



**Webb County
Purchase Justification Form**

Funding Sources Requested:

_____ Capital Outlay Fund #To be Determined

_____ Building Improvement Fund #

Department: Utilities

Department Head: Adrian G. Montemayor

Number of Dept. Employees: 18

Adrian G. Montemayor 7/15/18

| Item | Qty | Qty on Hand | Condition of item being replaced: Poor/Fair/Good | Unit Price | Extended Price |
|---|----------|-------------|--|-------------------|-------------------|
| HF Turbidimeter System Includes: | 2 | 2 | Poor | \$4,120.00 | \$4,120.00 |
| -One oiece NEMA 4X Design | | | | | |
| -4-20 mA output | | | | | |
| -0-100 NTU Range | | | | | |
| -Automatic Ultrasonic Self-Cleaning | | | | | |
| -Desiccant Pkg. | | | | | |
| -Spare measuring cuvette with Light Shield | | | | | |
| -Power Supply-Manual | | | | | |
| Shipping and Handling | 1 | 1 | | \$65.00 | \$65.00 |
| Installation of (2) new Turbidity Meters Including Materials and labor. | 1 | 1 | Poor | \$1,800.00 | \$1,800.00 |
| Start-up, Programing, Calibrations, and Documentation | | | | | |
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Total Cost of item(s) being purchased: \$5,985.00

Do you have 3 quotes for all items listed above? Yes X No

What is the purpose of each item(s) requested? Take the two damaged Online Meters that are not working and replace with the new ones. In this work parts and labor are include.

If the purchase is to replace item(s) is the item(s) being replaced currently in use?

Yes X No

What is the impact or risk potential if we don't purchase item(s)? There is a high risk that TCEQ we fine us because this Meters are to be online with the SCADA System at all times.

Please Circle Priority: **(Critical)** Upgrade Desirable

PRIORITY 1: CRITICAL – Required to prevent a **critical** reduction in service, operating efficiency, economy, and/or safety; to protect valuable property; and/or comply with insurance or code requirements.

PRIORITY 2: UPGRADE – Required for **significant upgrade** in service, operating efficiency, economy and/or safety of current operations.

PRIORITY 3: DESIRABLE – Required to introduce **desirable**, but optional new service, program, faculty or staff, or to make small improvements in operating efficiency, economy and/or safety.

Required with this form:

- Price quotes
- Pictures of item(s) to be replaced
- 5 copies



Department Head Signature

Date: 7-15-14

**** Please note this form must be filled out in its entirety for purchase to be considered for approval ****

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