MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA
ACTION FORM
DEPT.: COUNTY COUNSEL
BY: JEFFREY G. GREEN
PHONE: 966-3625
DATE: 7/24/90

RECOMMENDED ACTION AND JUSTIFICATION:
Authorize Chairman to sign "Contract Between the Merced Irrigation District and the County of Mariposa for a Water Supply". (See attached Exhibit "A")
The County is in need of an additional supply of surface water to serve developments occurring in the Mariposa Public Utility District's service area.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
MID is willing to allow the County to divert and use a portion of the water that MID is entitled to use under its licenses in exchange for the County relinquishing a portion of the rights reserved to it in the 1960 Agreement.
This is the first time the County has needed to draw on its water rights contained in the 1960 Agreement.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Additional water supply would not be available for planned developments.

COST: ( ) Not Applicable
A. Budgeted current FY $________
B. Total anticipated costs $________
C. Required add'l funding $________
D. Source: ____________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $________
B. Unanticipated revenues $________
C. Reserve for contingency $________
D. Description: __________________________
Balance in Reserve for Contingencies, if approved: $________

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Exhibit "A" Contract - 7 pages
duplexed
TWO ORIGINALS FOR SIGNATURE
Return to Counsel for forwarding to attorney.

CLERK'S USE ONLY:
Resolution No. 90-385
Ordinance No. __________________________
Vote: Ayes: ______ Noes: ______
Absent: _____ Abstained: _____
Approved ( ) Denied
( ) Minute Order Attached
3/24 Cont'd for W.A. Adj. B.A. recommendation.
The foregoing instrument is a correct copy of the original on file in this office.
DATE: __________________________
ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.
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: TO WATER Agency

A.O. Initials: __________________________

Action Form Revised 12/89