

DEPARTMENT: Public Works/Yosemite West

BY: Dana Hertfelder

PHONE: 966-5356

RECOMMENDED ACTION AND JUSTIFICATION:

Approve Budget Action reducing Yosemite West Contingency by \$3,505 and transferring \$5,000 from Depreciation to cover the cost of equipment maintenance and repairs in the Yosemite West water division.

(\$8,505) 4/5ths vote

Expenditures for equipment maintenance in the Yosemite West water division are higher than anticipated for a number of reasons. There have been two breaks in water lines so far this year. These repairs involved the use of a backhoe to dig up the pipe, and because they were in roadways we also had to patch the road after fixing the pipe.

We also performed the first maintenance of the Culligan water treatment system which involved the purchase of replacement media and the use of a consultant. In addition, some of the water meters are wearing out and have required replacing.

In order to cover these costs we are requesting approval to reduce Yosemite West Contingency and transfer appropriations from Depreciation as detailed on the attached Budget Action form.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board at times approves the use of Contingency and transfers within budget units to cover unanticipated expenditures.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve the requested action; we would not have the necessary appropriations to pay for repair work already performed.

Financial Impact? (X) Yes () No	Current FY Cost: \$ 8,505	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No (X) Partially Funded		
Amount in Budget:	\$ 4,627	List Attachments, number pages consecutively
Additional Funding Needed:	\$ 8,505	1. Budget Action
Source:		
Internal Transfer	X	
Unanticipated Revenue		4/5's vote
Transfer Between Funds		4/5's vote
Contingency	X	4/5's vote
() General (X) Other		

CLERK'S USE ONLY:

Res. No.: 07-507 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
Approved
() Minute Order Attached () No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: _____
Deputy

CAO: 

