

DEPARTMENT: Public Works/Solid Waste

BY: Dana Hertfelder
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RECOMMENDED ACTION AND JUSTIFICATION:

The current hours of operation are Thursday through Tuesday 7 am to 4pm with Saturday and Sundays hours 8am to 4pm. Wednesdays are closed to the general public.

Due to the shift in operations and in congruence with the direction from the Board, staff recommends the following hours of operation:

Proposed hours are Thursday through Monday 8 am to 4pm, closed to general public on Tuesdays and Wednesdays, excluding holidays. Consideration has been made to keep the facility open on weekends as is current practice.

The new hours would take effect the first week of February in conjunction with the County take over of the landfill operations.

Staff will prepare necessary notices for handouts at the landfill, newspaper advertisements to get the word out to the public. Discussions with the changes in the permit have already occurred with the LEA.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Previous Board Action on December 21, 2004 directing staff to take over the landfill operations.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Negative action would result in much higher operational costs and higher likelihood for tipping fee increases due to staffing hours that would be required.

Financial Impact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		_____
<input type="checkbox"/> General <input type="checkbox"/> Other		_____

CLERK'S USE ONLY:

Res. No.: 05-16 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
my 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: RH