



## Legislation Text

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**File #:** 24-2155, **Version:** 1

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**Department:** County Engineer

**Department Head/Elected Official:** Milton Rahman, PhD, P.E., PMP, CFM, ENV SP, County Engineer

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Interlocal Agreement

**Project ID** (if applicable): 2401240087

**Vendor/Entity Legal Name** (if applicable): Harris County Municipal Utility District #491

**MWDBE Contracted Goal** (if applicable): NA

**MWDBE Current Participation** (if applicable): NA

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**

Request for approval of a submerged storm sewer system agreement with Harris County Municipal Utility District No. 491 for Bridgeland Creekland Village Sec 12, Precinct 4.

**Background and Discussion:**

The request for approval is related to the requirements outlined in section 6.05 of the Regulations of Harris County, Texas for The Approval and Acceptance of Infrastructure Regulations.

**Expected Impact:**

The approval of designed plan for the subdivision is contingent of the approval of the Submerged Storm Agreement.

**Alternative Options:**

Should this agreement not be approved, it would result in the need to redesign the development.

**Alignment with Goal(s):**

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health
- ☐ Transportation
- ☒ Flooding

☐ Environment  
☒ Governance and Customer Service

**Prior Court Action** (if any):

Date	Agenda Item #	Action Taken

**Location:** Bridgeland Creekland Village Sec 12

Address (if applicable):

Precinct(s): Precinct 4

**Fiscal and Personnel Summary**

Service Name			
	<b>FY 24</b>	<b>FY 25</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel</b> (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Court Date:** April 23, 2024**Anticipated Implementation Date (if different from Court date):****Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

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**Contact(s) name, title, department:** Darrell Hahn, Permits Manager, Permits, HCED

**Attachments** (if applicable):