

Webb County Purchase Justification Form

Funding Sources Requested:	
Capital Outlay Fund #	
Building Improvement Fur	nd # <u>To be Determined</u>
Department <u>Utilities</u>	System's Manager Adrian G. Montemayor
Number of Dept. Employees	18

ltem	Qty	Qty on Hand	Condition of item being replaced: Poor/Fair/Good	Unit Price	Extended Price
Pump out Rig Mobilization rate:	1	1	Poor	\$5,838.00	\$5,838.00
Hourly Rate from Monday to Friday on site:	48	0	Poor	\$285.00	\$13,680.00
Hazmat Fee	1	0	Poor	\$25.00	\$25.00
Service truck Mobilization Rate:	1	0	Poor	\$3,660.00	\$3,660.00
Fuel Surcharge:	1	0	Poor	\$576.00	\$576.00
Parts: Replacement Valves & Gauges:	1	0	Poor	\$6,880.00	\$6,880.00
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Total Cost of item(s) being purchased:	\$ <u>30,659.00</u>				
Do you have 3 quotes for all items listed above?	Yes	NoX			
What is the purpose of each item(s)requested? and fix all leaks to prevent any injury at the Water					
If the purchase is to replace item(s) is the item(s	s) being replaced curre	ntly in use?			
Yes NoX					
What is the impact or risk potential if we don't our personal getting injured for a Potential Viola Residual with in the Plant and Distribution System Airgas Specialty Products are the only Sole Source Maintenance for Anhydrous Ammonia Gas we us	tion t=by TCEQ as requ m There is no more o e in the state of Texas	<u>ired to maintain a Ammonia</u> ther quotes due that this Vendor Certified to delivery and maintain			
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 	Date: _	1's Manager 8/4/14			
**** Please note this form must be filled out in it	s entirety for purchase to	be considered for approval ****			