

DEPARTMENT: Board of Supervisors

By: Clifton Price
Facilities Maintenance Manager

Phone: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No X)

Resolution authorizing appropriation of \$20,000 from the Don Pedro Sewer Zone Utility Capital Fund for repair of lift stations in the wastewater collection system of the Don Pedro Sewer Zone.

Electrical and pump repairs are needed at multiple lift stations. The equipment is at the end of its useful life, having been installed over 25 years ago. A thorough evaluation of the system has yielded the following list of needed repairs:

- 1) Two non-functional pumps, one bad motor and one semi-functional pump. These pumps will be either rebuilt or replaced.
- 2) Multiple motor bearings to be replaced.
- 3) Eight non-functional alarms.
- 4) A variety of minor electrical repairs in eight lift stations.
- 5) Servicing and repair on 16 check valves.

The weather limits the time available for this type of repair work. If we start soon, we can maximize the hours available to complete the work ahead. Some overtime will be required.

The current balance in the Don Pedro Sewer Utility Capital Fund is \$88,628.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Similar rehabilitation work has been accomplished recently with appropriations from the Utility Capital Fund.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. No action would result in a delay of required repairs until later this summer. This work is needed soon due to the potential public health risk associated with possible pump failures.

COSTS: Not Applicable

A. Budgeted current FY	\$ 0
B. Total anticipated costs	\$ 20,000
C. Required additional funding	\$ 20,000
D. Internal transfers	\$ _____

SOURCE: 4/5th Vote Required

A. Unanticipated revenues	\$ _____
B. Reserve for contingencies	\$ _____
C. Source description: <u>Don Pedro Sewer Utility Capital</u>	\$ _____

Balance in Reserve Contingencies, if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

1. Budget Action

CLERK'S USE ONLY

Res. No.: 96-189 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____ Abstained: _____
 Approved Denied
 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

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action

Comment: _____

 A.O. Initials: [Signature]

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Public Works

CONTACT: Michael D. Edwards

DATE: April 24, 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.

<u>FUND/DEPT/ACCT NO.</u>	<u>LINE ITEM DESCRIPTION</u>	<u>AMOUNT (FROM)/TO</u>
532-1400-822-0787	Don Pedro Sewer Utility Capital	(\$20,000)
316-0905-309-1600	Don Pedro Sewer Transfer In	\$19,600
001-0128-309-1600	Facilities Maint. Transfer In	\$400
316-0905-855-0418	Don Pedro Sewer Prof. Services	\$16,500
001-0128-473-0230	Facilities Maint. Overtime	\$400

Justification: See attached Board item.

Department Head Signature: [Signature] Date: 4/24/96
Approved By: Res. No. 96-189 Clerk: [Signature] Date: 5-7-96
Administrator: _____ Date: _____
Auditor: [Signature] Date: 4/25/96

AUDITOR'S USE ONLY:

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