

Webb County Purchase Justification Form

| Latinating additions traducation. | | | | | |
|--|--------------------------------------|----------------|-----------------------------------|-------------|----------------|
| Capital Outlay Fund # To be D | etermine | <u>4</u> | | | |
| Building Improvement Fund # | i | | | | |
| Department _Utilities | System's Manager Adrian G Montemayor | | | | |
| Number of Dept. Employees 18 | | | | | |
| Item | Qty | Qty on Hand | Condition of Item being replaced: | Unit Price | Extended Price |
| | . | | Poor/Fair/Good | | |
| Peerless Model 12ID-2stg Submersible | 2 | 3 | Poor | \$6,482.00 | \$12,964.00 |
| Turbine pump,CI Bowl Contruction-THD | | | | | |
| Column/1-1/2"SS shaft/Suction Bell. | | | | | |
| HITACHI 10HIT4-50-4 10" Submersible | 2 | 3 | Poor | \$18,360.00 | \$36,720.00 |
| Hitachi Motor: 50HP,1800RPM,3ph,460v, | | | | | |
| 60 Hz, | | | | _ | <u> </u> |
| <u>. </u> | | | | | - |

| Total Cost of item(s) being purchased: | \$ <u>49,684.</u> 0 | 00 |
|---|--|--|
| Do you have 3 quotes for all items listed above | ? Yes <u>x</u> | No |
| What is the purpose of each item(s)requested? water intake station. | To replace not w | orking pumps and motors at the raw |
| If the purchase is to replace item(s) is the item | (s) being replaced | currently in use? |
| Yes <u>k</u> No | | · · |
| What is the impact or risk potential if we don't to transfer water to the Water Treatment Sett | t purchase item(s)? ling pond_for daily | Potential Risk we will not be able water demand. |
| Please Circle Priority: (Critical) | Upgrade | Desirable |
| PRIORITY 1: CRITICAL – Required to prevent a critical re protect valuable property; and/or comply with insurance PRIORITY 2: UPGRADE – Required for significant upgrad operations. PRIORITY 3: DESIRABLE – Required to introduce desiral small improvements in operating efficiency, economy and | or code requirements. Je in service, operating Die, but optional new s | efficiency, economy and/or safety of current |
| Required with this form: | | |
| Price quotesPictures of item(s) to be replaced | | |
| • 5 copies | | System's Manager Date: |
| **** Please note this form must be filled out in | its entirety for purc | hase to he considered for approval **** |