

SOUTH CENTRAL REGIONAL WASTEWATER
TREATMENT AND DISPOSAL BOARD

1801 North Congress Avenue • Delray Beach, Florida 33445

BOARD
City Council Members of
Boynton Beach & Delray Beach



Telephone
(561) 272-7061 (561) 734-2577
Fax: (561) 265-2357
www.scrwwtp.org

**RATIFICATION OF SOUTH CENTRAL REGIONAL
WASTEWATER TREATMENT AND DISPOSAL BOARD
ACTION OF APRIL 22, 2024**

WHEREAS, the South Central Regional Wastewater Treatment and Disposal Board on April 22, 2024, by a vote of 5-0, did give **AUTHORIZATION TO ESTABLISH WASTEWATER USER RATE AT 1.21/1,000 GAL (O&M RATE OF \$1.14/1,000 GAL AND R&R RESERVES RATE OF \$0.07/1,000 GAL) TO DELRAY BEACH AND BOYNTON BEACH FOR FISCAL YEAR 2024/2025; AND FUND DEBT SERVICE BASED ON OWNERSHIP.**

WHEREAS the South Central Regional Wastewater Treatment and Disposal Board on April 22, 2024, by a vote of 5-0, did give **AUTHORIZATION TO ESTABLISH RECLAIM USER RATE AT \$0.21/1,000 GAL TO CONSUMERS DELRAY BEACH, BOYNTON BEACH AND SOUTH CENTRAL REGIONAL FOR FISCAL YEAR 2024/2025.**

WHEREAS the South Central Regional Wastewater Treatment and Disposal Board on April 22, 2024, by a vote of 5-0, did give **AUTHORIZATION FOR THE CAPITAL IMPROVEMENT PLAN.**

WHEREAS the South Central Regional Wastewater Treatment and Disposal Board on April 22, 2024, by a vote of 5-0, **ACCEPTED THE 2024/2025 WASTEWATER AND RECLAIM O&M BUDGETS.**

WHEREAS, said Board action requires ratification by the City of Boynton Beach and the City of Delray Beach.

NOW, THEREFORE, the **City of Delray Beach** hereby ratifies said Board action independently.

The above action is hereby ratified in open session by the **City of Delray Beach** this ____ day of _____, 2024, by a _____ vote.

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CITY OF DELRAY BEACH

By: _____
Mayor/City Manager

Attest: _____
City Clerk

Approved as to form:

City Attorney