



RESOLUTION NO.
OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

Sierra Disposal Service SCHEDULE OF RATES

WHEREAS, a public hearing was held on April 12, 2011 for the purpose of adjusting solid waste collections rates by 5.6% increase;

NOW, THEREFORE, be it resolved that effective May 1, 2011, the following rates are adjusted for the collection of solid waste within the Sierra Disposal Service, Inc. franchise areas:

RESIDENTIAL		Base Rate	May 1, 2011 Rate
Road Service			
1 (32-gallon) can	Monthly	19.02	20.09
2 (32-gallon) cans	Monthly	27.18	28.70
3 (32-gallon) cans	Monthly	30.88	32.61
4 (32-gallon) cans	Monthly	36.30	38.33
5 (32-gallon) cans	Monthly	41.65	43.98
6 (32-gallon) cans	Monthly	47.00	49.63
7 (32-gallon) cans	Monthly	52.44	55.38
8 (32-gallon) cans	Monthly	56.07	59.21
1 (45-gallon) can	Monthly	23.07	24.36
2 (45-gallon) cans	Monthly	29.07	30.70
3 (45-gallon) cans	Monthly	35.01	36.97
4 (45-gallon) cans	Monthly	40.94	43.23
House Service			
1 (32-gallon) can	Monthly	25.89	27.34
2 (32-gallon) cans	Monthly	34.58	36.52
3 (32-gallon) cans	Monthly	37.83	39.95
4 (32-gallon) cans	Monthly	43.24	45.66
1 (45-gallon) can	Monthly	30.15	31.84
2 (45-gallon) cans	Monthly	36.15	38.17
3 (45-gallon) cans	Monthly	42.18	44.54
Other Services			
Extra Can (32 or 45-gallon)	Per pickup	5.35	5.65
Voucher (32 or 45-gallon)	Per voucher	5.35	5.65

COMMERCIAL		Base Rate	May 1, 2011 Rate
Cans			
32-gallon can/bag	Per pickup	6.01	6.35
Extra 32-gallon can/bag	Per pickup	6.01	6.35
45-gallon can	Per pickup	7.65	8.08
Extra 45-gallon can	Per pickup	7.65	8.08
Per Cubic Yd			
1-yard	Per pickup	20.88	22.05
Extra yard	Per pickup	20.88	22.05
Compacted rate per yard	Per pickup	51.33	54.20
Drop Boxes			
6-yard area 1	Per pickup	228.95	241.77
6-yard area 2	Per pickup	199.99	211.19
6-yard area 3	Per pickup	174.99	184.79
10-yard	Per pickup	297.09	313.73
20-yard	Per pickup	442.10	466.86
20-yard stump box	Per pickup	564.76	596.39
30-yard	Per pickup	659.20	696.12
30-yard stump box	Per pickup	829.92	876.40

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the ____ day of _____, 20__, by the following vote of said Board:

Attest:
 Suzanne Allen de Sanchez
 Clerk of the Board of Supervisors

Ayes:
 Noes:
 Absent:

By: _____

Deputy Clerk
Chair, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____ Date: _____
Deputy Clerk