

DEPARTMENT: Public Works/Solid Waste

BY: Dana Hertfelder

PHONE: 966-5356

**RECOMMENDED ACTION AND JUSTIFICATION:**

Action to continue the finding of the Board that an emergency exists for the interim operation of the Mariposa County Landfill by County staff, which is necessary to continue an essential public service until the bidding process for landfill operations is completed.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

At its regular meeting of December 21, 2004, the Board directed the Public Works Department to work with County Counsel, the CAO and the Chairman of the Board to take over daily operations of the County Landfill as of January 3, 2005, Res. No. 04-544. At its regular meeting of February 1, 2005, the Board made the finding that an emergency exists whereby County staff needs to operate the Mariposa County Landfill on an interim basis, which is necessary to continue an essential public service, until the bidding process for landfill operations is completed, Res. No. 05-34.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

The requested action is needed for the Public Works Department to continue interim operations of the Mariposa County Landfill.

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

**CLERK'S USE ONLY:**

Res. No.: 05-132 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 Approved \_\_\_\_\_  
 ( ) Minute Order Attached ( ) No Action Necessary

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

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAO: [Signature]