

**Capital Improvement Plan
Fiscal Year 2015-2016 through 2019-2020
Project Description**

I. Requesting Department: Water Operations

II. Project Title: Eighth Street Ground Storage Tank Repair

III. Project Description: This project consists of the inspection, cleaning, and repairing of the Eighth Street ground storage tank. The last maintenance and repair on this tank was in 2004 by Peters and White.

IV. Project Justification: (What need is being met, how does this project address the need?) The Eighth Street ground storage tank requires maintenance and repair to keep it viable.

V. What Board Goals Does This Project Meet?

- Fiscally Responsible
- Supportive Infrastructure
- Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

2110 Pond Avenue adjacent to the Eighth Street Water Plant

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|--|
| a. Correct an unsatisfactory level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

X. Project Dependency:

N/A

XI. Negative Impacts:

N/A

XII. Other Considerations:

N/A

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe:

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Estimated Engineering, Cleaning, Repairing of Interior and Exterior	\$ 205,000
	TOTAL Capital (One Time Costs)	\$ 205,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
		\$
	TOTAL Continuing Annual Operating Costs	\$

**XV. Fiscal Year Requested:
FY 2015-2016**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2015-2016 through 2019-2020
Project Description**

I. Requesting Department: Water Distribution

II. Project Title: Baltic to Blackman Waterline Extension

III. Project Description: This project consists of installing approximately 1,560 feet of eight inch waterline on the east side of South Croatan Highway from Baltic Street to an eight inch stub out north of East Bonnett Street, connecting Baltic Street, Morning View Street, Becker Street, and Blackman Street. Creating looped lines for Morning View (four inches), Becker Street (four inches), Blackman Street (six inches) and the stub out at Bonnett Street.

IV. Project Justification: (What need is being met, how does this project address the need?)

This project attempts to create a looped system to improve water quality, increase fire flows for all the connecting streets that are currently dead end lines, and install additional fire hydrants on Morning View and Becker Streets.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Livable Neighborhoods
- Family Friendly
- Business Friendly
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

East side of South Croatan Highway from Baltic Street to Bonnet Street

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|--|
| a. Correct an unsatisfactory level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

1 of 3

IX. Project Alternatives:

X. Project Dependency:

XI. Negative Impacts:

XII. Other Considerations:

Break down into two phases, Baltic Street to Barnes Street , then Barnes to Bonnet Street

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe:

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Installation of 1,560' of Eight Inch Waterline, Valves, Fire Hydrants and Five Bore/Cut of Cross Streets	\$ 300,000
	TOTAL Capital (One Time Costs)	\$ 300,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
		\$
	TOTAL Continuing Annual Operating Costs	\$

**XV. Fiscal Year Requested:
FY 2015-2016**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2015-2016 through 2019-2020
Project Description**

I. Requesting Department: Water Distribution

II. Project Title: Diamond Street to Danube Street Waterline Tie-In

III. Project Description: This project consists of installing approximately 1,350 feet of waterline from Diamond Street to Danube Street on the west side of South Croatan Highway.

IV. Project Justification: (What need is being met, how does this project address the need?)

This project will provide an additional water source for properties in the South Ridge and Old Nags Head Cove subdivisions.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Livable Neighborhoods
- Supportive Infrastructure
- Choose an item.
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

West side of South Croatan Highway from Diamond Street to Danube Street

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

X. Project Dependency:

XI. Negative Impacts:

XII. Other Considerations:

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: [Click here to enter text.](#)

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Estimated Cost of 12 Inch Water Main	\$ 193,000
	TOTAL Capital (One Time Costs)	\$ 193,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
		\$
	TOTAL Continuing Annual Operating Costs	\$

**XV. Fiscal Year Requested:
FY 2016-2017**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2015-2016 through 2019-2020
Project Description**

I. Requesting Department: Water Distribution

II. Project Title: Conversion to Chloramines for Disinfection

III. Project Description: This project will convert the Town's disinfection process from Free Chlorine to Chloramines for the reduction of THM formation potential. New distribution feed equipment would be installed at both the Eighth Street Water Plant and the Gull Street Pump Station.

IV. Project Justification: (What need is being met, how does this project address the need?)

This project is recommended to decrease the potential for THM formation in the Town's distribution system. If necessary, this conversion would be done to meet the Stage 2 DBP Rule.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Clean/Green Environment
- Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

2110 Pond Avenue and 104 Gull Street

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|--|
| a. Correct an unsatisfactory level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. Increase a level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

X. Project Dependency:

XI. Negative Impacts:

Increase in annual operation budget for additional gas chlorine, liquid ammonia, Cl-17 reagents, and daily and monthly analysis

XII. Other Considerations:

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: [Click here to enter text.](#)

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Engineering Design, Permitting, Construction	\$ 23,000
	2- Ammonia Feed Systems-\$6,600/ea.	13,200
	3-Cl-17 Monitors Free and Total Chlorine Residual	18,000
	2- Regal Smart Valves for Residual Control of Chlorine	27,280
	Contingency (20%) \$13,640	
		\$ 81,480
	TOTAL Capital (One Time Costs)	
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	3,000 gallons of Aqueous Ammonia/year-\$3.32/gallon	\$ 9,960
	Additional 5,5000 pounds of Chlorine/year \$.85/lb	4,675
	TOTAL Continuing Annual Operating Costs	\$ 14,635

**XV. Fiscal Year Requested:
FY 2019-2020**

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2015-2016 through 2019-2020
Project Description**

I. Requesting Department: Water Operations

II. Project Title: 1 Million Gallon Treatment Train at the NRO and Two New Wells

III. Project Description: To pay for the construction of an additional 1-million gallon reverse osmosis (R/O) treatment train at the Dare County North R/O (NRO) Regional Water Plant and the development cost to install two new production wells.

IV. Project Justification: (What need is being met, how does this project address the need?)

This project was originally recommended in the November 2000 Master Water Plan Update. It will be required if Nags Head consumes 90% of its 3.5 million gallon per day allocation of water from Dare County for two consecutive days. To date, the maximum day for Nags Head has been 2.805 million gallons on July 4 2008 (80% of our allocation).

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Livable Neighborhoods
- Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

VI. Project Location: (Attach a map if applicable)

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|--|
| a. Correct an unsatisfactory level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

X. Project Dependency:

This project will be dependent upon the location of viable production wells. Four inch test wells will be installed on proposed well sites to insure there is an adequate supply of raw (feed) water.

XI. Negative Impacts:

XII. Other Considerations:

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: [Click here to enter text.](#)

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost	
			(Round to Nearest \$)
	2 4-inch test wells and 2 production wells	\$	880,000
	1 Million Gallon R/O train and associated equipment		2,500,000
	TOTAL Capital (One Time Costs)	\$	3,380,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs		
		\$	
	TOTAL Continuing Annual Operating Costs	\$	

XV. Fiscal Year Requested:
FY 2019-2020

Priority Recommendation: (By CIP Committee)

**Capital Improvement Plan
Fiscal Year 2015-2016 through 2019-2020
Project Description**

I. Requesting Department: Septic Health

II. Project Title: Vehicle for Water Quality Coordinator

III. Project Description: This item includes the purchase of a vehicle for use by the Water Quality Coordinator for daily inspections and field work.

IV. Project Justification: (What need is being met, how does this project address the need?) The Ford Explorer purchased with Septic Health funds two years ago has been consistently used as a travel and daily use vehicle for Administration and Town Hall office personnel. Septic Health has a need for a truck to store equipment and conduct routine site visits and field work. It is being proposed that the Ford Explorer be transferred to the Administration Department as a daily use and travel vehicle and a new vehicle be purchased for Septic Health.

V. What Board Goals Does This Project Meet?

- Supportive Infrastructure
- Choose an item.

VI. Project Location: (Attach a map if applicable)

N/A

VII. Department Priority: (Choose One) Does the requested project:

- | | | |
|--|---|-----------------------------|
| a. Correct an unsatisfactory level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Maintain a current level of service? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Increase a level of service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Represent a "vision"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. Departmental Rank: (Prioritize your request in relation to other departmental project request)

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IX. Project Alternatives:

Continue to share Ford Explorer between departments (this will reduce level of service and responsiveness for inspections and on-site meetings).

X. Project Dependency:

None.

XI. Negative Impacts:

XII. Other Considerations:

XIII. Additional Funding Sources:

Are there grants or additional funds which might be used in conjunction with the CIP to fund this project:

Yes No If YES, describe: [Click here to enter text.](#)

**CAPITAL IMPROVEMENT PROGRAM
ITEM/PROJECT DESCRIPTION FORM**

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XIV. ESTIMATED COSTS

a. Capital/ One Time Costs	Description of Capital/One Time Costs	Cost (Round to Nearest \$)
	Purchase of vehicle to be financed over three years per state contract. The annual estimated cost is \$9,000.	\$ 27,000
	Ford F-150 4WD Double Cab or Similar	
	TOTAL Capital (One Time Costs)	\$ 27,000
b. Continuing Annual Operating Costs	Description of Continuing Annual Operating Costs	
	Fuel	\$ 2,000
	Insurance	500
	Annual Maintenance	-3,000
	TOTAL Continuing Annual Operating Costs	\$

**XV. Fiscal Year Requested:
FY 2015-2016**

Priority Recommendation: (By CIP Committee)