## EL DORADO COUNTY BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL

Meeting of October 24, 2006

| wieeting of October 24, 2000   |   |                           |
|--|---|---------------------------|
| AGENDA TITLE: Presentation of 50% Diversion Award to South Tahoe Refuse  |   |                           |
|  |   |                           |
| DEPARTMENT: Environmental Management   | DEPT SIGNOFF:   | CAO LICE ONLY.            |
|  | •   | CAO USE ONLY:             |
| CONTACT: Gerri Silva   | gerreisinos   |                           |
| DATE: 10/13/2006 PHONE: 6653   | Tolland)  |                           |
| DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:   |   |                           |
| In August 2006 El Dorado County was recognized by the Integrated Waste Management Board for being the only rural county to achieve 50% diversion in the State of California. For the past 17 years El Dorado County have |   |                           |
| been actively implementing and managing programs to reach this 50% diversion goal. El Dorado County's success  |   |                           |
| in this diversion goal is due to the diligent efforts of staff, and affiliated partners, residences of El Dorado County,   |   |                           |
| and the Solid Waste Franchise Contractors. El Dorado County would like to recognize the continuous efforts of  |   |                           |
| South Tahoe Refuse in assisting the County in achieving 50% diversion.   |   |                           |
|  |   |                           |
|  |   |                           |
| CAO RECOMMENDATIONS: Peconmend approval. Laura J. Free 10/16/06  |   |                           |
| perominente approvat. Xulleta D. Dell'10/16/06   |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   | e: ( ) Gen Fund ( ) Other |
| BUDGET SUMMARY: Other:   |   |                           |
| Total Est. Cost  | CAO Office Use Only:  4/5's Vote Required ( ) Yes (\( \) No |                           |
| Funding  |   |                           |
|  |   |                           |
| New Funding Savings New Personne CONCURRENCE   |   | , ,, ,                    |
| Other Risk Manag   |   |                           |
| Total Funding County Count   |   |                           |
| Change in Net County Cost  Other   |   | SCI                       |
| *Explain   |   |                           |
| BOARD ACTIONS:   |   |                           |
| BOTHER RETIONS.  |   |                           |
|  |   |                           |
| Vote: Unanimous Or   | I hereby certify that this is a true and correct copy of    |                           |
| Ayes:  | an action taken and entered into the minutes of the         |                           |
|  | Board of Supervisors  |                           |
| Noes:  | Date:   |                           |
| Abstentions:   |   |                           |
| Absent:  | Attest: Cindy Keck, Board of Supervisors Clerk              |                           |
| Rev. 04/05   | By:   |                           |