P.O. BOX 850
COWETA, OK 74429
PH. (918) 486-2189
FAX (918) 486-5366
www.cityofcoweta-ok.gov

AGENDA - SPECIAL MEETING

COWETA PUBLIC WORKS AUTHORITY

INDIAN CAPITAL TECHNOLOGY CENTER (ICTC), 31850 SH-51, BUILDING B, COWETA, OK 74429

MONDAY, APRIL 6, 2026 6:00 PM

MEETING PROCEDURE: Comments on all scheduled agenda items will be heard immediately following the presentation by staff or the petitioner. Please wait until you are recognized by the Chair and keep your comments as brief as possible. Individuals addressing the Trustees must identify themselves by name prior to making any comments. The Trust Authority will consider, discuss, and may take action on, approve, adopt, amend, reject, deny, table, or not take action on any item listed on this agenda after comments from staff and the Trust Authority have been heard.

I. CALL TO ORDER

II. ROLL CALL

Naomi Hogue ____ Jeremy Barnett____ Daniel Beatie ____ Joshua Wilburn ____
Donald Vieth ____

III. CONSENT

(All matters under the "Consent Calendar" are considered by the Trustees to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from consent by request.)

1. **MINUTES OF REGULAR MEETING**
   Approval of the minutes of the Coweta Public Works Authority Meeting held on March 2, 2026. *Marcy Kilgore, City Clerk/Treasurer*

2. **SURPLUS PROPERTY**
   Approval of Declaration of Surplus on the following items and authorizing the Trust Manager to dispose of them accordingly:

   1. 2002 GMC 1500 Pickup, VIN 1GCEK14V22Z228902
   2. Honda 4" Trash Pump
   3. Honda 3" Trash Pump
   4. Coleman Powermate 10 HP
   5. Pacer 2" Pump
   6. Cast Iron Fittings
   7. Excavator Bucket
   8. Fork Attachment
   9. Stryker Power Pro Auto Loader (2)
   10. Stryker 6500 Power Pro XT
   11. 2-story building at the Water Treatment Plant

Julie Casteen, City Manager

IV. CONSIDER, DISCUSS AND TAKE ACTION ON ITEMS REMOVED FROM CONSENT

V. ADMINISTRATION

1. **DEMOLITION OF OLD WATER TREATMENT PLANT BUILDING FOR $23,660, BUDGETED IN THE PWA WATER DEPARTMENT ACCOUNT 04-5325.033.**
   Discuss and consider approval of the demolition of the old water treatment plant building by Five Star Demolition for a cost of $23,660, budgeted in account 04-5325.033.
   Edgar Barroso, Public Works Director

2. **APPROVAL OF AN AUTHORIZED REPRESENTATIVES CERTIFICATE DESIGNATING CHAIRMAN NAOMI HOGUE, TRUST MANAGER JULIE CASTEEN, AND ASSISTANT TRUST MANAGER MCKAY HALE TO MANAGE TRUST FUNDS AND AUTHORIZE PAYMENTS FOR APPROVED PURCHASES FROM TRUST FUNDS HELD BY BOK FINANCIAL.**
   Julie A. Casteen, Trust Manager

VI. ADJOURNMENT

*If you wish to speak during this meeting, please sign in before the meeting begins using the sign-up sheet located on the table near the podium. Speakers may address only those items listed on the posted agenda. All cell phones and electronic devices must be turned **off** or **set to silent** for the duration of the meeting.*

If you are a person with a disability and require an accommodation to participate, please contact the City Clerk at 918-486-2189 no later than 9:00 a.m. at least two business days prior to the meeting so arrangements can be made.

MINUTES OF THE COWETA PUBLIC WORKS AUTHORITY REGULAR MEETING
MARCH 2, 2026 8:50 P.M.

The agenda for this meeting was posted at least 24 hours prior to the start of this meeting at the entrance of City Hall, 310 S Broadway, Coweta, OK.

The Trustees of the Coweta Public Works Authority met in regular session on Monday, March 2, 2026, at 8:50 p.m. following the meeting of the Coweta City Council at the Coweta City Hall, 310 S Broadway, Coweta, Oklahoma.

TRUSTEES PRESENT: Naomi Hogue, Jeremy Barnett, Daniel Beatie, Joshua Wilburn, Donald Vieth

TRUSTEES ABSENT: None.

I. CALL TO ORDER

The meeting was called to order by Chairman Hogue.

II. ROLL CALL

Roll call taken. Trustees were present as shown above.

III. CONSENT

Motion by Naomi Hogue, second by Jeremy Barnett to approve the consent calendar items:

1. Approval of the minutes of the Coweta Public Works Authority special meeting held on February 2, 2026.

Aye: Naomi Hogue
Jeremy Barnett
Daniel Beatie
Joshua Wilburn
Donald Vieth

IV. CONSIDER ITEMS REMOVED FROM CONSENT

No items removed.

V. ADMINISTRATION

1. BID AWARD- 141ST STREET LIFT STATION PROJECT TO BEYTCO, INC. IN THE AMOUNT OF $284,789, BUDGETED IN ACCOUNT 04-5411-034

Trust Manager Julie Casteen led discussion and requested possible action related to awarding a bid to Beytco, Inc., the lowest responsible bidder, in the amount of $284,789 for the 141st Street Lift Station project budgeted in the Public Works Authority Fund,

account 04-5411.034, and direction to the Trust Manager to execute all necessary documents related to the project.

Motion by Naomi Hogue, second by Jeremy Barnett to approve the award of a bid to Beytco, Inc., the lowest responsible bidder, in the amount of $284,789 for the 141st Street Lift Station project budgeted in the Public Works Authority Fund, account 04-5411.034, and direction to the Trust Manager to execute all necessary documents related to the project..

Aye: Naomi Hogue
Jeremy Barnett
Daniel Beatie
Joshua Wilburn
Donald Vieth

2. RESOLUTION 2026-06 REGARDING BUDGET AMENDMENTS

Julie Casteen led discussion and requested possible action related to the adoption of Resolution 2026-06, a resolution of the Trustees of the Coweta Public Works Authority; adopting amendments to the annual revenues and appropriations for the budget of the Coweta Public Works Authority, Coweta, Oklahoma for fiscal year ending June 30, 2026; appropriating $14,980,547 from unencumbered fund balance for construction costs related to the Police and Fire Station No. 1 projects in the 1% Sales Tax Fund.

Motion by Naomi Hogue, second by Jeremy Barnett to approve the adoption of Resolution 2026-06, a resolution of the Trustees of the Coweta Public Works Authority; adopting amendments to the annual revenues and appropriations for the budget of the Coweta Public Works Authority, Coweta, Oklahoma for fiscal year ending June 30, 2026; appropriating $14,980,547 from unencumbered fund balance for construction costs related to the Police and Fire Station No. 1 projects in the 1% Sales Tax Fund.

Aye: Naomi Hogue
Jeremy Barnett
Daniel Beatie
Joshua Wilburn
Donald Vieth

3.TRUST MANAGER EMPLOYMENT ARGREEMENT

Discuss and consider action related to approving the Amended and Restated Trust Manager Employment Agreement.

Motion by Naomi Hogue, second by Jeremy Barnett to approve a 3.5% COLA and an increase of vacation accrual to 280 hours maximum.

Aye: Naomi Hogue
Jeremy Barnett
Daniel Beatie
Joshua Wilbourn
Donald Vieth

VI. ADJOURNMENT

Chairman Hogue adjourned the meeting at 8:56 p.m.

_____ _____

Naomi Hogue, Chairman Marcy Kilgore, Trust Secretary

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/16/26

Items Requested to be Surplused: 2002 GMC 1500 PICKUP - WATER DEPARTMENT

ID/Asset Tag Number: 02-8902/7-58542

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
2002 GMC 1500 PICKIP VIN 1GCEK14V22Z228902	☐ Excellent ☐ Good ☐ Fair ☑ Poor	5/18/2005 PURCHASE PRICE $12,000.00	$1,500.00

Reason for being surplused:

FRONT END NEEDS REBUILT. BRAKES ARE FAILING. HIGH MILEAGE

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: HONDA TRASH PUMP 4"

ID/Asset Tag Number: WT4OXK4AC

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
4" HONDA TRASH PUMP/PARTS	☐ Excellent ☐ Good ☐ Fair ☑ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$150.00

Reason for being surplused:

NON WORKING

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: HONDA TRASH PUMP 3"

ID/Asset Tag Number: WT30XK3AC

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
3" HONDA TRASH PUMP/PARTS	☐ Excellent ☐ Good ☐ Fair ☑ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$150.00

Reason for being surplused:

NON WORKING

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: COLEMAN POWERMATE 10HP

ID/Asset Tag Number: PM0525202

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
COLEMAN POWERMATE	☐ Excellent ☐ Good ☐ Fair ☑ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$50.00

Reason for being surplused:

NOT RUNNING

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: PACER PUMP 2"

ID/Asset Tag Number: SEB2PLE5.5

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
2" TRASH PUMP/PARTS	☐ Excellent ☐ Good ☐ Fair ☑ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$50.00

Reason for being surplused:

NOT WORKING

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: CAST IRON FITTINGS

ID/Asset Tag Number: _____

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
PALLET OF CAST IRON FITTINGS (2) 18" SLP; (9) 6", (2) 18" RINGS; (1) 12", (3) 8" X 12", (1) 6" X 2" REDUCER	☐ Excellent ☐ Good ☐ Fair ☑ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$50.00

Reason for being surplused:

NO LONGER USABLE DUE TO BEING OUTSIDE IN THE ELEMENTS OVER THE YEARS. THE CONCRETE INSIDE IS DETERIORATED

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☑ No ☐ If yes, to whom: To be sold for scap upon approval

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: EXCAVATOR BUCKET 12"

ID/Asset Tag Number: 6733165

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
12" EXCAVATOR BUCKET	☐ Excellent ☐ Good ☑ Fair ☐ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$150.00

Reason for being surplused:

DOES NOT FIT CURRENT MACHINES

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: PWA Department Contact: JON BATES Date: 3/18/26

Items Requested to be Surplused: FORK ATTACHMENT

ID/Asset Tag Number: 2250X24AFL

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
FORK ATTACHMENT FOR LOADER BUCKET	☐ Excellent ☐ Good ☑ Fair ☐ Poor	UNNKOWN PURCHASE PRICE UNKNOWN	$100.00

Reason for being surplused:

DOES NOT FIT CURRENT MACHINES

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: AMBULANCE Department Contact: CHIEF WOODWARD Date: 3/12/26

Items Requested to be Surplused: STRYKER AUTO LOADER X

ID/Asset Tag Number: POWER LOAD SYSTEM

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
STRYKER POWER LOAD COT SYSTEM S/N 60439344	☐ Excellent ☐ Good ☑ Fair ☐ Poor	2016 PURCHASE PRICE 28,125.76	$100.00

Reason for being surplused:

NOT NEEDED

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: AMBULANCE Department Contact: CHIEF WOODWARD Date: 3/12/26

Items Requested to be Surplused: STRYKER AUTO LOADER X

ID/Asset Tag Number: POWER LOAD SYSTEM-2

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
STRYKER POWER LOAD COT SYSTEM S/N 161040595	☐ Excellent ☐ Good ☑ Fair ☐ Poor	2017 PURCHASE PRICE 20,822.88	$100.00

Reason for being surplused:

NOT NEEDED

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: AMBULANCE Department Contact: CHIEF WOODWARD Date: 3/12/26

Items Requested to be Surplused: STRYKER POWER PRO XT L6500 COT

ID/Asset Tag Number: POWER PRO STRYKER COT

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
STRYKER POWER PRO XT L6500 COT S/N 090741103	☐ Excellent ☐ Good ☑ Fair ☐ Poor	2009 PURCHASE PRICE 10,716.00	$100.00

Reason for being surplused:

NOT NEEDED

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

CITY OF COWETA/COWETA PUBLIC WORKS AUTHORITY
SURPLUS PROPERTY DECLARATION AUTHORIZATION

This form is required to dispose of any City/Authority surplus property. Department Head completes this form and submits it to the City Manager.

Department: WATER Department Contact: EDGAR BARROSO Date: 3/12/26

Items Requested to be Surplused: 2-STORY WATER PLANT BUILDING

ID/Asset Tag Number: WATER TREATMENT PL

PROPERTY DESCRIPTION	CONDITION	DATE PUCHASED	Approximate Current Value
2-STORY BUILDING AT WATER TREATMENT PLANT	☐ Excellent ☐ Good ☐ Fair ☑ Poor	1969 PURCHASE PRICE 35,000	$0.00

Reason for being surplused:

NO LONGER IN SERVICE

Has it been offered for transfer to another Department within the City: Yes ☐ No ☑

Has it been offered for transfer to another agency within the State: Yes ☐ No ☑ If so, to whom:

Name of agency:

Sold for scrap metal: Yes ☐ No ☑ If yes, to whom:

Amount received:

----------FINANCE USE ONLY----------

Date placed on surplus website: _____ Did item sell: Yes ☐ No ☐

Date Sold: _____ Amount received: $_____

Name, Address, and Telephone Number of Buyer: _____

_____

Item ready to be released to buyer with a copy of receipt attached: Yes ☐ No ☐ Date: _____

City Manager approval of the request for surplus: _____ Date: _____

Date surplus approved by City Council/Trustees: _____

Date, Amount, and receipt of funds from Public Surplus:

_____

Date Insurance Cancelled: _____

Date Removed from Fixed Assets: _____

Revised 12/1/20

P.O. BOX 850
COWETA, OK 74429
PH. (918) 486-2189
FAX (918) 486-5366
www.cityofcoweta-ok.gov

Memorandum

To: Honorable PWA Chairman and Trustees

From: Edgar Barroso, Public Works Director

Re: **DEMOLITION OF OLD WATER TREATMENT PLANT BUILDING FOR $23,660, BUDGETED IN THE PWA WATER DEPARTMENT ACCOUNT 04-5325.033.**

Date: April 6, 2026

BACKGROUND

The FY26 Budget included the demolition of a 2-story building at the Water Treatment Plant. The old plant building has not been in operation for a number of years.

Four quotes were received, with 5 Star Demolition coming in as low bidder for $23,660. This includes the option of having the materials processed into usable riprap for creeks and stormwater management.

STAFF RECOMMENDATION

Staff recommends approval of the demolition of the old water plant building at a cost of $23,660, paid from account 04-5325.033.

ATTACHMENTS

1. 260331-Demo WTP Bids

1st

Bid

P.O BOX 158
Oktaha,OK 74450
918*682*3013

DATE: March 31, 2026

Quote For:
City of Coweta- public works- director
jmoralas@cityofcoweta-ok.gov

DESCRIPTION	AMOUNT
Demolition of 2-story concrete building at water treatment plant	$ 23,660.00
Concrete will be processed to remove most rebar. Concrete will be hauled and dumped @ City of Coweta property.	
Bid price reflects short haul	
Job time duration- 7 days	
TOTAL	$23,660.00

THANK YOU FOR YOUR BUSINESS!

2nd

The Demolition Specialist since 1950

ARK WRECKING CO. OF OKLAHOMA

1800 S 49th W Ave
Tulsa, OK 74107
(918)583-0488
(918)583-3813 fax

PROPOSAL SUBMITTED TO	PHONE	DATE
City of Coweta Attn: Jesus Morales	918/ 487-0331 JMorales@CityofCoweta-OK.gov	03/30/2026
STREET	JOB NAME	
310 S Broadway, PO Box 850	Unused Building Demolition	
CITY, STATE, AND ZIP CODE	JOB LOCATION	
Coweta, OK 74429	13490 Lone Star Rd, Coweta, OK 74429	

Ark Wrecking Co. of Oklahoma, LLC. ("Ark Wrecking") proposes to furnish all necessary labor and equipment to remove and dispose of existing building down to slab on grade. Exterior walls acting as retaining walls to be removed down to top of footings or slab on grade (depending bearing designation).

Lump Sum Amount: $ 25,570.00

THE PROPOSED PRICE INCLUDES:

Demolition Permit. One mobilization and continuous work. Certification of Insurance for workers compensation with statutory limits, general liability and auto with limits at least $1,000,000. All combustible debris generated by demolition shall be disposed of in a State approved and licensed landfill as required by law. Rough grade demolition areas using on site material. File Demolition Notification with DEQ as required by law. Traffic control as required.

THE PROPOSED PRICE DOES NOT INCLUDE:

Concealed or unforeseen site conditions. Imported fill material or compaction. Removal and/or disposal of special, contaminated and/or hazardous materials, or any items that are not a product of demolition work described above. Disconnecting, capping, sealing, protecting, relocating, or removal of any public or private utility facilities. Remove concrete and masonry to 18" below existing grade. Seal Sanitary Sewer in unimproved area.

NOTES:

All salvage material shall become the property of Ark Wrecking. All protrusions will be cut off flush with the surface of the floor slab. Ark Wrecking will not guarantee the condition of any paving or building slab that is to remain. Ark Wrecking maintains a safety, hazardous materials communication, lead monitoring, and drug-free workplace programs for its employees. Information concerning these programs is available for review by the Owner upon request. Building to be demolished down to slab on grade.

PAYMENT TERMS:

Payment in full is due upon completion of the described work. Interest at the rate of 1-1/2% per month (from date of invoice) shall accrue on all accounts where invoices remain unpaid thirty (30) days after date, until paid. If payment is not received within 30 days a Pre-Lien notice may be sent and a service charge may be assessed.

RM

This proposal may be withdrawn by Ark Wrecking if it is not accepted within 45 days.

ARK WRECKING CO. OF OKLAHOMA, LLC.

BY: Carl Davis, Project Estimator

Acceptance of Proposal – The price, description of the work to be performed, terms and conditions of this proposal are accepted. Ark Wrecking is authorized to enter upon the property and to do the work. Payment will be made upon the terms stated. The Owner agrees to indemnify and hold Ark Wrecking harmless against all liabilities, claims and demands for property damage or trespass arising from or caused by the performance of this agreement. The person executing this acceptance expressly warrants that she/he has full authority to bind the Owner to the terms of this agreement and this indemnity, and agrees to assume personally all obligations of the Owner in the absence of such authority.

OWNER

☐ The Signature Owns the referenced Property.

☐ the Signature is acting as Agent for the Owner of the above referenced Property.

BY: _____
Authorized Agent of the Owner Signature

_____
Date

Owners Name:

Owners Address:

Owners Telephone No.

GOBER CONSTRUCTION LLC
BUILDING THE FUTURE

24965 E 91st St S. Broken Arrow, Ok 74014
(918)260-6419 / goberconstruction2@gmail.com

Quote

To : City of Coweta

Date : 3/26/26

Project : City of Coweta Water Treatment Building DEMO

Quote : 0326.1

Thank you for the opportunity to quote Demolition and Removal of the City of Coweta Water Treatment Building. The Quote below includes the following ..

- Demolition and Haul off of existing Water Treatment Building (70x30x25)
- The Foundation of the existing building will be left for future development.
- The quote includes Mobilization and Usage of Equipment by Gober Construction, LLC. for duration of project (approx.. 10 days/2 weeks) for Demo and Removal.
- This quote is for Demo and Removal Only. It does not include any additional work or permits outside of what is quoted. Any additional work or unforeseen issues could cause additional cost.

Total for Demolition/Removal of Water Treatment Building - $59,250.00

Please let us know if you have any questions regarding the quote.

Salvador Velazquez

Gober Construction, LLC.

YOCHAM TRUCKING, INC

PO BOX 745 COWETA, OK 74429

OFFICE: 918.486.4136

Date: 3/23/2026

RE: Jesus Morales

City of Coweta

918-487-0331

jmorales@cityofcoweta-ok.gov

Demolition of Former Water Treatment Building

Coweta, OK

Yocham Trucking, Inc. is pleased to submit a bid to you on the above referenced project. A scope of work has been provided for your review.

SCOPE OF WORK:

Demo of Former Water Treatment Building

- Demolition and hauling away old building.
- Approx 30' x 70' x 25' Structure
- Leaving the existing subfloor
- Hauling debris to City of Coweta designated dump site
- Approx 7-10 days to complete
- Mobilization: Excavator, Hammer Ram, and Skid Steer

TOTAL BASE BID.....$60,252.00

Exclusions: PERMITS, BONDS, STAKING, ENGINEERING, LAYOUT FOR OTHERS, TESTING, WATER AND/OR SEWER LINES, HEADWALLS, UTILITY DEMO, IMPORT OF TOPSOIL, ROCK EXCAVATION, ANY UNSUITABLE SOILS ENCOUNTERED BELOW SUBGRADE, SEED OR SOD, FUEL TANKS, OR ANY OTHER ITEM NOT LISTED IN THE SCOPE OF WORK.

Sincerely, Jackey Yocham

Yocham TRUCKING

P.O. BOX 850
COWETA, OK 74429
PH. (918) 486-2189
FAX (918) 486-5366
www.cityofcoweta-ok.gov

Memorandum

To: Honorable PWA Chairman and Trustees

From: Julie A. Casteen, Trust Manager

Re: **APPROVAL OF AN AUTHORIZED REPRESENTATIVES CERTIFICATE DESIGNATING CHAIRMAN NAOMI HOGUE, TRUST MANAGER JULIE CASTEEN, AND ASSISTANT TRUST MANAGER MCKAY HALE TO MANAGE TRUST FUNDS AND AUTHORIZE PAYMENTS FOR APPROVED PURCHASES FROM TRUST FUNDS HELD BY BOK FINANCIAL.**

Date: April 6, 2026

BACKGROUND

The Coweta Public Works Authority has several money market accounts held in trust by BOK Financial. The accounts are related to loans issued by the Oklahoma Water Resources Board, debt service accounts related to revenue bonds issued by the Coweta Public Works Authority, and construction and debt service funds related to the 1% Sales Tax note issued by RCB Bank.

The authorized signers for the trust accounts held by BOK Financial are out of date and need to be revised.

STAFF RECOMMENDATION

Staff recommends authorization of Naomi Hogue, Chairman, Julie Casteen, Trust Manager, and McKay Hale, Assistant Trust Manager to authorize actions related to all BOK Financial Trust Accounts.

ATTACHMENTS

1. BOKF Institutional Wealth Authorized Representative Designation 260406

BOK FINANCIAL

Instructions for Institutional Wealth Authorized Representative Designation

The purpose of this form is for you to designate those individuals in your organization who should be considered as authorized signers for specific actions relating to your BOK Financial Wealth Management account(s). To complete this form:

1. Identify the names of all authorized signers for your organization AND what actions each one will be permitted to authorize:
   - Execute agreements
   - Direct investments
   - Modify user access
   - Direct distributions or disbursements
   - Direct the transfers of securities or cash between portfolios
   - Direct deposits and contribution ACH receipts initiated by BOK Financial

   NOTE: If you will be one of the authorized signers for your organization, please complete the first authorized signer section of the form with your own information.

2. Complete the form. You will need the office and (if desired) mobile phone numbers for each authorized signer. The phone number(s) will be used to authenticate requests for wire or ACH transactions. If a mobile phone number is provided, message and data rates may apply.
3. OPTIONAL – In Section 3, you may designate individuals to be authorized call back representatives who are authorized to confirm instructions submitted by an authorized signer for distributions or disbursements. If you choose to do this, you will need their names, office and (if desired) mobile phone numbers.
4. Save a copy of the form with the typed information, print it, and have each authorized signer sign the form in the appropriate section.
5. Sign and date the form in the last section, including your printed name, date and title.
6. Mail a copy of the form to your BOK Financial Relationship Management Team. (If you do not have their physical mailing address, your Relationship Management Team can provide it.) For security purposes, we do not recommend submitting this form via email.

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BOK FINANCIAL

Institutional Wealth Authorized Representative Designation

1 - CLIENT INFORMATION

1. If this authorization applies to multiple accounts, provide the organization name and EIN.

Organization Name Coweta Public Works Authority **EIN** [redacted]

2. If this authorization applies only to specific accounts, provide the account name(s) and number(s).

Account Name	Account Number (optional)
All Coweta Public Works Trust Accounts	

2 – AUTHORIZED REPRESENTATIVE INFORMATION

Select if one, two, or more signatures will be required for all authorized transaction activity:

(●) **One Signature** ( ) **Two Signatures** ( ) **All Signatures**

Please complete the information below for each authorized representative. **NOTE: If you will be one of the authorized representatives, please complete one of the sections below with your own information.**

The following person(s) is (are) hereby fully authorized to provide written direction to BOK Financial for the indicated functions:

NAME OF AUTHORIZED SIGNER #1 Julie Casteen

PHONE NUMBERS: Office [redacted]

This person is authorized to (check only those that apply):

- ☑ Execute agreements
- ☑ Direct investments
- ☑ Modify user access
- ☑ Direct distributions or disbursements
- ☑ Direct the transfers of securities or cash between portfolios
- ☑ Direct deposits and contribution ACH receipts initiated by BOK

SIGNATURE OF AUTHORIZED SIGNER #1

NAME OF AUTHORIZED SIGNER #2 McKay Hale

PHONE NUMBERS: Office [redacted]

This person is authorized to (check only those that apply):

- ☑ Execute agreements
- ☑ Direct investments
- ☑ Modify user access
- ☑ Direct distributions or disbursements
- ☑ Direct the transfers of securities or cash between portfolios
- ☑ Direct deposits and contribution ACH receipts initiated by BOK

SIGNATURE OF AUTHORIZED SIGNER #2

NAME OF AUTHORIZED SIGNER #3 Naomi Hogue

PHONE NUMBERS: Office **Mobile** [redacted]

This person is authorized to (check only those that apply):

- ☑ Execute agreements
- ☑ Direct investments
- ☑ Modify user access
- ☑ Direct distributions or disbursements
- ☑ Direct the transfers of securities or cash between portfolios
- ☑ Direct deposits and contribution ACH receipts initiated by BOK

SIGNATURE OF AUTHORIZED SIGNER #3

NAME OF AUTHORIZED SIGNER #4

PHONE NUMBERS: Office **Mobile**

This person is authorized to (check only those that apply):

- ☐ Execute agreements
- ☐ Direct investments
- ☐ Modify user access
- ☐ Direct distributions or disbursements
- ☐ Direct the transfers of securities or cash between portfolios
- ☐ Direct deposits and contribution ACH receipts initiated by BOK

SIGNATURE OF AUTHORIZED SIGNER #4

NAME OF AUTHORIZED SIGNER #5

PHONE NUMBERS: Office **Mobile**

This person is authorized to (check only those that apply):

- ☐ Execute agreements
- ☐ Direct investments
- ☐ Modify user access
- ☐ Direct distributions or disbursements
- ☐ Direct the transfers of securities or cash between portfolios
- ☐ Direct deposits and contribution ACH receipts initiated by BOK

SIGNATURE OF AUTHORIZED SIGNER #5

3 – AUTHORIZED CALL BACK REPRESENTATIVES (Optional)

The individual(s) listed below is(are) authorized to confirm instructions submitted by an authorized signer for distributions or disbursements:

NAME Marcy Kilgore

PHONE NUMBERS: Office [redacted]

NAME Samantha Dobbins

PHONE NUMBERS: Office [redacted]

NAME

PHONE NUMBERS: Office **Mobile**

4 – AUTHORIZATION AND SIGNATURE

By signing this form, I certify the above named individuals are authorized to provide written direction to BOK Financial to authorize the actions indicated on behalf of the Client as indicated above and that this document contains the true signatures for each. I further certify I am an authorized representative of the above-named Client and Account and empowered to designate the above-named individuals as authorized representative(s). I agree that this authorization will remain in effect until written direction is provided to BOK Financial requesting an authorized representative(s) be removed.

AUTHORIZED SIGNATURE **DATE**

4/6/2026

PRINTED NAME **TITLE**

Naomi Hogue Chairman

INTERNAL USE ONLY - CALLBACK DOCUMENTATION

Call from BOK Financial placed by (employee name):

Authorized Representative Name:

Phone Number Called: **Date:** **Time:**