



County of Santa Cruz⁰¹⁹⁵

HEALTH SERVICES AGENCY

701 OCEAN STREET, ROOM 312, SANTA CRUZ, CA 95060-4073

(831) 454-2022 FAX: (831) 454-3128 TDD: (831) 454-4123

ENVIRONMENTAL HEALTH

May 31, 2000

AGENDA: June 6, 2000

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: APPROVAL OF CONTRACT FOR CONDUCT OF SOURCE WATER ASSESSMENTS
FOR PUBLIC DRINKING WATER SOURCES

Members of the Board:

Environmental Health Services (EHS) regulates small public water systems within the County pursuant to a delegation agreement with the State Department of Health Services. The local program is financed by annual fees paid by operators and owners of the water systems. The program was enhanced in 1996 through an agreement with the State by which the State reimburses EHS for an augmented effort designed to reduce the incidences of noncompliance with the Safe Drinking Water Act. The State is now making available to EHS a contract to conduct source water assessments for public drinking water sources in order to determine their potential vulnerability to possible contaminating activities.

Work pursuant to the contract will be initiated on July 1, 2000, and be completed by June 30, 2002. The proposed budget for Fiscal Year 2000-01 includes a recommendation to increase a half time Environmental Health Aide position to full time for the duration of the period required to complete the work. Additional appropriations and proposed fixed assets corresponding to the proposed contract are contained in the supplemental budget.

It is therefore RECOMMENDED that your Board adopt the attached resolution authorizing the Health Services Agency Administrator to execute a contract with the State Department of Health Services for conduct of source water assessments for public drinking water sources.

0196

Sincerely,

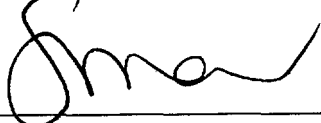


Rama Khalsa, Ph.D.
Health Services Administrator



Diane Evans, REHS
Environmental Health Director

RECOMMENDED



Susan A Mauriello
County Administrative Officer

cc: **CAO**
 Auditor-Controller
 County Counsel
 HSA Administration
 Environmental Health

 Central Personnel
 HSA Personnel

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor
duly seconded by Supervisor
the following resolution is adopted

AUTHORIZING EXECUTION OF AN AGREEMENT WITH
THE STATE DEPARTMENT OF HEALTH SERVICES TO RECEIVE GRANT
FOR CONDUCT OF DRINKING WATER SOURCE ASSESSMENT
AND PROTECTION PROGRAM

WHEREAS, the County of Santa Cruz is the local primacy agency for regulation of small public water systems in the County, pursuant to a delegation agreement entered into with the State Department of Health Services in 1993, and

WHEREAS, the State Department of Health Services has made contracts and funding available to local primacy agencies for the purpose of completing source water assessments for drinking water sources used by the small public water systems in the County; and,

WHEREAS, the County of Santa Cruz desires to participate in the California Source Water Assessment and Protection Program; and,

WHEREAS, the terms of the contract and the work to be performed are set forth in the proposed agreement, designated by State Contract Number 99-86471.

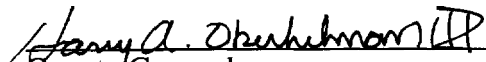
NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors that the Board authorizes the Health Services Agency Administrator to execute said contract on behalf of the County of Santa Cruz.

PASSED AND ADOPTED by the Board of Supervisors of Santa Cruz County State of California this 0 day of _____, 2000, by the following vote:

AYES: SUPERVISORS
NOES: SUPERVISORS
ABSENT: SUPERVISORS

Chairperson, Board of Supervisors

APPROVED AS TO FORM:


County Counsel

DISTRIBUTION: County Counsel
CAO
Health Services Agency
Environmental Health
State Department of Health Services

ON File With Clerk

STATE OF CALIFORNIA

STANDARD AGREEMENT
STD. 2 (REV. 5-91)

APPROVED BY THE
ATTORNEY GENERAL

| | |
|--|---------|
| CONTRACT NUMBER 99-86471 | AM. NO. |
| TAXPAYER'S FEDERAL ID. NUMBER 94-6000534 | |

THIS AGREEMENT, made and entered into this 1st day of 2000 in the
State of California, by and between State of California, through its duly elected or appointed, qualified and acting

| | | |
|---|--|-------------|
| TITLE OF OFFICER ACTING FOR STATE Chief, Program Support Branch | AGENCY Department of Health Services | 0198 |
|---|--|-------------|

, hereafter called the State, and

CONTRACTOR'S NAME
Santa Cruz County, hereafter called the Contractor.

WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials as follows: *(Set forth services to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)*

1. Scope of Work

The County of Santa Cruz hereinafter referred to as County/LPA (an LPA is a County which has been delegated certain regulatory responsibilities by the Department of Health Services pursuant to Section 116330 of the California Health and Safety Code), agrees to conduct source water assessments for public drinking water sources under County/LPA jurisdiction in coordination with the California Drinking Water Source Assessment and Protection Program (DWSAP) and as further described in Exhibit A, "Scope of Work." Exhibit A, Scope of Work is attached hereto and is made a part of this agreement by this reference.

CONTINUED ON 6 SHEETS, EACH BEARING NAME OF CONTRACTOR AND CONTRACT NUMBER.

The provisions on the reverse side hereof constitute a part of this agreement.

IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

| STATE OF CALIFORNIA | | CONTRACTOR | | | |
|--|--|--|---|-----------------------------|--|
| AGENCY Department of Health Services | | CONTRACTOR (if other than an individual, state whether a corporation, partnership, etc.) Santa Cruz County (Government Entity) | | | |
| BY (AUTHORIZED SIGNATURE) D For | | BY (AUTHORIZED SIGNATURE) D | | | |
| PRINTED NAME OF PERSON SIGNING Edward Stahlberg | | PRINTED NAME OF AND TITLE OF PERSON SIGNING Rama Khalsa, HSA Administrator | | | |
| TITLE Chief, Program Support Branch | | ADDRESS 701 Ocean Street - #312 Santa Cruz, CA 95060 | | | |
| AMOUNT ENCUMBERED BY THIS DOCUMENT \$ 35,916.00 PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$ | PROGRAM/CATEGORY (CODE AND TITLE) Local Assistance (OPTIONAL USE) | | FUND TITLE Source Water Assessment (0627) | | Department of General Services Use Only |
| | ITEM 4260-111-0627 | CHAPTER 50 | STATUTE 1999 | FISCAL YEAR 99/00 | |
| | TOTAL AMOUNT ENCUMBERED TO DATE \$ 35,916.00 | | | | |
| OBJECT OF EXPENDITURE (CODE AND TITLE) 51216-4165-702-03 | | | | | |
| I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated | | T.B.A. NO. | | B.R. NO. | |
| SIGNATURE OF ACCOUNTING OFFICER D | | DATE | | | |

CONTRACTOR STATE AGENCY DEPT OF GEN. SER. CONTROLLER

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