

DEPARTMENT: Public Works

By: Clifton Price

Phone: 966-5356

Facilities Maintenance Manager

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_X_)

Resolution authorizing an appropriation of \$55,000 from Yosemite West Utility Capital for the first phase of a three-phase project to rehabilitate the water system in the Yosemite West Special District, and purchase a fixed asset.

The fixed asset to be purchased is a storage van. The van will be needed to store the parts for the project work. After completion of the project, the van will be needed to store emergency repair and service parts for the district's water and wastewater systems and snow removal equipment parts.

All of the system deficiencies have been identified and quantified. The Facilities crew members have received additional training and are very familiar with the operation and repair of the water system. It is most cost effective for the Facilities crews to perform the work. Some overtime will be required.

The Yosemite West District Advisory Committee has reviewed the scope of work and recommended that Public Works request the necessary funding to enable the crews to begin work at the earliest possible date. The weather limits the period available for this type of repair work. Starting now would maximize the hours available to complete the work ahead. The work in the streets needs to be completed this summer in order for a proposed pavement overlay project to proceed next summer.

The total estimated cost to complete the three-phase water system rehabilitation plan is \$150,000. The rehabilitation will include the following:

Phase One:

- 1) Minor plumbing repairs associated with meter installations and cap all unused wells.
- 2) Install air release valves and rehabilitate blow-off valves.
- 3) Pressure regulating valves: Three in the street with vault, one off street in vault, one needs bypass, two need drains, one needs replacement and servicing without vault.
- 4) Street valves: Replace eight and remove one.
- 5) Hydrant isolation valves and safeties: Four isolation valves and safeties can be done simultaneously. The other 20 hydrants will be valve installation only.

Phase Two:

- 1) Lower well pump repairs (possible pump replacement) and well production testing.
- 2) Booster pump service (possible rebuild).
- 3) Booster manifold.

Phase Three:

- 1) Upper well pumps and valves.
- 2) Tank controls and valves.
- 3) Pump controls.
- 4) Water treatment (corrosion control).

The current balance of the Yosemite West Utility Capital Fund is \$67,625.


BACKGROUND AND HISTORY OF BOARD ACTIONS:

These rehabilitation requirements are mainly due to deficiencies in the original water system design and installation. The County sued the project developers and was awarded monies for these deficiencies. These monies have carried forward in the district budget in the Utility Capital Fund or as Fund Balance.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1) No action. This will result in a delay of required repairs until later in the summer and/or next summer. Needed pavement rehabilitation will also be delayed.

COSTS: () Not Applicable A. Budgeted current FY \$0 B. Total anticipated costs \$55,000 C. Required additional funding \$55,000 D. Internal transfers \$ _____	SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively: 1. Budget Action _____ _____ _____
SOURCE: (X) 4/5th Vote Required A. Unanticipated revenues \$ _____ B. Reserve for contingencies \$ _____ C. Source description: YW Utility Capital Fund Balance in Reserve for Contingencies, if approved: \$ _____	

CLERK'S USE ONLY Res. No.: <u>96-188</u> Ord. No. _____ Vote - Ayes: <u>5</u> Noes: _____ Absent: _____ Abstained: _____ <input checked="" type="checkbox"/> Approved () Denied <input type="checkbox"/> Minute Order Attached () No Action Necessary	ADMINISTRATIVE OFFICER'S RECOMMENDATION: This item on agenda as: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> For Policy Determination <input type="checkbox"/> Submitted with Comment <input type="checkbox"/> Returned for Further Action Comment: _____ A.O. Initials: 
The foregoing instrument is a correct copy of the original on file in this office. Date: _____ ATTEST: <u>MARGIE WILLIAMS, Clerk of the Board</u> County of Mariposa, State of California By: _____ Deputy	

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Public Works

CONTACT: Michael D. Edwards

DATE: April 25, 1996

PHONE: 966-5356

ACTION REQUESTED: (Check All That Apply)

- (X) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the County Budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;
- () Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriation from one budget to another, or between categories within a budget unit;
- () Transfer by Administrator: Moving existing appropriations within a single budget category between line items (i.e. services and supplies, etc.);
- () Transfer by Auditor: Moving salaries between line items to accommodate variances internal to salaries; OR transfers within the County budget under \$50.00 to accommodate minor variations from the budget.

FUND/DEPT/ACCT NO.	LINE ITEM DESCRIPTION	AMOUNT (FROM)/TO
535-1400-825-0787	Yosemite West Utility Capital	(\$50,000)
322-0912-309-1600	Yosemite West Transfer In	\$48,500
001-0128-309-1600	Facilities Maint. Transfer In	\$1,500
535-1400-825-0787	Yosemite West Utility Capital	(\$5,000)
322-0912-309-1600	Yosemite West Transfer In	\$5,000
322-0912-871-0683	Yosemite West Water Rehab	\$48,500
322-0912-871-0684	Yosemite West Water Storage Trailer	\$5,000
001-0128-473-0230	Facilities Maintenance Overtime	\$1,500

Justification: See attached Board item.

Department Head Signature: *Michael D. Edwards* Date: 4/25/96
 Approved By: Res. No. 96-188 Clerk: *[Signature]* Date: 5-7-96
 Administrator: *[Signature]* Date: _____
 Auditor: *[Signature]* Date: 4/25/96

AUDITOR'S USE ONLY:

Description: _____ Transfer No.: _____
 _____ B.R. No.: _____