Treasurers' Accounts Payable Report

ADDENDUM

Bills received as of **08/03/11** have been processed. Delivered via email on **08/05/11 @ 10:00 am**

Submitted by Dianna Spieker
Dianna Spieker, County Treasurer

Prepared by _____, Deputy Treasurer

Presented and Approved in Commissioner's Court on **08/09/11** Mike Brown-County Judge _____

Ralph Hoelscher-Comm. Pct #1 _____ Aubrey de Cordova-Comm. Pct #2 _____

Steve Floyd-Comm. Pct #3 _____ Yantis Green-Comm. Pct #4 _____

Bank Account Code – Budget

BOND- Property Tax Budget Bond Issues Operating Account
FORT- Operating Account for Sheriff and DA Forfeiture Funds
OPER -County Budget General Operating Account
CSCD- State Budget CSCD General Operating Account
JUV- State Budget Juvenile Operating Account
PC- Clearing account- Paychecks – Benefits-Deductions

Totals

$157.00 All Bank Accounts- Refer to page 5

All Bank Accounts- Refer to page _____

Payroll- Refer to page _____

Payroll- Escrows- Refer to page _____

Check Reissue-Refer to page _____

Payroll- Miscellaneous-Refer to page _____

Payroll- Escrows Misc.- Refer to page _____

Jury- Refer to page _____

Voids- Refer to page _____

$157.00 Grand Total

TO RECORD A CASHIER CHECK # 0535612096
REFERENCE # 1410110949

The attached report includes all funds that are subject to the County Treasurers' review. As a matter of procedure this report is submitted to the Commissioners' Court for approval, however, the following Funds or Bank accounts are not under the Commissioners' Court Jurisdiction nor do they require Court approval.

Fund 45 County Attorney Hot Check Funds; Fund 47 -Jury Donations;
Funds 50 & 55 Dist Attorney Hot Check Funds;
All Funds within "CSCD" and "JUV" Bank Accounts.

Invoices related to Bank Accounts CSCD/JUV are processed by the Auditor and submitted for review by the Treasurer, prior to issuance of checks. All other invoices are submitted directly to the Treasurers' Office for processing and audited by the Auditors' Office prior to issuance of checks.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

DAVID L. LAKEY, M.D.
COMMISSIONER

August 3, 2011

Case No. 1410110949

Mr. Larry Justice
Tom Green County Library
113 W Beauregard
San Angelo, Texas 76903

RE: **AGREED ORDER: Tom Green County Library**

Dear Mr. Justice:

Enclosed is a copy for your records of an Order relative to the Department of State Health Services, Division for Regulatory Services, Enforcement Unit and the above referenced entity. If you have questions, please contact me via e-mail at roni.thompson@dshs.state.tx.us or by telephone at (512) 834-6665, Ext. 2482.

Sincerely,

Roni S. Thompson, Enforcement Specialist
Enforcement Unit
Division for Regulatory Services

Enclosure

PO 8806
0680 - 80501
8-4-11
MC
Close PO

CASE NO. 1410110949

IN THE MATTER OF	§	BEFORE THE TEXAS
	§	
TOM GREEN COUNTY LIBRARY	§	DEPARTMENT OF STATE
	§	HEALTH SERVICES
	§	
SAN ANGELO, TEXAS	§	AUSTIN, TEXAS

AGREED ORDER

I. JURISDICTION

The Department of State Health Services, Division for Regulatory Services (department) is authorized to enforce the Texas Asbestos Health Protection Act, Occupations Code, Chapter 1954 (Act); the Texas Asbestos Health Protection Rules (Rules), Title 25 TAC, Part 1, Chapter 295; the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M; and the Asbestos Hazard Emergency Response Act (AHERA), 40 CFR Part 763, Subpart E.

II. RESPONDENT

Tom Green County Library (Respondent) is an owner/operator of a renovation/demolition project and, as such, is subject to the aforementioned Act and Rules.

III. FACTS

A notification form (Notification No. 2010002484) for the Tom Green County Library located at 33 West Beauregard, San Angelo, Texas was submitted to the department. A notification fee was calculated for the processing of the notification form, and an invoice was sent on June 2, 2010. The department required sixty (60) days for remittance of the notification fee. After August 2, 2010, the invoice was considered to be delinquent.

As a result of the subsequent review of department files, it was determined that Respondent failed to comply with various provisions of the Rules, Act or NESHAP as referenced in "I. Jurisdiction." The violation is described in Certified Letter No. 7011 0470 0003 0320 8295 and U.S. Mail, dated June 30, 2011 (hereinafter, "Notice Letter"), referenced in "IV. Notice."

The following violation was alleged:

- Failure to pay the required notification fee in violation of 25 TAC §295.61(j)(4) - penalty amount of $500.00.

IV. NOTICE

By the Notice Letter, Ms. Roni S. Thompson, Division for Regulatory Services, informed Respondent of the department's intent to collect the past due $57.00 notification fee and assess an administrative penalty of $500.00. The letter was received by Respondent.

V. RESPONSE

Respondent responded to the department's Notice Letter by requesting an informal conference.

VI. SETTLEMENT

On July 7, 2011, an informal conference was held between representatives of the department and Respondent. The parties reached a proposed settlement, the terms of which are contained in the "It is Ordered" section of this Order, based on various factors including the desire to avoid litigation.

Respondent agrees to terms of this Order as evidenced by signing the Order. The following terms were agreed upon:

- Failure to pay the required notification fee in violation of 25 TAC §295.61(j)(4) - penalty amount of $100.00; and
- The $57.00 fee for Notification No. 2010002484 must be remitted to the department.

Respondent has no objection to this Order being signed by the Commissioner of State Health Services or his designee.

VII. COMPLETE SETTLEMENT

The facts contained herein are the complete settlement of all issues regarding the violation(s) described in "IV. Notice" of this Order.

A. WAIVER OF HEARING

In exchange for the execution of this Order, Respondent waives the right to a hearing.

B. NO WAIVER WITH REGARD TO FUTURE VIOLATIONS

The department does not waive the right to enforce future violations committed by Respondent.

C. COMPLETE UNDERSTANDING

The department and Respondent acknowledge that they understand the terms of this settlement, enter into the settlement freely, and agree to the terms.

D. NO RIGHT TO APPEAL

Respondent waives the right to judicial review of this Order.

NOW THEREFORE, IT IS ORDERED that:

.1. Respondent pay the past due notification fee and an administrative penalty, in the total amount of $157.00, in full settlement for the violation(s) that is/are the subject of this Order. Payment must be made by cashier's check or money order and mailed to: Department of State Health Services (DSHS), Mail Code 2003, P.O. Box 149347, Austin, Texas 78714-9347. Each cashier's check or money order must be made payable to the Department of State Health Services and must also include the notation: "Deposit in Account ZZ156-178, Case No. 1410110949."

2. Payment is due in one lump sum payment, thirty (30) days from the date this Order is signed by the department.

3. Respondent shall comply with this Order and with all applicable laws, rules and regulations. Failure to comply may result in additional enforcement action and the department seeking administrative penalties as originally proposed in the Notice Letter dated June 30, 2011.

Enforcement Unit Director signed and ordered this 31st day of July, 2011.

Kathryn C. Perkins

Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services

AGREED TO BY RESPONDENT:

Signature of Authorized Agent

Michael D. Brown - County Judge
Printed Name

7-19-2011
Signature Date

5

0005356 | 11-24
Office AU # | 1210(8)

CASHIER'S CHECK

SERIAL #: 0535612096
ACCOUNT#: 4861-505709

Purchaser: TOM GREEN COUNTY
Purchaser Account: 3087115949
Operator I.D.: nwtx5900

August 08, 2011

PAY TO THE ORDER OF ***DEPARTMENT OF STATE HEALTH SERVICES***
RE: TOM GREEN COUNTY

****One hundred fifty-seven dollars and no cents**** ****$157.00****

WELLS FARGO BANK, N.A.
36 W BEAUREGARD AVE
SAN ANGELO, TX 76903
FOR INQUIRIES CALL (480) 394-3122

NOTICE TO PURCHASER–IF THIS INSTRUMENT IS LOST, STOLEN OR DESTROYED, YOU MAY REQUEST CANCELLATION AND REISSUANCE. AS A CONDITION TO CANCELLATION AND REISSUANCE, WELLS FARGO & COMPANY MAY IMPOSE A FEE AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

VOID IF OVER US $ 157.00

NON-NEGOTIABLE

Purchaser Copy

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0005356 | 11-24
Office AU # | 1210(8)

CASHIER'S CHECK

0535612096

Operator I.D.: nwtx5900

August 08, 2011

PAY TO THE ORDER OF ***DEPARTMENT OF STATE HEALTH SERVICES***
RE: TOM GREEN COUNTY

****One hundred fifty-seven dollars and no cents**** ****$157.00****

WELLS FARGO BANK, N.A.
36 W BEAUREGARD AVE
SAN ANGELO, TX 76903
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US $ 157.00

Richard Levy
CONTROLLER

Security Features Included. ED Details on Back.

⑈0535612096⑈ ⑆121000248⑆4861 505709⑈