

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 28, 2025**

WHEREAS, the South Central Regional Wastewater Treatment and Disposal Board on April 28, 2025, 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 2025/2026; AND FUND DEBT SERVICE BASED ON OWNERSHIP.***

WHEREAS, the South Central Regional Wastewater Treatment and Disposal Board on April 28, 2025, by a vote of 5-0, did give ***AUTHORIZATION TO ESTABLISH RECLAIM USER RATE AT \$0.24/1,000 GAL TO CONSUMERS DELRAY BEACH, BOYNTON BEACH AND SOUTH CENTRAL REGIONAL FOR FISCAL YEAR 2025/2026.***

WHEREAS, the South Central Regional Wastewater Treatment and Disposal Board on April 28, 2025, 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 28, 2025, by a vote of 5-0, ***ACCEPTED THE 2025/2026 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 _____, 2025, by a _____ vote.

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CITY OF DELRAY BEACH

By _____
Thomas F. Carney, Jr., Mayor

Attest: _____
Alexis Givings, City Clerk

Approved as to form:

Lynn Gelin, City Attorney