

DEPARTMENT: Public Works

By: Michael Edwards
Public Works Director

Phone: 966-5356

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Resolution waiving formal bidding procedures and approving funding for the purchase of a new water well pump and associated components for the Coulterville CSA.

The result of a recent pump performance evaluation has indicated clearly that the water well pump and associated components need to be replaced. The water well pump and components replacement would be paid out of the CSA Utility Capital Fund. The Coulterville CSA Advisory Board recommended this action at their February 15, 1995, meeting. The pump is performing at less than 50% of its rated capacity; thereby, causing the CSA an estimated 50% higher electric bill.

Authorization would allow timely replacement to occur, resulting in operational cost savings for the CSA and prevention of a eminent water well pump failure, which would result in an emergency replacement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

As part of the normal system evaluation procedures now being implemented in Special Districts, the performance level of the water well pump was found to be deficient enough to warrant immediate replacement. This pump was replaced nearly eight years ago and is the only source of water for the public water supply in Coulterville. Pumping costs have recently begun to exceed the life-cycle costs of a new, more efficient pump.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Failure to authorize would result in increased expense for the operation of the water well pump to the CSA and possible pump failure resulting in an emergency replacement situation.

COSTS: () Not Applicable

A. Budgeted current FY	\$ -0-
B. Total anticipated costs	\$ 6,900
C. Required additional funding	\$ 6,900
D. Internal transfers (Utility Capital Fund)	\$ 6,900

SOURCE: (X) 4/5th Vote Required

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

Balance in Reserve Contingencies, if approved: \$ _____

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

1. Budget Action Form

CLERK'S USE ONLY

Res. No.: 95-97 Ord. No. _____

Vote - Ayes: 4 Noes: _____

Absent: Reilly 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: MO

**COUNTY OF
MARIPOSA**

BUDGET ACTION FORM

DEPT/DIV: Public Works

CONTACT: Michael D. Edwards

DATE: March 3, 1995

PHONE: 966-5356

ACTION REQUESTED: (Check All That Apply)

- 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>
361-1400-820-0787	Transfer Out Utility Capital	\$6,900.00
061-0901-309-1600	Coulterville Transfer In	\$6,900.00
061-0901-309-1600	Coulterville Transfer In	\$6,900.00
061-0901-852-0678	Well Pump	\$6,900.00

Justification: See attached Board item.

Department Head Signature: *Michael D. Edwards* Date: 3/6/95
 Approved By: Res. No. 95-97 Clerk: hws Date: 3-14-95
 Administrator: _____ Date: _____
 Auditor: *[Signature]* Date: 3-6-95

AUDITOR'S USE ONLY:

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