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BOARD OF DIRECTORS
LAKE COUNTY SANITATION DISTRICT
COUNTY OF LAKE, STATE OF CALIFORNIA
RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE CANCELLATION OF LAKE COUNTY
SANITATION NW SEWER REPLACEMENT RESERVE DESIGNATION IN THE
AMOUNT OF \$150,00.00 TO PAY FOR EMERGENCY EXPENSES INCURRED
DURING THE 2017 STORM EVENT

WHEREAS, extreme rainfall and high lake levels during the months of
January and February 2017 caused the NW Regional Sewer System to incur
extraordinary expenses to avoid sewer spills and protect the public health and
safety and the environment; and

WHEREAS, Lake County Sanitation NW Region's O&M reserves were
depleted as a result of the emergency costs related to the storm event; and

WHEREAS additional storm related expenses of \$150,000 remain to be
paid; and

WHEREAS, the FY 2016/2017 Budget of the Lake County Sanitation NW
includes a Sewer Replacement Reserve Designation; and

WHEREAS, \$150,000 is needed from the Sewer Replacement Reserve
Designation to pay the outstanding storm related expenses; and

WHEREAS, Lake County Sanitation NW Sewer Replacement Reserve
Designation will be replenished when Insurance claims and/or FEMA/CALOES
reimbursement payments are received.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the
Lake County Sanitation District, State of California, that \$150,000.00 in the Lake
County Sanitation NW Sewer Replacement Reserve Designation be canceled
and appropriated in Fund 255, Budget Unit 8355, Object Code 30.00.

BE IT FURTHER RESOLVED, The Sewer Replacement Reserve
designation will be replenished when Insurance claims and/or FEMA/CALOES
reimbursement payments are received.

Certified copies of this resolution shall be delivered to the County Clerk/Auditor-
Controller and the Special Districts Administrator.

1 THIS RESOLUTION was passed by the Board of Directors of the Lake
2 County Sanitation District at a regular meeting thereof on the _____day of
3 _____, 2017 by the following vote:
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7 AYES:

8 NOES:

9 ABSENT OR NOT VOTING:

10
11 By: _____
12 Chair, Board of Directors
13

14
15 ATTEST: CAROL J. HUCHINGSON
16 Clerk of the Board of Supervisors
17

APPROVED AS TO FORM:
ANITA GRANT
County Counsel

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19
20 By: _____
21 Deputy
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By: _____

AUDITOR REVIEW:
CATHY SADERLUND
Auditor-Controller

By: _____
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