

DEPARTMENT: Public Works

Michael D. Edwards
Public Works Director

Phone: 966-5356

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

Resolution approving the purchase of a safety pool cover for the Coulterville pool. The cost of the cover would be \$2,500. Funds are available in the Maintenance of Structures line item. The Facilities Maintenance crew would handle the installation.

The cover, once installed, would decrease the annual labor requirements required to maintain the pool by an estimated 225 person-hours per year. An excessive amount of materials are also used, such as acid wash and new paint as necessary, in addition to the cost of water to drain and refill the pool, every year. The pool cover will reduce this once-per-year effort to a once-per-several-year effort.

Use of this type of safety pool cover in other communities has lasted as long as 10 years without need for replacement. The pool cover is a mesh material which will support the weight of a small car without failing. The mesh material also allows for water to pass through while catching debris such as bottles, leaves, branches, rocks, etc. The safety cover will also prevent people from entering the pool and being subjected to risk of injury or drowning during the months when the pool is not in operation.

Public Works anticipates a similar purchase next fiscal year, assuming maintenance funds are available, for the El Portal pool.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In the past, budget requests for additional funding have been made for pool covers. Those requests were never granted.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

No action. Excessive maintenance labor and materials requirements and winter safety concerns will continue.

COSTS:	() Not Applicable	
A.	Budgeted current FY	\$ -0-
B.	Total anticipated costs	\$ 2,500
C.	Required additional funding	\$
D.	Internal transfers	\$ 2,500
SOURCE: <input checked="" type="checkbox"/> 4/5th Vote Required		
A.	Unanticipated revenues	\$
B.	Reserve for contingencies	\$
C.	Source description: a/c 001-0128-473-0413	
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.: 95-445 Ord. No. _____ This item on agenda as:
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:

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

Comment: _____

A.O. Initials: MW

COUNTY OF
MARIPOSA

BUDGET ACTION FORM

DEPT/DIV: Public Works

CONTACT: Michael D. Edwards

DATE: September 29, 1995

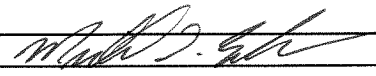
PHONE: 966-5356

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>
001-0128-473-0413	Maintenance of Structures	\$2,500
001-0128-473-0680	Coulterville Safety Pool Cover	\$2,500

Justification: See attached Board item.

Department Head Signature:  Date: 9/29/95
Approved By: Res. No. 95-445 Clerk: mw Date: 10-10-95
Administrator: _____ Date: _____
Auditor: _____ Date: _____

AUDITOR'S USE ONLY:

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