City Attorney, City Administrator, and Finance Officer were also present.

Mayor Torno led the Pledge of Allegiance.

Commissioner Butler gave the invocation.

Motion by Hirsch, second by Thurman, to approve the agenda for the Regular Meeting of the Summerset City Commission for December 2nd, 2021. Motion carried.

CONSENT CALENDAR

Motion by Butler, second by Kitzmiller, to approve the minutes of the Regular Meeting of November 18th, 2021. Motion carried.

APPROVAL OF CLAIMS

Motion by Thurman, second by Butler, to approve the claims and hand checks in the amount of \$252,068.09 from November 18th, 2021 through December 1st, 2021 as presented or amended. Motion carried.

A&B BUSINESS SOLUTIONS	Monthly Contract	433.70
ALLEN, DON	Phone Stipend	50.00
AMBROSE, JONATHAN	Phone Stipend	50.00
BLACK HILLS ENERGY	Utilities	6,030.60
BLAIR, JASON		101.12
BORDEWYK, JORDAN	Deposit Refund	100.00
Butler, Dave	Phone Stipend	50.00
CANDACE SEALEY	Phone Stipend	50.00
CITY OF RAPID CITY	Solid Waste Hauling	3,971.71
CMS SERVICES	Install HVAC	9,174.97
COYLE, ANDREW	Deposit/Refund	67.72
DAKOTA PUMP, INC	Trouble Shoot Filter	7,244.91
DELTA DENTAL	Employee Dental	750.00
DUCHENEAUX, HALAYNA	Phone Stipend	50.00
EBY, JOEY	Deposit Refund	50.00
EDLUND, SEAN	Deposit Refund	50.00
EXCEL TRUCK	Fix Garbage Truck	1,175.86
FIGUEROA, VICTOR	Deposit Refund	50.00
FOOTHILLS FENCE	One Bag Residential Ties	20.51
GOLDEN WEST TECHNOLOGIES	Managed Services	1,423.87
HAWKINS INC.	Aqua Hawk	2,699.00
HEALTH POOL OF SD	Employee Health Insurance	14,598.60
HERMANSON EGGE ENGINEERING	17 Residential Inspections	1,785.00
HIRSCH, CLYDE	Phone Stipend	50.00
HUNT, DREW	Phone Stipend	113.00
JACOBS, BRANDY	Deposit/credit	105.00

JUSO, COLTON	Phone Stipend	50.00
KIEFFER SANITATION	Portable Toilets	225.00
KITZMILLER, MICHAEL	Phone Stipend	50.00
Kayl, Anthony	Phone Stipend	50.00
MID-AMERICAN RESEARCH CHEMICAL	WWTP Supplies	574.38
MONTILEAUX, CASEY	Phone Stipend	50.00
NASSER, RICH	Phone Stipend	50.00
OPSTEDAHL, TAYLER	Phone Stipend	50.00
PALMER, BRANDY	Phone Stipend	50.00
QUILL	Supplies	25.25
RAHAL, BRENDA	Deposit/Refund	105.00
RAPID CITY JOURNAL	Publications	274.74
SCHIEFFER, LISA	Phone Stipend	50.00
SCHROCK, BRIELLE	Phones Stipend	50.00
SD GOVERNMENTAL HUMAN	Annual Dues	25.00
SD CITY MANAGEMENT ASSOCIATION	Annual Dues	150.00
SD GOVERNMENTAL FO ASSOC	Annual Dues	40.00
SD ONE CALL	October Notifications	23.10
SDML	Annual Dues	2,315.82
SDML Work Compensation Fund	Workers Comp Fund	13,360.00
SDRS-SUPPLEMENTAL	Supplemental Retirement	510.00
SIMON CONTRACTORS	Progress Payments	10,284.45
TANNER FENENGA	Phone Stipend	50.00
THURMAN, KATHLENE	Phone Stipend	50.00
TORNO, MELANIE	Phone Stipend	50.00
VAST BROADBAND	Fax/phone/internet	2,097.49
Verizon Wireless	Mobile Broadband	68.37
ZABEL, CAMERON	Deposit Refund	50.00
SDRS	November Retirement	8,556.10
UNITED STATES TREASURY	Payroll Taxes	14,137.82
USDA	USDA Payment	148,400.00

UTILITY BILLING ADJUSTMENTS

Motion by Butler, second by Thurman, to approve the utility billing adjustment of \$340.91 for the period of November 1st, 2021 thru November 30th, 2021. Motion carried.

FIRST READING FOR SUPPLEMENTAL BUDGET ORDINANCE 2021.08

Motion by Kitzmiller, second by Butler, to approve the first reading of Ordinance 2021.08. Motion carried.

Motion by Butler, second by Hirsch, to set the second reading of Ordinance 2021.08 for December 16th, 2021. Motion carried.

PUBLIC HEARING – WASTEWATER TREATMENT PLANT EXPANSION PROJECT

Motion by Butler, second by Thurman, to approve opening hearing for public input. Motion carried.

Lysann Zeller, Community Development Planner from Black Hills Council of Local Governments, discussed the process of applying for grants and/or loans from the State, along with projected timelines. Also on hand was Chris Robinson, Wastewater Project Manager from HDR to answer any questions.

RESOLUTION 2021-14

Motion by Butler, second by Thurman, to approve the Resolution Authorizing an Application for Financial Assistance, Authorizing the Execution and Submittal of the Application, and Designating an authorized Representative to Certify and Sign Payment Requests. Motion carried.

STAGEBARN SANITARY DISTRICT SEWER RATE ADJUSTMENT

The City of Summerset is considering an adjustment to the rate with an increase of 8%. Said rate is roughly a \$4.85 increase per household/per month.

Motion by Butler, second by Hirsch, to open the floor for discussion. Motion carried.

Eric Boshart, Mirl Searles and Arlan Wipf from the Stagebarn District expressed their concerns to the Board over the rate increase.

Motion by Butler, second by Kitzmiller, to approve the 8% increase effective 01/01/2022. Motion carried.

PAYROLL CHANGES

Motion by Kitzmiller, second by Hirsch, to approve the payroll change of Halayna Ducheneaux and Casey Montileaux from \$19.00 to \$20.00/hr. (certified officer - \$1.00 raise effective November 26th) Motion carried.

Motion by Hirsch, second by Kitzmiller, to approve the payroll change of Drew Hunt from \$19.00 to \$19.50 (CDL license obtained .50 cent raise effective November 26th). Motion carried.

SAFETY BENEFITS REVIEW

City Administrator Lisa Schieffer presented the draft review to the Board.

SURPLUS ARMOR EXPRESS BALLISTIC VEST

Motion by Hirsch, second by Kitzmiller, to approve the surplus item AEXPG2-A-IIIA to be sold to the Sturgis Police Department in the amount of \$700.00. Motion carried.

DRAFT COVID POLICY

City Administrator Lisa Schieffer presented the draft policy to the Board.

UPCOMING EVENTS: None.

CITIZENS INPUT: No public input received.

ITEMS FROM CITY ATTORNEY

Motion by Kitzmiller, second by Hirsch, to go into Executive Session at 6:53 p.m. per SDCL 1-25-2 for discussing legal, economic development, negotiations, and personnel issues. Motion carried.

Motion by Kitzmiller, second by Butler, to come out of executive session at 7:24 p.m. Motion carried.

ADJOURNMENT

Motion by Kitzmiller, second by Butler, to adjourn at 7:24 p.m. Motion carried.

(SEAL)
ATTEST:

Candace Sealey
Finance Officer

Melanie Torno
Mayor

Check Register Report

Date: 12/15/2021

Time: 9:16 am

Page: 1

City of Summerset

BANK: BANKWEST

Check Number	Check Date	Status	Void/Stop Date	Reconcile Date	Vendor Number	Vendor Name	Check Description	Amount
BANKWEST Checks								
25141	12/14/2021	Printed			1696	AAA STATE OF PLAY	Playground Repairs	189.68
25142	12/14/2021	Printed			0021	BLACK HAWK WATER USERS DISTRICT	Monthly Charges	32.75
25143	12/14/2021	Printed			1504	CBH CO-OP	Govt Fuel	3,699.14
25144	12/14/2021	Printed			1772	COYLE, ANDREW	Refund	68.68
25145	12/14/2021	Printed			1093	DAKOTA PUMP, INC	Pump	500.00
25146	12/14/2021	Printed			1784	DANR-FISCAL OFFICE	Surface Water Permit	1,500.00
25147	12/14/2021	Printed			0468	DELTA DENTAL	Employee Dental Insurance	832.40
25148	12/14/2021	Printed			0765	DEMERSSEMAN JENSEN	Legal Fees	2,632.50
25149	12/14/2021	Printed			1011	ELECTRICAL ENGINEERING & EQUIP	Generator Services	1,618.41
25150	12/14/2021	Printed			1671	GEORGE MANDAS	Professional Fees	750.00
25151	12/14/2021	Printed			0246	GOLDEN WEST TECHNOLOGIES	Security Labor	1,981.00
25152	12/14/2021	Printed			1369	GREENAPSIS	Professional Fees	320.00
25153	12/14/2021	Printed			0698	HAWKINS INC.	Defoamer	2,412.00
25154	12/14/2021	Printed			1133	HDR ENGINEERING, INC	Task Order 2021-03 &01	4,863.75
25155	12/14/2021	Printed			1506	HERMANSON EGGE ENGINEERING	Building Inspections	605.00
25156	12/14/2021	Printed			1785	LOCKWOOD, RON	Refund	73.68
25157	12/14/2021	Printed			0937	MDU	Utilities	1,187.44
25158	12/14/2021	Printed			0089	MEADE COUNTY REGISTER OF DEED	Burgner Plat	90.00
25159	12/14/2021	Printed			1110	MID-AMERICAN RESEARCH CHEMICAL	WWTP Supplies	680.75
25160	12/14/2021	Printed			1433	MIDCONTINENT COMMUNICATIONS	WWTP Phone	198.57
25161	12/14/2021	Printed			1157	MIDCONTINENT TESTING LABS	Mid Co Testing	140.00
25162	12/14/2021	Printed			1626	ONSOLVE	Code Red	2,662.50
25163	12/14/2021	Printed			0008	RAPID CITY JOURNAL	Commission Publications	813.98
25164	12/14/2021	Printed			1328	SERVALL UNIFORM & LINEN SUPPLY	Monthly Fees	143.10
25165	12/14/2021	Printed			1164	SIMON CONTRACTORS	Sign Deposit	75.00
25166	12/15/2021	Printed			1133	HDR ENGINEERING, INC	Task Order 2021-03 &2020-02	9,060.00
					Total Checks: 26		Checks Total (excluding void checks):	37,130.33
					Total Payments: 26		Bank Total (excluding void checks):	37,130.33

Check Register Report

Date: 12/15/2021

Time: 9:16 am

Page: 2

City of Somerset

BANK: BANKWEST EFT

Check Number	Check Date	Status	Void/Stop Date	Reconcile Date	Vendor Number	Vendor Name	Check Description	Amount
BANKWEST EFT Checks								
63	12/14/2021	Printed			1665	CARDMEMBER SERVICES	Credit Card Charges November	12,780.97
64	12/14/2021	Printed			1321	PENNINGTON CO. TITLE	Purchase Agreement	58,746.09
65	12/14/2021	Printed			0167	SD DEPARTMENT OF REVENUE	Sales Tax November	957.25
					Total Checks: 3		Checks Total (excluding void checks):	72,484.31
					Total Payments: 3		Bank Total (excluding void checks):	72,484.31
					Total Payments: 29		Grand Total (excluding void checks):	109,614.64

CITY OF SUMMERSET
ORDINANCE NO. 2021.08
SUPPLEMENTAL APPROPRIATION ORDINANCE

Be it ordained by the City of Summerset that the following sums are supplementally appropriated to meet obligations of the municipality.

EXPENDITURES

**General Fund
Fund 101**

4210 Law Enforcement

Equipment \$80,000

Total Law Enforcement \$ 80,000.00

**Refer to commission minutes from October 21, 2021.*

4800 Debt Service

\$ 210,000.00

Total Debt Service \$ 210,000.00

**Refer to commission minutes from October 21, 2021.*

4192 General Government Buildings

\$ 70,000.00

*Check for hail damage to gov. building
receipted into general fund revenue. \$ 70,000.00

Total Appropriations

SECTION TWO

The following designates the fund or funds to which the money derived from the following source is applied.

REVENUE

**General Fund
Fund 101**

SOURCE OF FUNDING

Unassigned Fund Balance \$360,000

TOTAL MEANS OF FINANCE

\$ 360,000.00

Dated this 16th day of December, 2021.

ATTEST:

Candace Sealey, Finance Officer

Melanie Torno, Mayor

Vote: Kitzmiller:
Thurman:
Torno:
Butler:
Hirsch:

First Reading: December 2, 2021
Second Reading: December 16, 2021
Publication:

Published once at the approximate cost of \$ xxxx.

EXHIBIT A
TASK ORDER

This Task Order pertains to an Agreement by and between The City of Summerset, (“OWNER”), and HDR Engineering, Inc. (“ENGINEER”), dated December 19, 2019, (“the Agreement”). Engineer shall perform services on the project described below as provided herein and in the Agreement. This Task Order shall not be binding until it has been properly signed by both parties. Upon execution, this Task Order shall supplement the Agreement as it pertains to the project described below.

TASK ORDER NUMBER: 2022-01

PROJECT NAME: 2022 General Engineering Services

PART 1.0 PROJECT DESCRIPTION: General City Engineering Services

PART 2.0 SCOPE OF SERVICES TO BE PERFORMED BY ENGINEER ON THE PROJECT:

- Activity 1 – On-Call Engineering Services
 - Contract Management
 - City Coordination Meetings
 - Drainage Reviews
 - Funding/Grant Application Support
 - Other items as directed by the OWNER, not covered under other project specific Task Order.
- Activity 2 – On-Call CADD Services
- Activity 3 – Minor Plat Review
- Activity 4 – Preliminary/Final Plat and Plan Review
 - Layout Plat Review
 - Preliminary Plat Review
 - Preliminary and Final Development plan reviews and coordination with Developer’s Engineer.
 - Committee and Commission Meeting Attendance (as requested)
 - Final Plat Review
- Activity 5 – Commercial Plat Review
- Activity 6 – Expenses
 - Direct Expenses associated with various Task Order activities.

PART 3.0 OWNER'S RESPONSIBILITIES: The OWNER shall provide the information set forth in paragraph 6 of the "HDR Engineering, Inc. Terms and Conditions for Professional Services.

PART 4.0 PERIODS OF SERVICE: January 2022 – December 2022

PART 5.0 ENGINEER'S FEE: The proposed fee is \$25,756.00. Compensation for ENGINEER'S services under this Agreement shall be on the basis of Direct Labor Per Schedule of Pay Rates per the Employee discipline identified and attached herein, plus Reimbursable Expenses.

Reimbursable Expense shall mean the actual expenses incurred directly in connection with the Project for transportation travel, subconsultants, subcontractors, printing and other incurred expense.

This Task Order is executed this _____ day of _____, 20__.

The City of Summerset
"OWNER"

BY: _____

NAME: _____

TITLE: _____

ADDRESS: _____

HDR ENGINEERING, INC.
"ENGINEER"

BY: Jason R. Kjenstad

NAME: Jason Kjenstad

TITLE: Vice President

ADDRESS: 101 S Phillips Ave, Ste 401
Sioux Falls SD 57104

HDR Engineering 2022 Hourly Billing Rates

Enclosed are the 2022 Hourly Billing Rates for HDR Engineering. These rates shall be adjusted annually to reflect any salary adjustments incurred by employees. The rates listed below do not include reimbursable expenses or hourly rates for equipment as defined below.

Description	Billing Rate/Hour
Managing Principal	225
Senior Project Manager	215
Project Manager III	195
Project Manager II	180
Project Manager I	165
Engineer VI	195
Engineer V	180
Engineer IV	165
Engineer III	145
Engineer II	130
Engineer I	115
Senior ASME Engineer	195
ASME Engineer	180
System Integrator Engineer III	195
System Integrator Engineer II	155
System Integrator Engineer I	115
Engineering/Field Services Technician V	175
Engineering/Field Services Technician IV	155
Engineering/Field Services Technician III	125
Engineering/Field Services Technician II	105
Engineering/Field Services Technician I	95
Cadd/GIS Technician IV	135
Cadd/GIS Technician III	115
Cadd/GIS Technician II	105
Cadd/GIS Technician I	95
Right of Way IV	195
Right of Way III	175
Right of Way II	155
Right of Way I	120
Right of Way Coordinator	95
Environmental Scientist V	180
Environmental Scientist IV	160
Environmental Scientist III	140
Environmental Scientist II	125
Environmental Scientist I	110
Senior Land Surveyor	155
Land Surveyor	135
Survey Technician III	125
Survey Technician II	110
Survey Technician I	95

Senior Construction Manager	195
Construction Engineer III	175
Construction Engineer II	155
Construction Engineer I	125
Construction Inspector	95
Strategic Communications/Graphic Designer IV	165
Strategic Communications/Graphic Designer III	145
Strategic Communications/Graphic Designer II	130
Strategic Communications/Graphic Designer I	100
Project Controller	95
Project Assistant	95
Admin Assistant	70

HDR has technical experts in various geographic locations that may be utilized based on specific project need. This specialized expertise is not subject to the above rates and associated billing rates are to be determined at the time of contract negotiation.

Direct Expenses

Traffic Counting Equipment	\$120.00 per hour
Survey/GPS Equipment	\$50.00 per hour
Robotic Total Station	\$50.00 per hour
Side-by-Side Utility Vehicle	\$25.00 per hour
Handheld GPS	\$20.00 per hour
Mileage	\$0.75 per mile
Printing:	
B&W 8.5x11	\$0.041 each
Color 8.5x11	\$0.138 each
B&W 11x17	\$0.079 each
Color 11x17	\$0.273 each
Plots Bond	\$0.459 per sq. ft.

OTHER REIMBURSABLE EXPENSES

Reimbursable Expense shall mean the actual expenses incurred directly or indirectly in connection with the Project for transportation travel, subconsultants, subcontractors, computer usage, telephone, shipping, and express, and other incurred expense. Unless negotiated otherwise in the contract, HDR will add 10% to invoices received from subconsultants and subcontractors to cover administrative expenses and vicarious liability. Hourly equipment charges apply to specific equipment used on the project.

ATTACHMENT 2

City of Summerset - General Engineering Services Task Order Manhour Estimate - 2022 Task Order #1 - General Engineering Services										
Personnel	Dustin Hamilton	Lindsay Shagla	Chris Bailey	Gary Anderson	Nolan Fraser	TJ Yerdon	Rich Liggett	Carla Schwabach	Ellen Erickson	
Rate Category/Description	Managing Principal	Project Manager/Engineer II	Engineer V	Senior Land Surveyor	Survey Tech III	Engineer V	CADD/GIS Tech IV	Project Controller	Project Assistant	Total Hours
Billing Rate	\$215.00	\$130.00	\$180.00	\$155.00	\$125.00	\$180.00	\$135.00	\$95.00	\$95.00	Total Cost
Activity 1 - On-Call Engineering	6	40	2	10	8			16	6	88
Activity 2 - On-Call CADD							16			16
Activity 3 - Minor Plat Review		8		10						18
Activity 4 - Prelim/Final Plat & Plan Review		30	2	15		2				49
Activity 5 - Commercial Permit Review		10								10
Activity 6 - Expenses										
Subtotals	6	88	4	35	8	2	16	16	6	181
Task Order 2022-#1 Totals	6	88	4	35	8	2	16	16	6	181
Average Hours Per Week	0.1	1.7	0.1	0.7	0.2	0.0	0.3	0.3	0.1	

Activity 6 - Expenses
Travel/mileage \$ 600.00
Printing \$ 171.00
Survey/GPS Equipment \$ 500.00
Total Direct Costs \$ 1,271.00

Total Cost Summary
Total Hours 181
Total Labor \$24,485.00
Direct Costs \$1,271.00
Total Cost \$25,756.00

TSO 2022-01
CITY OF SUMMERSET ZONING ORDINANCE AMENDMENT

**AN ORDINANCE AMENDING ZONING ORDINANCE AND
MAP INCORPORATED AT TITLE 155, CHAPTER 021**

BE IT ORDAINED BY THE CITY BOARD OF COMMISSIONERS OF THE CITY OF SUMMERSET, Meade County, South Dakota that the following changes and amendments be made to the City of Summerset Zoning Ordinance, Title 155, Chapter 021.

BE IT ORDAINED that the zoning map referenced at Title 155, Chapter 155.021, and incorporated herein by this reference, shall be amended as it pertains to the following property:

(Existing Legal) Tract 2 of Richardson Subdivision, Except Lot H1 and Except Tract Well, located in the SE1/4SW1/4 of Section 31, Township 3 North, Range 7 East, Black Hills Meridian, City of Summerset, Meade County, South Dakota.

(Proposed Legal) Lots 1-10 of Summerset Meadows, located in the SE1/4SW1/4 of Section 31, Township 3 North, Range 7 East, Black Hills Meridian, City of Summerset, Meade County, South Dakota.

which property shall be re-zoned from PD (Planned Development) to R-1 (Single Family Residential) and that the zoning map shall be amended accordingly, which amendments are incorporated herein.

Dated this _____ day of _____, 20__.

ATTEST:

CITY OF SUMMERSET

Candace Sealey, Finance Officer

Melanie Torno, Mayor

(Seal)

Vote: Torno:
Kitzmiller:
Butler:
Hirsch:
Thurman:

First Reading: January 6, 2022
Second Reading: January 20, 2022
Publication:

Published once _____ at approximate cost of \$_____.

TSO 2022-02
CITY OF SUMMERSET ZONING ORDINANCE AMENDMENT

**AN ORDINANCE AMENDING ZONING ORDINANCE AND
MAP INCORPORATED AT TITLE 155, CHAPTER 021**

BE IT ORDAINED BY THE CITY BOARD OF COMMISSIONERS OF THE CITY OF SUMMERSET, Meade County, South Dakota that the following changes and amendments be made to the City of Summerset Zoning Ordinance, Title 155, Chapter 021.

BE IT ORDAINED that the zoning map referenced at Title 155, Chapter 155.021, and incorporated herein by this reference, shall be amended as it pertains to the following property:

**Lot D in Block 9 of Summerset Subdivision, Section 36, Township 3 North,
Range 6 East, Black Hills Meridian, City of Summerset, Meade County SD.**

which property shall be re-zoned from PD (Planned Development) to C-1 (General Commercial) and that the zoning map shall be amended accordingly, which amendments are incorporated herein.

Dated this _____ day of _____, 20____.

ATTEST:

CITY OF SUMMERSET

Candace Sealey, Finance Officer

Melanie Torno, Mayor

(Seal)

Vote: Torno:
Kitzmiller:
Butler:
Hirsch:
Thurman:

First Reading: January 6, 2022
Second Reading: January 20, 2022
Publication:

Published once _____ at approximate cost of \$_____.



COMMUNITY PLANNING & DEVELOPMENT SERVICES

City of Summerset

7055 Leisure Lane, Summerset, SD 57718

Phone: (605) 718-9858

Fax: (605) 718-9883

Web: www.summerset.us

APPLICATION FOR DEVELOPMENT REVIEW

REQUEST (please check all that apply)

- ☐ Annexation
- ☐ Comprehensive Plan Amendment
- ☐ Fence Height Exception
- ☐ Planned Development (Overlay)
 - ☐ Designation
 - ☐ Initial Plan ☐ Final Plan
 - ☐ Major Amendment
 - ☐ Minimal Amendment

☒ Subdivision

- ☐ Layout Plan
- ☒ Preliminary Plat
- ☐ Final Plat
- ☐ Minor Plat

☒ Rezoning

- ☐ Road Name Change

☐ Conditional Use Permit

- ☐ Major Amendment
- ☐ Minimal Amendment
- ☐ Vacation
 - ☐ Utility / Drainage Easement
 - ☐ R.O.W. / Section Line Highway
 - ☐ Access / Non-Access
 - ☐ Planting Screen Easement
- ☐ OTHER (specify) _____

LEGAL DESCRIPTION (Attach additional sheets as necessary)

EXISTING Tract 2 of Richardson Subdivision, Except Lot H1 and Except Tract Well
Located in the SE 1/4 SW 1/4 of Section 31, T3N, R7E, BHM, City of Summerset, Hardie County

PROPOSED Lots 1-10 of Summerset Meadows

LOCATION Intersection of Sturgis and Anderson Road

Size of Site-Acres 21.577 Square Footage 939,894 Proposed Zoning _____

DESCRIPTION OF REQUEST: To plat 10 residential lots within
Tract 2 of Richardson Subdivision

Utilities: Private / Public

Water Black Hawk

Sewer _____

APPLICANT

Name Superior Custom Homes LLC / Justin Rudland

Phone 605-484-7631

Address 16564 Red Cedar Road

E-mail justin.superiorcustomhomes@gmail.com

City, State, Zip Piedmont, SD 57769

Signature _____ Date *

PROJECT PLANNER - AGENT

Name _____

Phone _____

Address _____

E-mail _____

City, State, Zip _____

Signature _____

OWNER OF RECORD (If different from applicant)

Date _____

Name _____

Phone _____

Address _____

E-mail _____

City, State, Zip _____

* Justin Rudland
Property Owner Signature

Date 11-11-21

Property Owner Signature

Date _____

Signature

Date 11-11-21

Signature

Date _____

Print Name: Justin Rudland

Print Name: _____

* Title: Owner

Title: _____

*required for Corporations, Partnerships, etc.

FOR STAFF USE ONLY

ZONING
Current
North
South
East
West
Planner
File No.
Comp Plan
Received By:

- ☐ Sewer Utility
- ☐ Fire Department
- ☐ Public Works
- ☐ Planning
- ☐ Building Inspector
- ☐ Engineering
- ☐ City Code Enforcement
- ☐ Police
- ☐ City Attorney

- ☐ BHP&L
- ☐ Finance Officer
- ☐ Register of Deeds
- ☐ County - Planning
- ☐ SD DOT
- ☐ SD DENR
- ☐ Auditor - Annexation
- ☐ Drainage
- ☐ Parks & Recreation

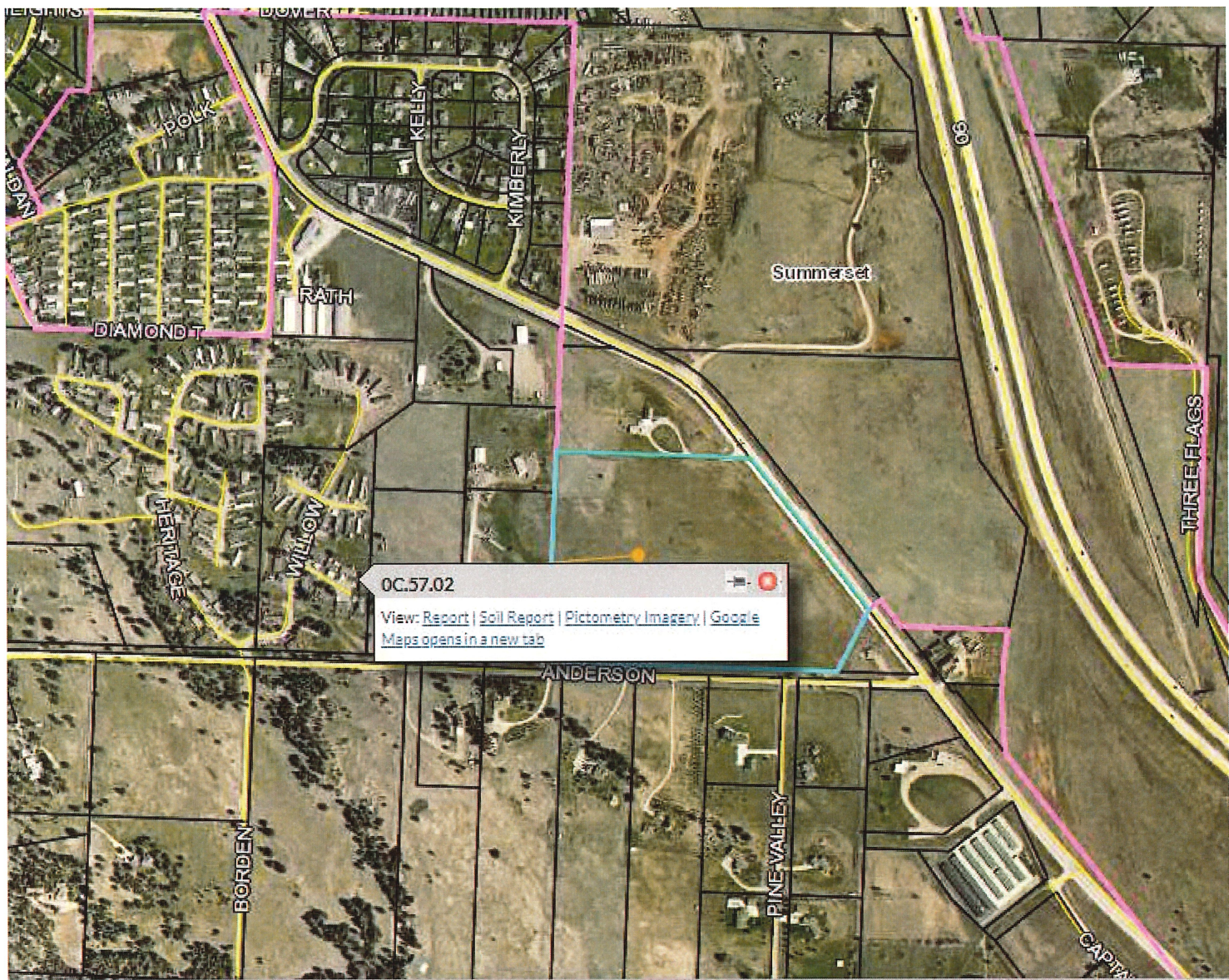
- ☐ Diamond D Water
- ☐ Black Hills Water
- ☐ Quaal Road District
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Planning and Zoning Meeting Date: _____

Commission Meeting Date: _____

Date Paid: _____

Payment Type: Cash ☐ Check ☐ Credit Card ☐



COUNTY TREASURER'S CERTIFICATE

I, Treasurer of Meade County, South Dakota, do hereby certify that all taxes which are liens upon the land described hereon, as shown by the records of my office, are duly paid.

Dated this _____ day of _____, 20____.

Meade County Treasurer

CERTIFICATE OF CITY FINANCE OFFICER

I, Finance Officer of the City of Summerset, South Dakota, do hereby certify that the taxes which are liens upon the land described hereon, as shown by the records of my office, are duly paid.

Dated this _____ day of _____, 20____.

Finance Officer

CERTIFICATE OF CITY FINANCE OFFICER

I, Finance Officer of the City of Summerset, do hereby certify that all special assessments which are liens upon the land described hereon, as shown by the records of my office, are duly paid.

Dated this _____ day of _____, 20____.

Finance Officer

CERTIFICATE OF PLANNING COMMISSION

The City of Summerset, Planning and Zoning Commission certifies it has reviewed the final plat and hereby recommends approval to the City Commission of the City of Summerset, South Dakota.

Dated this _____ day of _____, 20____.

Planning Commission Member

RESOLUTION OF CITY COMMISSION

Whereas there has been presented to the City Commission of the City of Summerset, South Dakota, the final plat of the subdivision of land described herein, and it appears to the Commission that the same conform to the provisions of the City Subdivision Regulations have been complied with, and

- The system of streets and lots therein conform to the system of streets and lots of the City, and
- All lots and special assessments upon the tract or Subdivision comply with, and
- All taxes and special assessments upon the tract or Subdivision have been paid, and
- And such plat and survey thereof have been executed according to law.

NOW THEREFORE, BE IT RESOLVED that said plat is hereby approved in all respects.

Dated of Summerset, South Dakota

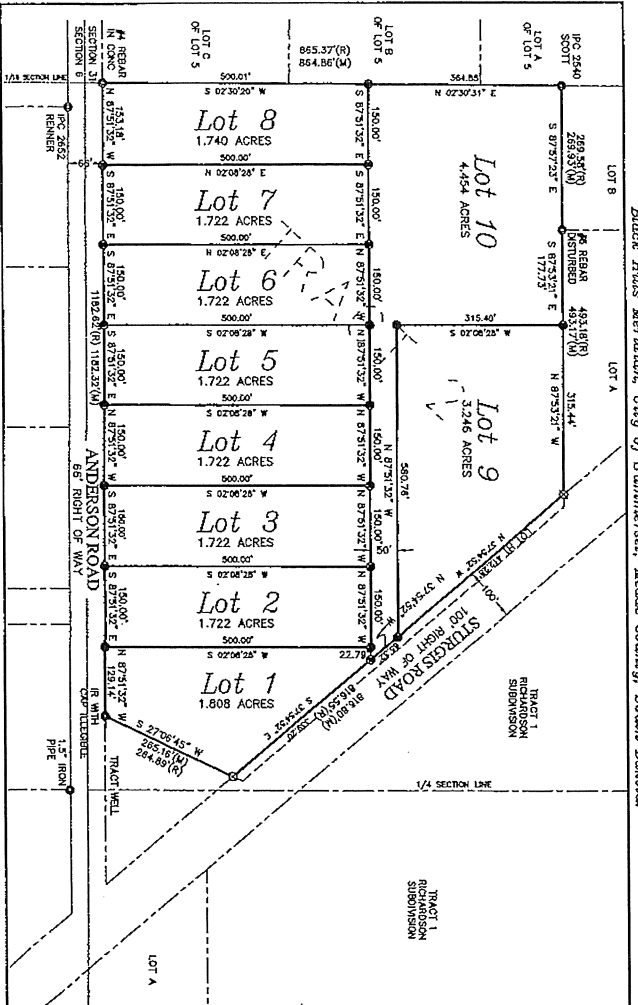
this _____ day of _____, 20____.

Mayor

PREPARED BY: BASELINE SURVEYING, INC.,
2306 JUNCTION AVENUE, STURGIS, S.D. 57785

Preliminary Plat of

Lots 1-10 of Summerset Meadows.
Formerly Tract 2 of Richardson Subdivision, Except Lot 11 and Except Tract Well located in the SE1/4SW1/4 of Section 31, Township 3 North, Range 7 East, Black Hills Meridian, City of Summerset, Meade County, South Dakota.



SURVEYOR'S NOTES

- 1) Utility & Minor Driveway Easements: An eight foot (8') wide utility and minor driveway easement is hereby granted on the interior side of all lots shown on this plat, subject to the provisions of the plat and the financial responsibility of landowners.
- 2) Books of Record as Reference:
Plat Book 19 Page 237
Plat Book 22 Page 209
Plat Book 23 Page 237
This plat is recorded with the Meade County Register of Deeds Office in Sturgis, South Dakota.
- 3) Building Restrictions per the most recently adopted International Building Code and Building Subcode Requirements per Meade County Ordinance.
- 4) Bole of Boleing Using Decade North Determined from Global Positioning System (GPS).
- 5) Per FEMA Mapping, FEMA Panel 48093C 17877, Designated in an Area of Minimal Flood Hazard, Zone X, Effective Date 9/16/2011.

CERTIFICATE OF DIRECTOR OF EQUALIZATION

I, Director of Equalization of Meade County, South Dakota, do hereby certify that I have on record in my office a copy of the within described plat.

Dated this _____ day of _____, 20____.

Meade County Director of Equalization

APPROVAL BY HIGHWAY OR STREET AUTHORITY

The location of the proposed access to the Highway or Street as shown hereon is hereby approved. Any change in the location of the proposed access shall require additional approval.

Dated this _____ day of _____, 20____.

Highway or Street Authority

APPROVAL BY HIGHWAY OR STREET AUTHORITY

All major drainage easements shown hereon are hereby approved. Any change in the location of the proposed access shall require additional approval.

Dated this _____ day of _____, 20____.

Highway or Street Authority

SURVEYOR'S CERTIFICATE

I, Sharon E. Vasek, 2306 Junction Avenue, Sturgis, SD, being a Registered Land Surveyor in the State of South Dakota, do hereby certify that the plat of the land described hereon, as shown by the records of my office, are duly paid. I have surveyed and platted the property shown and described hereon, and the same is correct to the best of my knowledge, information and belief. Easements or Restrictions of Miscellaneous Record or Private Agreements that are not known to me are not shown hereon.

I, Sharon E. Vasek, do hereby certify that the plat of the land described hereon, as shown by the records of my office, are duly paid. I have surveyed and platted the property shown and described hereon, and the same is correct to the best of my knowledge, information and belief. Easements or Restrictions of Miscellaneous Record or Private Agreements that are not known to me are not shown hereon.

Sharon E. Vasek
Registered Land Surveyor No. 7719



OWNER'S CERTIFICATE

I, Superior Custom Homes, LLC (Grantor), Justin Rudland, do hereby certify that I am the owner of the land shown and described hereon, and that I do authorize and do join in and approve the survey and plat, I further certify that the development of the land shall conform to all applicable laws, regulations, and ordinances. Dedicated right-of-way as shown hereon is dedicated to public use.

I, Justin Rudland, do hereby certify that I am the owner of the land shown and described hereon, and that I do authorize and do join in and approve the survey and plat, I further certify that the development of the land shall conform to all applicable laws, regulations, and ordinances. Dedicated right-of-way as shown hereon is dedicated to public use.

Superior Custom Homes, LLC, Owner (Grantor) Justin Rudland

ACKNOWLEDGEMENT OF OWNERS

STATE OF SOUTH DAKOTA }
COUNTY OF _____ } SS

On this _____ day of _____, 20____, before me, the undersigned official, personally appeared Superior Custom Homes LLC, (Grantor) Justin Rudland, (Designated) or Owner, known to me to be the owner of the land shown and described hereon, and he acknowledged to me that they executed the same for purposes therein contained.

IN WITNESS WHEREOF, I hereby set my hand and official seal.

Notary Public _____ by commission expires: _____

OFFICE OF REGISTER OF DEEDS

Meade County Register of Deeds
baseline@surveysurveying.com JOB NUMBER: 21-144



Nov. 18, 2021

Plat Review

Lots 1-10 of Summerset Meadows.

Formerly Tract 2 of Richardson Subdivision Except Lot H1 and Tract Well

Located in the SE1/4 of the SW1/4 of Section 31, T.3N., R.7E., Black Hills Meridian, City of Summerset, Meade County, South Dakota

General Information:

Parcel Acreage 21.577

Location SE1/4SW1/4 Section 31 T.3N., R.7E., Black Hills Meridian City of Summerset

Date of Application November 11, 2021

Surveyor Project Number 21-144

Reviewed By: Gary Anderson, LS, HDR Engineering, Inc.

Purpose: Create 10 lot subdivision

Access and Utilities: Access off Sturgis Road and Anderson Road, sewer will be septic

Fire Protection: Black Hawk Volunteer Fire Department

Drainage: Minimal Flood Hazard

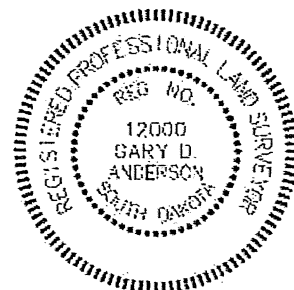
Final Plat Review:

Bearings and Distance close and area is correct.

Need approval from Meade County and SDDOT for driveway locations.

Need to indicate the location of the existing water main and service line locations.

Gary Anderson, LS 12000





COMMUNITY PLANNING & DEVELOPMENT SERVICES

City of Summerset

7055 Leisure Lane, Summerset, SD 57718

Phone: (605) 718-9858

Fax: (605) 718-9883

Web: www.summerset.us

APPLICATION FOR DEVELOPMENT REVIEW

REQUEST (please check all that apply)

- ☐ Annexation
☐ Comprehensive Plan Amendment
☐ Fence Height Exception
☐ Planned Development (Overlay)
☐ Designation
☐ Initial Plan ☐ Final Plan
☐ Major Amendment
☐ Minimal Amendment
- ☒ Subdivision
☐ Layout Plan
☐ Preliminary Plat
☐ Final Plat
☒ Minor Plat
☐ Rezoning
☐ Road Name Change

- ☐ Conditional Use Permit
☐ Major Amendment
☐ Minimal Amendment
☐ Vacation
☐ Utility / Drainage Easement
☐ R.O.W. / Section Line Highway
☐ Access / Non-Access
☐ Planting Screen Easement
☐ OTHER (specify) _____

LEGAL DESCRIPTION (Attach additional sheets as necessary)

EXISTING Lot 228 and Lot 1 of Block 5 of Sun Valley Estates, NE 1/4 SW 1/4 and NW 1/4 SE 1/4 of Section 14, T3N, R6E, BHM, City of Summerset, Meade County, South Dakota

PROPOSED Lot 228 Revised and Lot 1 of Block 5 of Sun Valley Estates

LOCATION Jasper Court

Size of Site-Acres 0.378 Square Footage 16,488 Proposed Zoning

DESCRIPTION OF REQUEST: To replat a portion of Lot 1 into Lot 228
(Lot Line Adjustment)

Utilities: Private / Public
Water
Sewer

APPLICANT

Name Brian and Megan Burgner Phone 951-303-4947 *
Address 14320 Jasper Court E-mail civicman_44@yahoo.com
City, State, Zip Summerset, SD 57718 Signature [Signature] Date 11/29/21

PROJECT PLANNER - AGENT

Name Baseline Surveying, Inc. Phone 605-490-1401
Address 2305 Junction Ave E-mail baseline@sturgisurveying.com
City, State, Zip Sturgis, SD 57785 Signature [Signature] Date _____

OWNER OF RECORD (If different from applicant)

Name _____ Phone _____
Address _____ E-mail _____
City, State, Zip _____

[Signature] 11/29/21 Megan Burgner 11/29/21
Property Owner Signature Date Property Owner Signature Date

Signature _____ Date _____
Print Name: Brian Burgner
Title*: _____
Signature _____ Date _____
Print Name: Megan Burgner
Title*: _____

*required for Corporations, Partnerships, etc.

FOR STAFF USE ONLY

ZONING
Current
North
South
East
West
Planner
File No.
Comp Plan
Received By:

- ☐ Sewer Utility
☐ Fire Department
☐ Public Works
☐ Planning
☐ Building Inspector
☐ Engineering
☐ City Code Enforcement
☐ Police
☐ City Attorney
- ☐ BHP&L
☐ Finance Officer
☐ Register of Deeds
☐ County - Planning
☐ SD DOT
☐ SD DENR
☐ Auditor - Annexation
☐ Drainage
☐ Parks & Recreation

- ☐ Diamond D Water
☐ Black Hills Water
☐ Quaal Road District
☐ Other: _____
☐ Other: _____
☐ Other: _____
☐ Other: _____

Planning and Zoning Meeting Date: _____
Commission Meeting Date: _____
Date Paid: _____

Payment Type: Cash ☐ Check ☐ Credit Card ☐

11/2014

Revised

COUNTY TREASURER'S CERTIFICATE

I, Treasurer of Meade County, South Dakota, do hereby certify that all taxes which are liens upon the land described herein, as shown by the records of my office, are duly paid.

Dated this ____ day of _____, 20____.

Meade County Treasurer

CERTIFICATE OF CITY FINANCE OFFICER

I, Finance Officer of the City of Sun Valley, South Dakota, do hereby certify that the foregoing instrument is a true and correct copy of the resolution adopted by the City Commission of the City of Sun Valley, South Dakota at a meeting held on the ____ day of _____, 20____.

Finance Officer

CERTIFICATE OF CITY FINANCE OFFICER

I, Finance Officer of the City of Sun Valley, South Dakota, do hereby certify that all special assessments which are liens upon the land described herein, as shown by the records of my office, are duly paid.

Dated this ____ day of _____, 20____.

Finance Officer

CERTIFICATE OF PLANNING COMMISSION

The City of Sun Valley Planning and Zoning Commission certifies it has reviewed the final plat and hereby recommends approval to the City Commission of the City of Sun Valley, South Dakota.

Dated this ____ day of _____, 20____.

Planning Commission Member

RESOLUTION OF CITY COMMISSION

Whereas there has been presented to the City Commission of the City of Sun Valley, South Dakota, the within Plat of the above described lands, and it appears to this Council of Commissioners that:

- a. The system of streets set forth therein conforms to the system of streets of the existing plat of the City, and
- b. All proposed streets and subdivisions have been properly recorded with, and
- c. All taxes and special assessments upon the tract or subdivision above described and survey thereof have been excited according to law.

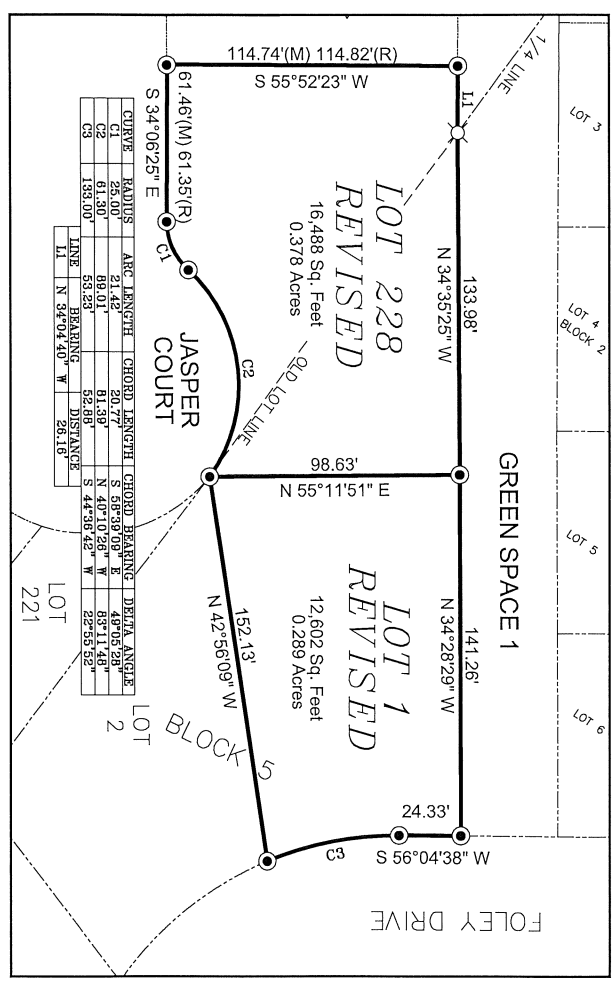
NOW THEREFORE, BE IT RESOLVED that said plat is hereby approved in all respects.

Dated at Sun Valley, South Dakota this ____ day of _____, 20____.

Mayor

PREPARED BY: BASELINE SURVEYING, INC.
2305 JUNCTION AVENUE, STURGIS, S.D. 57785

Preliminary Plat of
Lot 1 Revised of Block 5 and Lot 228 Revised of Sun Valley Estates
Formerly Lot 1 of Block 5 and Lot 228 of Sun Valley Estates.
Located in the NE1/4SW1/4 and NW1/4SE1/4 of Section 14, Township 3 North, Range 6 East,
Black Hills Meridian, City of Sun Valley, Meade County, South Dakota.



SURVEYOR'S NOTES

- 1) Utility & Minor Drainage Easements: An eight foot (8') wide utility and minor drainage easement is shown on this plat. The easement is shown as a line. Removal or modification of any obstruction or impediment to such an easement shall be the financial responsibility of the landowner.
- 2) Pits of Record as Reference: The plat is prepared as previously recorded with the Meade County Register of Deeds Office in Sturgis, South Dakota, Plat Book 25, Page 150-152.
- 3) Building Restrictions per the most recently adopted
- 4) Basis of Bearings: Using Geodetic North Determined from Global Positioning System (GPS).
- 5) Per FEMA Mapping, FEMA Panel 46932C, 1775F, Zone X, Effective Date 8/16/2011.

LEGEND

- Found or Set 5/8" Rebar with Cap
- ⊙ Marked VASKNETZ RL37719.
- ⊙ Found Rebar Unless Otherwise Noted.
- Found IR with Cap marked "Broz 3533"
- (R) Indicates dimensions previously recorded.
- (M) Indicates measured this survey.

0.667 ACRES ± TOTAL PLATTED AREA



SCALE: 1" = 30 Feet
November 2021

SURVEYOR'S CERTIFICATE

I, Sharon E. Vasknetz, 2305 Junction Avenue, Sturgis, SD, being a Registered Land Surveyor in the State of South Dakota, do hereby state that at the request of the owners listed herein, I have surveyed and located the boundaries of the land described herein, and that the plat is correct to the best of my knowledge, information and belief. Agreements that are not known to me are not shown herein.



IN WITNESS WHEREOF
I hereunto set my hand and seal
this ____ day of _____, 20____.

Sharon E. Vasknetz
Registered Land Surveyor No. 7719

CERTIFICATE OF DIRECTOR OF EQUALIZATION

I, Director of Equalization of Meade County, South Dakota, do hereby certify that I have on record in my office a copy of the within described plat.

Dated this ____ day of _____, 20____.

Meade County Director of Equalization

APPROVAL BY HIGHWAY OR STREET AUTHORITY

The location of the proposed access to the Highway or Street as shown herein is hereby approved. Any change in the location of the proposed access shall require additional approval.

Dated this ____ day of _____, 20____.

Highway or Street Authority

DRAINAGE NOTES

All major drainage easements shown herein are shown as a line. The easement is shown as a line. Removal or modification of any obstruction or impediment to such an easement shall be the financial responsibility of the landowner.

OFFICE OF REGISTER OF DEEDS

Meade County Register of Deeds

PHONE: 605-490-1401 EMAIL: BASELINE@STURGISURVEYING.COM JOB NUMBER: 21-308

Preliminary Plat Of
Lot 1 Revised of Block 5 and Lot 228 Revised of Sun Valley Estates
Formerly Lot 1 of Block 5 and Lot 228 of Sun Valley Estates.
Located in the NE1/4SW1/4 and NW1/4SE1/4 of Section 14, Township 3 North, Range 6 East,
Black Hills Meridian, City of Summerset, Meade County, South Dakota.

OWNER'S CERTIFICATE

We, Brian D. and Megan Burger, do hereby certify that we are the owners of the above described land and we hereby authorize and do join in and approve the survey and plat. We further certify that the development of this land shall conform to all existing regulations. Dedicated right-of-way as shown hereon is dedicated to public use.

IN WITNESS WHEREOF
 I hereunto set my hand this ____ day of _____, 20 ____.

Brian D. Burger, Owner _____

Megan Burger, Owner _____

ACKNOWLEDGEMENT OF OWNERS

STATE OF SOUTH DAKOTA }
 COUNTY OF _____ } SS

On this ____ day of _____, 20 ____ before me, the undersigned officer, personally appeared Brian D. and Megan Burger, Designated as Owner, known to me to be the persons who executed the foregoing Owner's Certificate and acknowledged to me that they executed the same for purposes therein contained.

IN WITNESS WHEREOF, I hereby set my hand and official seal.

Notary Public _____

My commission expires: _____

SURVEYOR'S CERTIFICATE

I, Sharon E. Vasknetz, 2305 Junction Avenue, Sturgis, SD, being a Registered Land Surveyor in the State of South Dakota, do hereby certify that I have examined the foregoing plat and find that it conforms to the ground the boundaries in the manner shown, and that the plat is correct to the best of my knowledge, information and belief. I have also examined the records of the Survey and find that the same are correct and agree with the foregoing plat. I have also examined the records of the Survey and find that the same are correct and agree with the foregoing plat. I have also examined the records of the Survey and find that the same are correct and agree with the foregoing plat. Agreements that are not known to me are not shown hereon.

IN WITNESS WHEREOF
 I hereunto set my hand and seal

this ____ day of _____, 20 ____

Sharon E. Vasknetz
 Registered Land Surveyor No. 7719

**OWNER'S CERTIFICATE**

We, Gingras Family Limited Partnership, do hereby certify that we are the owners of the above described land and we hereby authorize and do join in and approve the survey and plat. We further certify that the development of this land shall conform to all existing regulations. Dedicated right-of-way as shown hereon is dedicated to public use.

IN WITNESS WHEREOF
 I hereunto set my hand this ____ day of _____, 20 ____.

Gingras Family Limited Partnership, Owner _____
 James E. Gingras, Managing Member _____

ACKNOWLEDGEMENT OF OWNERS

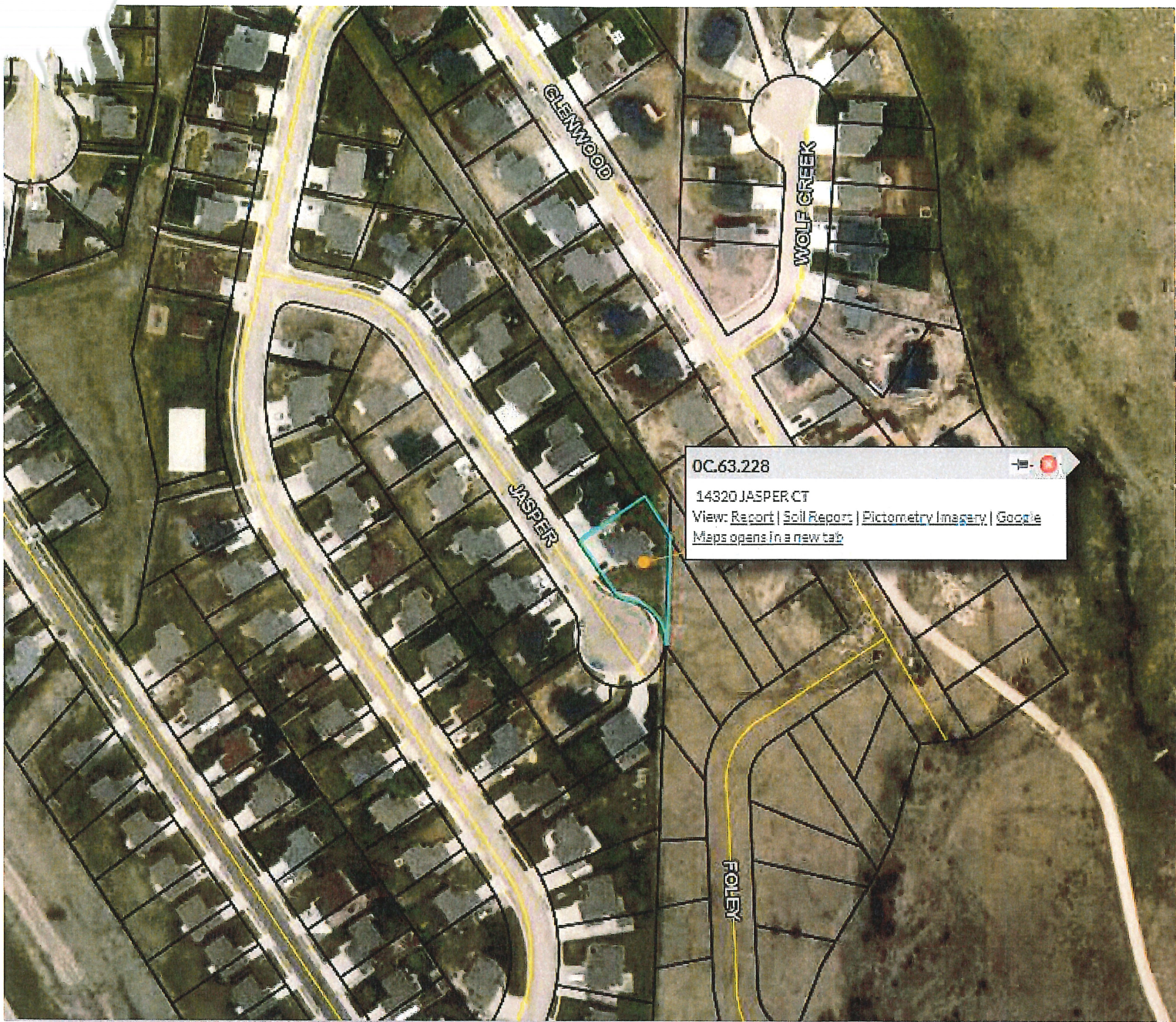
STATE OF SOUTH DAKOTA }
 COUNTY OF _____ } SS


On this ____ day of _____, 20 ____ before me, the undersigned officer, personally appeared James E. Gingras, Described as Managing Member of Gingras Family Limited Partnership, Designated as Owner, known to me to be the persons who executed the foregoing Owner's Certificate and acknowledged to me that they executed the same for purposes therein contained.

IN WITNESS WHEREOF, I hereby set my hand and official seal.

Notary Public _____

My commission expires: _____



0C.63.228 

14320 JASPER CT

[View Report](#) | [Soil Report](#) | [Pictometry Imagery](#) | [Google Maps](#) opens in a new tab

Preliminary Plat Review

Lot 1 Revised of Block 5 and Lot 228 of Sun Valley Estates

Formerly Lot 1 of Block 5 and Lot 228 of Sun Valley Estates.

*Located in the NE1/4SW1/4 and NW1/4SE1/4 of Section 14 Township 3 North, Range 6 East,
Black Hills Meridian, City of Summerset, Meade County South Dakota.*

General Information:

Parcel Acreage approx. .667 acres
Location 14320 Jasper Court, City of Summerset.
Date of Application 11-29-2021
Surveyor's Project No. 21-308
Reviewed By: Gary Anderson, LS, HDR Engineering, Inc.

Purpose: Lot Line Adjustment

Access and Utilities: Same as before

Fire Protection: Same as before

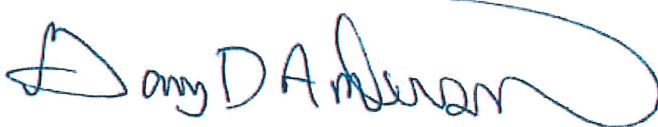
Drainage: Same as before

Final Plat Review:

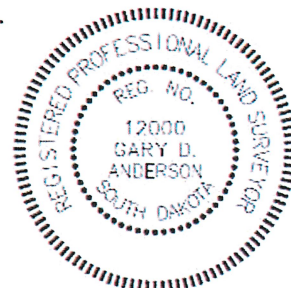
Bearings and Distance do not close by 2.5 feet

Building restrictions and setbacks should be based on most recent City of Summerset rather than Meade Co.

Are "Surveyor's Certificates" on both sheets necessary; possibly remove one.



Gary Anderson, LS 12000



CITY OF SUMMERSET MEDIA POLICY

From time to time during the course of your service for the City of Somerset you may receive unsolicited contact from representatives of the media including but not limited to newspaper reporters, television and radio reporters and news people, and others. The purpose of this policy is to inform you of the proper steps to follow when such contact occurs.

1. Mayor Melanie Torno has been designated as the authorized spokesperson for City of Somerset in the event of communications with the media. Therefore, if you receive contact from the media, advise them that you cannot comment but will take their name, phone number, and employer. This information will then be forwarded to Mayor Torno to evaluate. Mayor Torno has the authority to delegate a spokesperson in the case of her absence or in the case of it being department specific.

2. In addition to referring members of the media to our designated contact person, notify your immediate supervisor immediately of any media contact.

3. Media representatives will understand that you cannot comment. They will appreciate a referral to someone who may be able to answer their questions.

4. When an incident occurs that could give rise to a claim against you or others of your fellow employees, please notify everyone that they may receive contact from the media and that they must be aware of and follow this media policy – e.g. not comment on any occurrence and refer the media to the designated contact person.

5. Never give into what is a natural urge to be helpful if you are contacted by the media. You must follow this policy and the procedures described herein.

6. You should be friendly and not defensive or evasive when advising members of the media that you are not able to comment. As noted above, they will understand this position.

7. No comment means no comment. Do not explain or discuss any occurrence or event with the media unless you are authorized to do so as the designated spokesperson.

8. Keep in mind that whatever you say will be viewed as an official statement on behalf of your employer and your co-workers. This is yet another reason to follow the policy, make no comment, and direct the media representatives to the designated contact person.

9. If you are present during Executive Session of the City of Somerset Commission where litigation or claims are discussed, keep in mind that executive sessions are privileged, that no record is made of these discussions, and that anyone present is absolutely forbidden to discuss the content of conversations which occur during the course of executive session.

Adopted this _____ day of December, 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor
(Name & Title)

BY: Candace Sealey, Finance Officer
(Name & Title)

Sexual Harassment

It is the policy of the City of Summerset to provide a work environment free from sexual harassment. Sexual harassment is unwelcome conduct of a sexual nature that is persistent or offensive and interferes with an employee's job performance or creates an intimidating, hostile, or offensive work environment. Sexual harassment is defined by the federal Equal Employment Opportunity Commission as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example: (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (c) such conduct has the purpose of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment can be physical and/or psychological in nature. An aggregation of incidents can constitute sexual harassment even if one of the incidents considered on its own would not be harassing. Sexual harassment may involve individuals of the same or different genders.

Sexual harassment may include a range of behaviors to include unwanted sexual advances or requests for sexual favors; sexual jokes or innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual ability, or deficiencies; whistling or touching; insulting or obscene comments or gestures; displays in the workplace of sexually suggestive objects or pictures; and other physical, verbal, or visual conduct of a sexual nature.

All employees are expected to avoid any behavior or conduct that could be interpreted as unlawful harassment. All employees should also understand the importance of informing an individual whenever that individual's behavior is unwelcome, offensive, in poor taste, or inappropriate.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor unless the supervisor is the offending party. If you are unable for any reason to contact this person, or if you have not received a satisfactory response within five (5) business days after reporting any incident of what you perceive to be harassment, please contact the HR Director.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge.

Discrimination and harassment of any kind in the workplace is prohibited by federal and state law, whether committed by elected officials or supervisory or non-supervisory employees and will not be tolerated. Retaliation or intimidation directed toward a complaining party is also prohibited by law and will not be tolerated by the City under any circumstance. A legitimate complaint of discrimination or harassment will not have any bearing on the terms and conditions of employment on the complaining party, including but not limited to wages, advancement, evaluations, assigned duties, shift assignments, career development, etc.

All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the City of Summerset will not allow any form of retaliation against individuals who report unwelcome conduct or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

Adopted this _____ day of December 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor

BY: Candace Sealey, Finance Officer

(Name & Title)

(Name & Title)

I have read and I understand the City of Summerset's Sexual Harassment Policy.

Employee's Printed Name: _____ Position: _____

Employee's Signature: _____ Date: _____

The signed original copy of this receipt should be given to the Human Resources Office - it will be filed in your personnel file.

Portable Communication Device Use While Driving

Employees whose job responsibilities include regular or occasional driving of vehicles/machinery while conducting business for the City of Summerset must abide by all state or local laws prohibiting or limiting portable communication device (PCD) use, including cell phones or personal digital assistants, while driving. Further, even if use is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking or listening to another person or sending an electronic or text message via the PCD. Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call.

Safety must come before all other concerns. City of Summerset employees may:

- 1) Use hands-free equipment to make or answer calls while driving;
- 2) Proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call;

without violating this policy

Since this policy does not require any employee to use a PCD while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions. Texting and/or e-mailing while driving is prohibited in all circumstances.

32-26-47.1. Use of mobile electronic device--Prohibitions--Violation as misdemeanor--Exceptions.

No person may operate a motor vehicle while using a mobile electronic device. A violation of this section is a Class 2 misdemeanor.

This section does not apply to:

- (1) A law enforcement officer, firefighter, emergency medical technician, paramedic, operator of an authorized emergency vehicle, or similarly engaged paid or volunteer public safety first responder during the performance of that person's official duties, and a public utility employee or contractor acting within the scope of that person's employment;
- (2) The use of a mobile electronic device for emergency purposes, including a text messaging device to contact a 911 system, an emergency call to a law enforcement agency, health care provider, fire department, or other emergency services agency or entity, or to report to appropriate authorities a fire, traffic accident, serious road hazard, or medical or hazardous materials emergency, or to report the operator of another motor vehicle who is driving in a reckless or otherwise unsafe manner or who appears to be driving under the influence of alcohol or drugs, or to report a crime;
- (3) The use of a global positioning or navigation system feature of a mobile electronic device, but does apply to manually entering information into the global positioning or navigation system feature of the device;
- (4) Reading, selecting, or entering a telephone number or name in a mobile electronic device for the purpose of making or receiving a telephone call and using the device for the call, or if a person otherwise activates or deactivates a feature or function of a mobile electronic device; or
- (5) The use of a mobile electronic device in a voice-operated or hands-free mode if the operator of the motor vehicle does not use the operator's hands to operate the device, except to activate or deactivate a feature or function of the device.

32-26-47.2 . Social networking sites--Prohibition--Violation as misdemeanor.

No person may access, read, or post to a social networking site while operating a motor vehicle. A violation of this section is a Class 2 misdemeanor.

Adopted this _____ day of December, 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor

BY: Candace Sealey, Finance Officer

(Name & Title)

(Name & Title)

CITY OF SUMMERSET
EVENT RISK MANAGEMENT CHECKLIST

An event risk management checklist is a guide to the many issues that should be considered when planning an event. Depending on the event, some of these issues may not be applicable and some may require more detailed management than others.

ACCESS and EGRESS

- ☐ Adequate number of entries/exits
- ☐ Entries/exits clear and accessible
- ☐ Exit pathways well defined and clearly marked

ELECTRICAL

- ☐ Wiring up to code and in good condition
- ☐ Adequate voltage/wattage for event use
- ☐ Electrical equipment protected from weather
- ☐ Sufficient emergency generator power available
- ☐ Premises inspected by a licensed electrician

FIRST AID/ COMMUNICATION

- ☐ Stations suitably located, identified and supervised
- ☐ Facilities adequate for event type
- ☐ Mobile communication between event personnel, first aid and security

STAFF, VOLUNTEERS and CONTRACTORS

- ☐ Background screening
- ☐ Training with records kept
- ☐ Copies of applications kept

PERMITS, LICENSING and REGISTRATION

- ☐ Applicable state and local government permits obtained
- ☐ Food handling/sales permits obtained
- ☐ Liquor licenses/permits obtained

TRAFFIC FLOW

- ☐ Clearly defined areas for traffic separated from pedestrians
- ☐ Provisions for emergency vehicle entrance/exit
- ☐ Fire hydrant access

AMUSEMENT STRUCTURES

- ☐ Structures have current license/certification
- ☐ Electrical inspection up to date
- ☐ Qualified safety inspection performed and documented
- ☐ Appropriate space, perimeter protection and lighting

PARKING

- ☐ Sufficient number, type and handicap accessible
- ☐ Adequate signage, lighting and access to site
- ☐ Adequate security

SEATING

- ☐ Sufficient seating
- ☐ ADA accommodations
- ☐ Bleachers inspected for safety

FOOD SAFETY

- ☐ Adequate refrigeration, storage, heat and prep areas
- ☐ Licensed/certified food handlers
- ☐ Proper food handling procedures

ALCOHOL SAFETY

- ☐ Adequate training for distribution
- ☐ Require identification, wristbands
- ☐ Make alternative transportation available

EMERGENCY PROCEDURES

- ☐ Plans and procedures documented
- ☐ Staff and volunteers trained on procedures
- ☐ Evacuation plan due to weather or other events
- ☐ Evacuation route posted and practiced

STAGING and PLATFORMS

- ☐ Electrical equipment appropriate for outdoor/heavy use
- ☐ Adequate access/egress around staging and platforms
- ☐ Erected, inspected and dismantled by qualified personnel

MAINTENANCE

- ☐ Maintenance personnel onsite
- ☐ Personnel have appropriate contact information
- ☐ Maintenance records accessible before/during/post event

INFLATABLE STRUCTURES

- ☐ Structure properly secured
- ☐ Qualified safety inspection performed and documented
- ☐ Weather monitored and shut down procedures known

AMENITIES

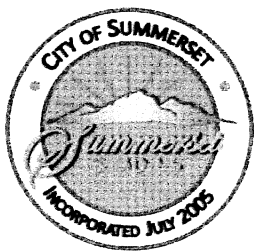
- ☐ Adequate toilet and hand washing facilities
- ☐ Drinking water available to staff and participants
- ☐ Adequate trash disposal

CROWD MANAGEMENT

- ☐ Occupancy monitored and limit not exceeded
- ☐ Event safety rules and regulations posted
- ☐ Security personnel visible

INSURANCE/LEGAL REVIEW

- ☐ Review your coverage for event with SDPAA
- ☐ Obtain Certificates of Insurance from all vendors, contractors and co-sponsors
- ☐ Waivers signed by participants when warranted
- ☐ Entity should be named as an additional insured on the policies of vendors, contractors and co-sponsors
- ☐ Report all incidents to SDPAA through Claims Associates, Inc.
- ☐ Legal review of all contracts and facilities use agreements



City of
SUMMERSET
A GREAT PLACE TO CALL HOME

Park Picnic Shelter Reservation Terms of Agreement

1. The Leisure Lane Park shelter may only be reserved by residents of Summerset.
2. All reservations require a refundable \$50 deposit.
3. All reservations must begin and end during regular park hours. Remaining in the park past posted park hours will be considered trespassing.
4. If there are minors included in the group reserving the shelter, an adult must be present at all times.
5. Groups must remove trash when they leave the park.
6. The restroom doors must be closed when the reservation is over.
7. The Summerset resident reserving the shelter will be held accountable for any damages incurred by their guests. After an inspection by a City employee, the \$50 deposit will be refunded if no damages were incurred and the shelter is left in satisfactory condition (trash removed, no big mess left).
8. The City of Summerset will not provide water or electricity to operate bounce houses or any other equipment that is brought in unless they are being used for a neighborhood-wide activity, such as Summerfest.

The City of Summerset posts shelter reservations but is not responsible for enforcing the reservations. Parties reserving the shelter may take reasonable steps to ensure the shelter is available for their reserved date and time.

Reservations apply only to the covered shelter and in no way prevent Summerset residents from using the other Park facilities and equipment at/during the time of your event.

Please complete the form below and return it to the City Finance Office with a \$50 deposit.

Resident Name _____ Date _____

Address _____ Phone _____

Park Name _____ Reservation Date _____ Time span of event _____

HOLD HARMLESS AGREEMENT

The party (to include the aforementioned individual and guests) hereby will indemnify, defend and hold the City of Summerset and its employees harmless in the event of any claims asserted as a result of any errors, omissions, torts, intentional or other negligent act.

Signature _____ Date _____

FOR OFFICE USE ONLY

Deposit Amt \$50.00 Date Paid _____ Payment Type: ☐ Cash ☐ Check ☐ Credit Card

Shelter Inspection Date _____ Deposit returned ☐ Yes ☐ No City Employee Initials _____

**CITY OF SUMMERSET
POST OFFER/PREEMPLOYMENT
PHYSICAL EXAMINATION POLICY**

Physical Examinations add to 4.10 Employment Offers:

Law Enforcement and any other positions, as decided by the City, may be required to undergo a post-offer, pre-employment physical examination. The cost of the preemployment physical examination will be borne by the City.

Confirmation of Employment Offer:

Once Human Resources receive satisfactory results from all the post-offer testing and investigation, Human Resources or the hiring Department Head will notify the candidate and confirm the initial offer. In cases where the candidate is unsuccessful in the post-offer testing/investigation, the offer of employment may be withdrawn. Consideration will be given for potential accommodations.

Adopted this _____ day of December, 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor
(Name & Title)

BY: Candace Sealey, Finance Officer
(Name & Title)

CITY OF SUMMERSET PERSONAL PROTECTIVE EQUIPMENT POLICY

Personal protective equipment will be maintained in a sanitary and effective condition. Personal protective equipment, which is provided by the *City*, shall be used when there is a hazard in the working environment, which could cause injury or illness.

Respirators

Proper respiratory protection shall be used on jobs involving exposure to harmful fumes, gases, mists, chemical dusts or lack of sufficient oxygen. Supervisors should instruct employees, whose work assignments involve the use of respiratory protection, about the potential hazards they are exposed to and how to use the proper personal protective respiratory equipment.

Head Protection

Hard hats should be kept in good repair; with proper adjustment and should be worn only by the individual to whom they are assigned, except in an emergency. ANSI approved hard hats should be used in any operation where overhead hazards exist. Remember that all it takes is a carelessly dropped tool or piece of material coming down on your head to cause severe injury or even death. There are a number of workers disabled with various type of head injuries and vision problems because they didn't wear a hard hat. When you wear a hard hat, wear it right. Keep it squarely on your head with the inside band properly adjusted and the bill forward.

Hearing Protection

Noise levels that need to be measured will be done with a sound level meter or a noise dosimeter that is available through Safety Benefits. ANSI approved hearing protective equipment, (noise attenuating devices) will be available and used by every employee working in areas where continuous noise levels exceed 85 dB. A good guide is, "if it's too noisy to hear a normal conversation, it's loud enough to need hearing protection." To be effective, ear protectors must be properly fitted and employees will be instructed in their use and care. Individual departments will identify potential areas needing hearing protection, and take corrective measures on a case-by-case basis.

Eye/Face Protection

Where there is a danger of flying particles or corrosive materials, employees must wear ANSI approved protective goggles and/or face shields. Employees are required to wear ANSI approved safety glasses in areas where there is a risk of eye injuries such as abrasions, punctures, contusions, or burns.

Foot Protection

Shoes or boots suitable to the type of work and work area conditions shall be worn at all times. Slip-resistant soles may be required in some operations. ANSI or ASTM safety-toed footwear may be required in those situations where a higher-level risk of foot injury exists, such as working in a gravel pit. Open-toe shoes are prohibited from all work areas except offices. Footwear must be approved by the *Highway/Street Superintendent* or their designee.

Protective Clothing/Equipment

Employees are required to wear protective gloves, aprons, shields and other means in areas where they may be subject to cuts, corrosive liquids, and/or harmful chemicals. All safety equipment must be maintained in sanitary condition and ready for use. Report any defective equipment immediately to your Supervisor. Employees working on or near public roadways shall wear ANSI approved colored safety vests or clothing. Protective gloves, clothing, and face protection shall be worn while handling caustic or dangerous chemicals, while welding and handling batteries. For outdoor work in winter weather, layers of loose, warm, and fairly lightweight clothing is recommended. First-aid kits and contents are to be maintained in a

serviceable and usable condition. The commercial or cabinet-type kits do not require all items to be individually wrapped and sealed, only those which must be kept sterile. Items such as scissors, tweezers, tubes of ointments with caps, or rolls of adhesive tape, need not be individually wrapped, sealed, or disposed of after a single use or application. Where the eyes of any person may be exposed to injurious chemicals and/or materials, suitable facilities for quick drenching or flushing of the eyes shall be provided within the work area.

Adopted this _____ day of December, 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor
(Name & Title)

BY: Candace Sealey, Finance Officer
(Name & Title)

CITY OF SUMMERSET
Hazard Communication Program Policy

The purpose of this program is to ensure that the hazards of all chemicals used by employees are known, and that information concerning their hazards is transmitted to affected employees within the working environment. This transmittal of information is to be accomplished by means of employee training programs, which are to include container labeling, Safety Data Sheets, employee rights, and other training deemed applicable.

The hazardous communication program shall consist of the following programs.

1. Hazardous Material Labeling:
 - A. The employee receiving the new substance will assure that each container of hazardous substances in the work place is labeled with the chemical name and appropriate hazard warning.
 - B. Containers of ten (10) gallons or less in volume, in which an employee is transferring a toxic substance mixture from labeled containers and which is intended for immediate use of the employee making the transfer, are exempt from such labeling.
2. Safety Data Sheets (SDS):
 - A. The employee purchasing or receiving a new hazardous substance will be responsible for obtaining Safety Data Sheets for each hazardous substance. Each employee purchasing or ordering a hazardous substance will not obtain or bring on site the hazardous substance until the Safety Data Sheets are obtained. If ordering, instruct the seller to send the Safety Data Sheets by fax or with the shipment, and that the material will not be accepted in shipment until the Safety Data Sheet is obtained. Always replace old Safety Data Sheets with new Safety Data Sheets as they are obtained.
 - B. Each employee will review Safety Data Sheets on any new hazardous substances before using them.
 - C. Safety Data Sheets shall be accessible to employees 24 hours per day in a highly visible manner for review by employees when utilizing hazardous substances.
 - D. One person shall be designated to organize and maintain quarterly inspections of Safety Data Sheets.
 - E. Training shall be provided to insure employees using Safety Data Sheets knows how to read them for specific emergency information.
3. Storage of Hazardous Materials:
 - A. Hazardous materials shall be contained in approved storage in accordance to the specific hazard they may present. (Example: Flammable, corrosive, explosive, etc.)
 - B. Proper methods of transferring toxic substances from stored containers shall be used (Example: proper protection for specific hazardous materials, proper ventilation.)
 - C. A spill clean-up kit shall be kept in the area of storage of hazardous substances.
 - D. An appropriate fire extinguisher(s) shall be placed in a readily accessible place and located near where flammable materials are stored.
4. Building Hazards:
 - A. Visible signs will be posted on or near the entrance of buildings that have, or may have, hazardous substances.
 - B. Signs will indicate: health hazard (BLUE), flammability (RED), or reactivity (YELLOW) levels of substances contained inside building. A rating of 1, 2, 3, or 4 indicates these levels. The number one (1) indicates the lowest level of hazard, increasing to four (4), which is the highest level of hazard.
 - C. Entrance hazard signs will also list on a white patch specific chemical hazards such as acids, corrosive, alkali, oxidizer, radioactive, or use no water.

5. Written Program for Hazardous Materials:
- A. Safety training on hazardous communications relating to substances that are to be applied or create a work environment that may contain exposure to large quantities of hazardous substances. (Example: Pesticides enclosed areas of application.)
 - B. Contracted work exposed to hazardous substances on the work site shall be informed to the specific hazards the individual work-site shall contain.
 - C. Employees shall use the proper procedure for the chain-of-command to implement procedures in a non-standard hazardous substance exposure situation.
 - D. General emergency training shall be provided for injuries, illness, spills or fire/explosions. Examples of these general emergencies are eye contact and treatment, ingestion and treatment of acids vs. alkalis; correct fire extinguishers for specific type of fires, and methods for containing larger chemical spills.

Adopted this _____ day of December, 2021.

APPROVED:

ATTEST:

BY: Melanie Torno, Mayor
(Name & Title)

BY: Candace Sealey, Finance Officer
(Name & Title)

CITY OF SUMMERSET
PUBLIC WORKS DEPARTMENT SAFETY/TRAINING MEETINGS

Safety meetings are often called “tailgate” or “toolbox” meetings due to their informal nature. The Public Works Department shall have a minimum of one safety meeting each month. Employees are encouraged to take turns conducting the meetings, coming up with fresh ideas for topics to be trained on. An extensive film library is available for safety meetings through Safety Benefits (with the risk-sharing pools), the South Dakota Safety Council and various other resources throughout the *City*. A log of each meeting is to be kept by the Supervisor and a copy sent to the *City Administrator* following the monthly safety meeting. Employees shall sign the training log sheet at the completion of the training session. This training log is checked during on-site inspections. Safety meetings teach new ideas, remind us of the things we already know and increase ongoing safety awareness.

Hepatitis B virus (HBV) is a serious viral infection. One of the prime modes for acquisition of the disease is exposure to blood contaminated with Hepatitis B. Therefore, emergency response personnel involved in emergency services, who are at risk for exposure to blood are at risk for the disease. It is clear that emergency response personnel are unwittingly risking their health. It is therefore important that Hepatitis B vaccine be offered to the City of Summerset Police Officers who serve the public.

The City of Summerset strongly recommends that all City of Summerset Police Officers get the Hepatitis B vaccination, but it is not mandated. If an officer refuses to receive the vaccination, they may sign a waiver stated they were offered the same but refused.

.....

**CITY OF SUMMERSET
IMMUNIZATION WAIVER FORM**

I, _____, an officer with the City of Summerset Police Department, acknowledge that I have been offered the Hepatitis B vaccination and have been informed about the benefits and protection of said vaccine.

By signing this document, I hereby certify that I waive receiving the Hepatitis B vaccination.

Dated this _____ day of _____, 20____.

PRINT NAME

SIGN NAME

Infectious Disease Control Policy: COVID-19

It is the policy that the City of Summerset will take proactive steps to protect the workplace in the event of the ongoing Covid-19 outbreak. It is the goal of the City of Summerset during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

The City of Summerset is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

Preventing the Spread of Infection in the Workplace

The City of Summerset will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, breakrooms, conference rooms, door handles and railings.

The City Administrator, in conjunction with Department Heads, will monitor and coordinate events around an infectious disease outbreak and create work rules that could be implemented to promote safety through infection control.

All employees must cooperate in taking steps to reduce the transmission of Covid-19 (and other infectious diseases) in the workplace.

The City will provide alcohol-based hand sanitizers throughout the workplace for employee use. Masks and other personal protective equipment will be provided as necessary and as appropriate per CDC recommendations and essential job functions.

Staying Home When Ill.

Many times, with the best of intentions, employees report to work even though they feel ill. During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms of Covid-19:

- Fever
- Cough
- Shortness of breath

Employees who report to work ill will be sent home in accordance with these health guidelines.

Reported illnesses have ranged from mild symptoms to severe illness and death of confirmed Covid-19 cases. Symptoms may appear 2 to 14 days after exposure.

Further, the CDC warns that “older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.” If you feel the need to self-quarantine, please speak to your Department Head as soon as possible.

Currently, the Centers for Disease Control and Prevention recommends that people with symptoms of Covid-19 shall remain at home until the following:

- 1) If an employee tested positive and has quarantined the period as recommended by the CDC, said employee must re-test and show a negative test result before coming back to work. Employer may provide a home COVID-19 Test Kit to the employee.

***Please refer to the document COVID-19 Confirmed Positive, Exposure & Potential Exposure Action Steps attached to this document.**

Requests for Medical Information and/or Documentation

If you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider. In general, we would request medical information to confirm your need to be absent, to show whether and how an absence relates to the infection, and to know that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if and when medical information is sought.

Confidentiality of Medical Information

Our policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with your Department Head, Human Resources, first aid and safety personnel, and other government officials as required by law.

Compensation for Covid-19 related illness and/or child-care needs

Paid federal leave as authorized by the Families First Coronavirus Response Act was available from April 1, 2020, through December 31, 2020. Since the expanded paid federal leave is exhausted, normal attendance and leave policies will remain in place. Individuals who believe they may face particular challenges reporting to work during an infectious disease outbreak should take steps to develop any necessary contingency plans.

1. If an employee has a confirmed Covid-19 positive test or has been exposed or potential exposure or a family member/roommate has been exposed or tested positive:

?

- The City may allow the employee to telework, when possible, given the essential functions of their job. However, other requests for temporary telecommuting must be submitted to your Department Head for consideration. Not all positions will be eligible due to the essential functions of the job.
- Use accrued vacation and sick leave of the employee.
- Employees may be eligible for Negative Accrual of Available Leave, only after exhausting all accrued vacation and sick leave. * see attached policy.

I acknowledge that I have read and understood this policy and the social distancing and personal health hygiene procedures outlined in it. To ensure my personal health and safety and those of my co-workers and families, I will do my best to ensure I will follow social distancing and personal health hygiene procedures. I will speak with my Department Head if I have questions about how to follow these procedures. I will not report to work with symptoms of Covid-19 (or other illness). I will seek medical treatment as required. I understand that if I do report to work, I will be sent home. If my personal situation changes with regards to self-quarantine, I will notify my Department Head as soon as feasible.

Printed name: _____

Signature: _____

Date: _____

COVID-19 Confirmed Positive, Exposure & Potential Exposure

Action Steps

A. Employee Confirmed Positive. If an employee has tested positive for COVID-19:

- 1) The employee should not report to work and should already be on a 14-day quarantine period as recommended by the Center for Disease Control (CDC) starting when the test was administered. The employee should further self-isolate.
 - a. While quarantined or isolated, the employee may be allowed to work remotely if s/he is able to do so. If the employee is unable to work remotely, the employee may be able to use Emergency Paid Sick Leave (EPSL) or Sick Leave (SL) if the employee qualifies.
 - b. The timing of the quarantine may be different if expressed by the employee's medical provider.
- 2) The Department Head should immediately ensure that all work areas of the employee is thoroughly sanitized. This includes:
 - a. The employee's work area and any work surfaces with which the employee knowingly came in contact pursuant to the guidelines provided by the CDC.
 - b. Any vehicle driven by or occupied by the employee
- 3) The Department Head should communicate with all employees regarding potential exposure in the workplace and share the measures and steps being taken to ensure employee health and safety. The Department Head should remind employees of options available to them to minimize their risk of exposure, including alternative work options and teleworking. The name of the employee who tested positive must not be shared or disclosed in any form or fashion.
- 4) If an employee tested positive and has quarantined the period as recommended by the CDC, said employee must re-test and show a negative test result before coming back to work. Employer may provide a home COVID-19 Test Kit to the employee.

B. Employee's Family Member/Roommate Confirmed Positive. If an employee's immediate family member with whom the employee is living, or employee's roommate has tested positive for COVID-19 and that person has not self-isolated from the employee* :

- 1) The employee should not report to work and be tested and should monitor for symptoms. If results are positive, refer to Action Steps (A)(1-4) above.
- 2) If the employee is tested and the results are negative:
 - a. Allow the employee to return to work and have the employee continue to self-monitor for symptoms. The employee should report to the Supervisor if they are experiencing any symptoms prior to coming to work.
 - b. Contact department employees and inform them that there was no actual exposure.

C. Coworker or Resident/Inmate Confirmed Positive and Employee has had Close Contact Exposure: If an employee has been exposed (through close contact as defined by CDC) to a coworker, resident or inmate who has tested positive for COVID-19, then steps (B)(1-3) should be followed.

D. Employee has had Close Contact to a Coworker or Resident/Inmate who has been Exposed to Someone who has Confirmed Positive: Employee should monitor symptoms including taking a temperature twice daily and report any symptoms to a supervisor.

E. Employee has Symptoms of a fever or shortness of breath, but has not been Exposed to Someone who Tested Positive: Employee should stay home from work and social distance until 72 hours after the fever is gone or symptoms are better.

*Isolation involving a roommate/family member means the employee is using a separate bathroom or bedroom from the roommate/family member and is not providing direct care for that person.

REFERENCE:

The employer is not responsible for contacting any government agency, the Department of Health or the CDC with an employee's positive test result. The healthcare provider is required to report positive test results to these agencies.

Updates from the CDC and/or DOH may cause modifications to this policy with or without notice to employees.

POLICY AND PROTOCOLS FOR EMPLOYEE NEGATIVE LEAVE ACCRUAL COVID-19 RESPONSE

The purpose of this policy is to accommodate the special needs of employees during the COVID-19 pandemic by allowing employees to utilize leave in excess of their available leave balances.

SCOPE OF COVERAGE

This policy applies to all regular full-time benefit-eligible employees of the City of Summerset.

EFFECTIVE DATE

This policy will be effective immediately upon adoption and will remain in effect until rescinded by the Mayor.

EMPLOYEE ELIGIBLE FOR NEGATIVE ACCRUAL OF AVAILABLE LEAVE

An employee is eligible for negative accrual only if:

- The employee has exhausted all available leave balances; and
- The employee does not want to be unpaid while on leave for a qualifying reason; and
- One or more of the following conditions apply:
 - a) The employee is subject to a quarantine or isolation order related to COVID-19. "Subject to a Quarantine or Isolation Order" means a quarantine, isolation, containment, shelter-in-place, or stay-at-home order issued by any Federal, State, or Local Government authority that causes the employee to be unable to work.
 - b) The employee has been advised by a health care provider to self-quarantine or isolate due to concerns related to COVID-19.
 - c) The employee is experiencing symptoms associated with COVID-19 and seeking a medical diagnosis.
 - d) The employee is caring for an individual who is subject to a quarantine or isolation order issued by a Federal, State or Local Government or who has been advised by a healthcare provider to self-quarantine or isolate due to concerns related to COVID-19.
 - e) The employee is caring for the employee's child if the child's school or place of care has been closed, or the child's daycare provider is unavailable due to COVID-19 precautions.

LEAVE AVAILABLE FOR NEGATIVE ACCRUAL

Under this policy, employees may accrue negative vacation or sick leave balance depending on whether the absence qualifies for vacation or sick leave.

Full-time benefit eligible employees may accrue up to 80 total hours of negative leave, regardless of the type of leave.

REPAYMENT OF NEGATIVE BALANCE

Employees are required to repay the negative leave balance accrued. The amount of leave accrued, with each pay period, will be deducted until the negative leave is repaid.

If the employee leaves employment with the City prior to full repayment of the negative leave balance, the employee must tender to the City an amount sufficient to repay the full value of the outstanding

negative leave balance within fourteen (14) days of the employee's separation from the employment with the City. The employee may elect to have this amount withheld from their final paycheck or may tender a cashier's check to the City for the full amount of the balance owed.

CERTIFICATION OF AND AGREEMENT TO REPAY NEGATIVE LEAVE BALANCE

Prior to incurring a negative leave balance, an employee must:

- Obtain approval from Human Resources to incur a negative leave balance.
- Provide the following information in writing or email:
 - a) Employee's name.
 - b) The dates for which negative accrual of an available leave is requested:
 - c) The qualifying reason for the leave.
 - d) Documentation that evidences the qualifying reason for the leave.
- Execute a written agreement to repay the negative leave balance.

EMPLOYEE NAME: _____

DATES OF LEAVE: _____

HOW DO YOU WANT YOUR ACCRUAL TAKEN: _____ **SICK LEAVE HOURS**

_____ **ANNUAL LEAVE HOURS**

REASON FOR LEAVE: _____

I hereby allow the finance officer to deduct said accrual until said negative repayment is paid off in full accordance with the Repayment of Negative Balance regulation stated in this document.

Dated this _____ day of _____, 20____.

Employee Signature

EMPLOYER PORTION:

DOCUMENTATION RECEIVED: _____ **YES** _____ **NO**

APPROVED: _____ **YES** _____ **NO**

Candace Sealey, Finance Officer

DATE: _____

NOVEMBER 2021 CITY ADMINISTRATOR REPORT

ECONOMIC DEVELOPMENT

- Researched E.D.A. on Economic Adjustment Assistance.
- Discussions with J. Hanson/M. Towey regarding new proposed apartments.

GRANTS

- Researched E.D.A. on Economic Adjustment Assistance.

PLANNING & ZONING

- Attended one (1) Planning & Zoning Meeting.
- J. Rudland – sent engineering review to Baseline.
- Reviewed Rapid City's 2018 ICC Codes/ visited with Shane from Hermanson Egge Engineering.
- Worked with M. Wheeler regarding potential appeal on Nemec (Hatch) property.
- Plans for Summerset Heights Apartments – sent to HDR/Hermanson Egge.
- Researched with HDR history on road behind Pit Stop and platting with Meade Co. ROD.
- CAT Construction – sent out information regarding property bought off Sturgis Road – signage, zoning, parking, and sewer.
- Variance Noticed for Summerset Heights Apartments.
- Discussions with J. Hanson/M. Towey regarding variances and sewer on new proposed apartments.
- Plans turned in for Black Hills Golf Carts – sent to be reviewed by HDR/Hermanson Egge.
- Minor Plat from Brian Burgner – sent to HDR for review
- Longbranch proof of roll-on Republic Street.

MISC.

- Cyber security awareness training.
- Ergonomics training class.
- Zoom meeting on census data.
- Attended two (2) Commission Meetings
- Request for Quote on three (3) exit signs – Legendary Electric.
- Ordered Training Documents (Free) from Safety Benefits and worked on policies.
- Zoom Meeting – Great Open Spaces City Management Association.
- Attended Safety Benefits Conference in Pierre SD – Distracted/Impaired Driving; Civility in the Workplace; Write this Down – Documenting/First Responder Assistance Program/Ransomware.
- Reviewed HB 5735 – how it affects the American Rescue Plan Dollars.
- Meeting with Mayor, G. Mandas and T. Wiecek regarding the ARPA funds and possible loan.
- Researched possibility of being a satellite office for voting.
- Negotiated land acquisition from G. Quinn/Verification letter from Bank West/Drafted Purchase Agreement.
- Zoom meeting "Fitting the Pieces Together" – Marijuana.
- Discussion on dispensary license application