

## Stephens, Jesse

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**From:** Stephens, Jesse  
**Sent:** Thursday, February 13, 2025 11:09 AM  
**To:** Stephens, Jesse  
**Subject:** Surcharge Rate Structure

An OEC Meeting was held on 2-6-2025 to discuss finding on the current deficiencies with the Surcharge Rate Structure.

We examined spreadsheets prepared by Debbie Schnedler and Joe Foster and updated by Jesse Stephens. The goal is to determine a true cost of service for the pressure sewer customers (all classes), determine how much of the collected surcharge goes towards tank pumping; how much should be going to preventative maintenance; looking at use classes for drip irrigation and commercial/industrial customers

An audit of the pressure sewer customers is ongoing. I will prepare a compiled report, which I hope would be the topic for the April OEC meeting. It would be prudent to understand this and have a general agreement of what should happen to these rates in June/July when annual increases are voted on. I will recommend a strategy for 5 year long transition period to catch up the surcharge rates gradually, and that timeframe should be discussed by the board.

A discussion item in the meeting was what the service connection agreements look like when a new customer connects. Copies of the standard agreement for pressure and gravity customers are attached for reference.



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BOONE COUNTY REGIONAL SEWER DISTRICT  
1314 N. SEVENTH STREET  
COLUMBIA, MISSOURI 65201  
443-2774 PHONE 499-0489 FAX  
**APPLICATION FOR PRESSURIZED SEWER SERVICE**

County Building Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

Map Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ ServLoc#: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Use of Building (Comm., Res.-Single family, duplex, etc.): \_\_\_\_\_

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Customer #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Application Taken By \_\_\_\_\_

Rate: \_\_\_\_\_

Rev Class: \_\_\_\_\_

Cycle: \_\_\_\_\_

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**Pressurized Sewer Connection Inspection Record**

	Date of Inspection	Passed:	Initial	Pressure System Type:
1. Locate tank	_____	yes ____ no ____	_____	<input type="checkbox"/> STEP 50
				<input type="checkbox"/> STEP 150
2. Set tank	_____	yes ____ no ____	_____	<input type="checkbox"/> Grinder
				<input type="checkbox"/> Private
3. Pressure test	_____	yes ____ no ____	_____	<input type="checkbox"/> Variable Grade
				*****
4. Tracer Wire	_____	yes ____ no ____	_____	<input type="checkbox"/> BCRSD Treatment
				<input type="checkbox"/> City Treatment
5. Final	_____	yes ____ no ____	_____	
<input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> 3"				Water District: _____

Signature of Inspector \_\_\_\_\_

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	Charge	Date Paid	Check No.	
Inspection fee	\$140.00	_____	_____	IVUE _____
Connection charge	_____	_____	_____	P & Z _____

BOONE COUNTY REGIONAL SEWER DISTRICT  
1314 N. SEVENTH STREET  
COLUMBIA, MISSOURI 65201  
PHONE : 573-443-2774 FAX: 573-499-0489

APPLICATION FOR GRAVITY SEWER SERVICE

County Building Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

Map Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Svc Loc #: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Use of Building (Comm., Res.-Single family, duplex, etc.): \_\_\_\_\_

Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Customer #: \_\_\_\_\_ Account #: \_\_\_\_\_

Signature of Applicant

Date

Application Taken By

Rate: \_\_\_\_\_ Rev Class: \_\_\_\_\_ Cycle: \_\_\_\_\_

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Gravity Sewer Connection Inspection Record

	Passed	Initials
Date of Lateral TAP Inspection: _____	yes _____ no _____	_____
Date of Back Flow Valve Inspection: _____	yes _____ no _____	_____
Date of Tracer Wire Inspection: _____	yes _____ no _____	_____
Date of Final Inspection: _____	yes _____ no _____	_____

☐ 5/8" ☐ 3/4" ☐ 1" ☐ 1.5" ☐ 2" ☐ 3"

☐ BCRSD Treatment ☐ City Treatment

Signature of Inspector

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	Charge	Date Paid	Check No.
Inspection fee	\$70.00	_____	IVUE _____
Connection charge	_____	_____	P & Z _____