



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 June 15, 2010 for the purpose of adjusting solid waste collections rates by 0.71% increase;

NOW, THEREFORE, be it resolved that effective July 1, 2010, the following rates are adjusted for the collection of solid waste within the Sierra Disposal Service, Inc. franchise areas:

RESIDENTIAL		Base Rate	July 1, 2010 Rate
Road Service			
1 (32-gallon) can	Monthly	18.89	19.02
2 (32-gallon) cans	Monthly	26.99	27.18
3 (32-gallon) cans	Monthly	30.66	30.88
4 (32-gallon) cans	Monthly	36.04	36.30
5 (32-gallon) cans	Monthly	41.36	41.65
6 (32-gallon) cans	Monthly	46.67	47.00
7 (32-gallon) cans	Monthly	52.07	52.44
8 (32-gallon) cans	Monthly	55.67	56.07
1 (45-gallon) can	Monthly	22.91	23.07
2 (45-gallon) cans	Monthly	28.87	29.07
3 (45-gallon) cans	Monthly	34.76	35.01
4 (45-gallon) cans	Monthly	40.65	40.94
House Service			
1 (32-gallon) can	Monthly	25.71	25.89
2 (32-gallon) cans	Monthly	34.34	34.58
3 (32-gallon) cans	Monthly	37.56	37.83
4 (32-gallon) cans	Monthly	42.94	43.24
1 (45-gallon) can	Monthly	29.94	30.15
2 (45-gallon) cans	Monthly	35.90	36.15
3 (45-gallon) cans	Monthly	41.88	42.18
Other Services			
Extra Can (32 or 45-gallon)	Per pickup	5.31	5.35
On-call (seasonal 32 or 45-gallon)	Per pickup	5.31	5.35
Voucher (32 or 45-gallon)	Per voucher	5.31	5.35

COMMERCIAL			
Cans 32-gallon can/bag Extra 32-gallon can/bag 45-gallon can Extra 45-gallon can	Per pickup Per pickup Per pickup Per pickup	5.97 5.97 7.60 7.60	6.01 6.01 7.65 7.65
Per Cubic Yd 1-yard Extra yard Compacted rate per yard	Per pickup Per pickup Per pickup	20.73 20.73 50.97	20.88 20.88 51.33
Drop Boxes 6-yard area 1 6-yard area 2 6-yard area 3 20-yard 20-yard stump box 30-yard 30-yard stump box	Per pickup Per pickup Per pickup Per pickup Per pickup Per pickup Per pickup	227.34 198.58 173.76 438.98 560.78 654.55 824.07	228.95 199.99 174.99 442.10 564.76 659.20 829.92

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on 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
_____ Chairperson, Board of Supervisors

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

DATE _____
ATTEST : SUZANNE ALLEN DE SANCHEZ, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By _____ Deputy Clerk