DEPARTMENT: Public Works  
BY: Dana S. Hertfelder  
PHONE: 966-5356  

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

Resolution Authorizing the Director of Public Works to Prepare and Submit a Claim Authorization Request Form to the California Department of Health Services for the Engineering, Design and Construction of a Water Main from Mariposa Public Utilities District to the Mariposa County Public Works Department Facility Located at 4639 Ben Hur Road. 

In February 2000 it was determined that the groundwater supply well for the Non-Transient Public Drinking Water System at the Department of Public Works facility at 4639 Ben Hur Road had been contaminated with Methyl Tertiary-Butyl Ether (MTBE). Since that time the Department of Public Works has been required to import water to the Ben Hur facility. To date, the State of California has reimbursed the County for the cost of importing water. The California Department of Health Services has recommended that the County apply for a Claim Authorization Request Form for the reimbursement of the cost associated with restoring water service to the Department of Public Works Public Drinking Water System. This program is designed to pay for the cost of restoring water service to Public Drinking Water Systems that have been contaminated by MTBE. Eligible costs under this program include engineering, design, construction and construction management. 

BACKGROUND AND HISTORY OF BOARD ACTIONS: 

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION: 

Do not approve Grant Application, Public Works will be required to continue importing water to the Ben Hur Facility. 

Financial Impact? ( ) Yes ___ X ___ No  
Current FY Cost: $  
Budgeted In Current FY? ( ) Yes ___ ( ) No ___ ( ) Partially Funded  
Amount in Budget: $  
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  

List Attachments, number pages consecutively  
1.DHS Claim Form  

CLERK'S USE ONLY:  
Res. No.: 05-039  
Ord. No.:  
Vote - Ayes: 5  
Noes: 0  
Absent: 0  
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  

CAO:  

COUNTY ADMINISTRATIVE OFFICER:  
Requested Action Recommended ___  
No Opinion ___  
Comments:  

Revised Dec. 2002
Drinking Water Treatment and Research Fund

Claim Authorization Request Form

Claimant Name:__________________________________________________________

Mailing Address:________________________________________________________

Contact Person:_________________________ Phone No._______________________

Project Description:_____________________________________________________

__________________________________________________________

Total Claim Amount Requested:____________________

(ATTACH ALL OF THE INFORMATION SPECIFIED ON THE REVERSE SIDE OF THIS CLAIM FORM)

Authorized Representative (Print or Type):____________________________________

Signature:________________________________________________________ Date:________

(Authorized Representative)

By submission of this claim request, the claimant affirmatively agrees to comply with all of the applicable provisions of Health and Safety Code Section 116367, and including, but not limited to:

- All funds received by the claimant from the Drinking Water Treatment and Research Fund shall only be used to pay the costs incurred by the Claimant for the eligible project cost as established by the Department of Health Services.
- The Claimant agrees to aggressively pursue cost recovery from persons responsible for oxygenate contamination of their drinking water source(s), if the funding provided exceeds $1 million.
- To the extent that the Claimant receives payment from any source to cover the costs funded by the Drinking Water Treatment and Research Fund, the Claimant agrees to reimburse the Department of Health Services within sixty (60) days of receipt of such payment.
AUTHORITY: The creation and administration of the Drinking Water Treatment and Research Fund is authorized in accordance with the California Health and Safety Code, Part 12, Chapter 4, Article 3, Section 16367.

SUPPORTING DOCUMENTATION: All public water systems submitting claims for financial assistance from the Drinking Water treatment and Research Fund must provide the following supporting documentation, if applicable. The Claimant must provide a brief explanation for each listed document category that the Claimant considers not applicable.

1. *Monthly water production data for each contaminated water supply source from the last three (3) years of operation (including the maximum pumping rate recorded at the water source during typical system operation for delivery into the distribution system).
2. *All oxygenate water quality monitoring reports from a certified laboratory for each contaminated water supply source.
3. *Department of Water Resources Well Completion Report for each contaminated well and/or the construction of any new well.
4. A service area map of the water system identifying the locations of all drinking water supplies and suspected or confirmed oxygenate contamination sources, if known.
5. *The current engineering report for the public water system operating permit issued by the Department or applicable County Health Agency.
6. Enforcement/compliance orders issued by the Department or County Health Agency to the public water system, resulting from the oxygenate contamination of a drinking water source(s).
7. *A detailed description of the existing major mechanical, electrical, instrumentation, and structural components of the water production facilities at the contaminated well site (including sizes and capacities).
8. Engineering report(s) or technical memoranda completed for any project undertaken to replace or install treatment for the contaminated drinking water source(s).
9. California Environmental Quality Act (CEQA) documentation required for any project undertaken to replace or install treatment for the contaminated drinking water source(s).
10. Professional services contracts required for any project undertaken to replace or install treatment for the contaminated drinking water source(s).
11. Construction contracts (including As-bid plans and specifications) for any project undertaken to replace or install treatment for the contaminated drinking water source(s).
12. Project implementation schedule for any proposed project to replace or install treatment for the contaminated drinking water source(s).
13. *Completed “Claimant Data Record” form (Required for investor owned public water systems, attached)
15. *Resolution approved by the public water system’s governing body, appointing an authorized representative to act on behalf of the water system for all fiduciary and administrative requirements of the DWTRF. Investor owned public water systems must provide a notarized letter signed by the company president, Chief Executive Officer, or equivalent.
16. Detailed description of the public water system’s efforts to pursue cost recovery from persons responsible for the oxygenate contamination of the drinking water source(s) if the funding request exceeds $1 million.
17. Description of any completed, ongoing or proposed cleanup and/or remediation projects undertaken by the person responsible for the oxygenate contamination or authorized governmental agency, if known.

Footnote
* Required with the initial application submittal to DHS.