



TO: GCSD Board of Directors

FROM: Peter Kampa, General Manager

DATE: November 13, 2018

SUBJECT: Agenda Item 4 Consent Agenda

F. Allow Claim in Full for 19330 Pleasant View Dr. (Clark)

G. Allow Claim in Full for 19340 Reid Circle (Summers)

RECOMMENDED ACTION

Allow the claim in full, up to the amount contained on each claim form, subject to review and validation of receipts

BACKGROUND

Attached please find damage claims forms filed by the two above listed property owners. Each claims property damage resulting from high system water pressure. Our investigation revealed that water pressure at the service connection was 150 PSI, which is 20 to 30 PSI over the normal operating pressure, due to system operating adjustments necessary as a result of the Ferretti Road water main/flood damage.

Although customers are required to maintain a functioning pressure regulator on their system and the District is not liable for damages resulting from high pressure, in this situation we have had to overpressure the system temporarily until the Ferretti line is replaced, and the customers had functioning pressure regulating valves on their homes which failed under high pressure.

WE are in the process of reconciling the receipts to support this claim, so therefore we seek approval to accept the entire claim, but understanding that the amount may be less if the cost cannot be substantiated.

ATTACHMENTS

- Claim forms

FINANCIAL IMPACTS

Payment of the claims in full will cost \$831.07

Exhibit 100-C-A-Claim Form

RECEIVED
NOV 02 2018

BY:

Groveland Community Services District
P.O. Box 350
Groveland, CA 95321-0350

I. The Name and Post Office Address of the claimant:

PAUL & PATRICIA SOMMERS
19340 REID CIRCLE
GROVELAND, CAL 95321

II. The Post Office Address to which the person presenting the claim desires notices to be sent:

same as above

Daytime Telephone: 559-285-1100

Evening Telephone: same Message Telephone: same

III. The Date, Place, and other Circumstances of the occurrence or transaction, which gave rise to the claim asserted:

Date of Occurrence: August to October 2018 Time of Occurrence _____

Place of Occurrence: Residence @ 19340 Reid Circle

Circumstances:

PRESSURE RELIEF VALVE BROKE DUE TO EXCESSIVE
PRESSURE IN MAIN WATER SUPPLY AT STREET
RESULTING IN 150# PRESSURE IN HOUSE WATER LINES
PRESSURE TESTED BY GCSD EMPLOYEE

IV. A General Description of the Indebtedness, Obligation, Injury, Damage or Loss incurred so far as it may be known at the time of presentation of the claim:

\$350 FOR REPAIR OF PRV AND FOR THE EXCESSIVE
WATER USE CAUSED BY A BLOWN GARDEN HOSE.

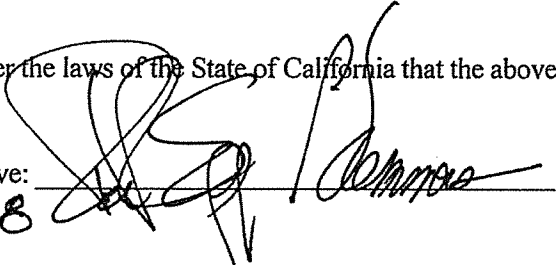
V. The Name or Names of the Public Employee or Employees causing the injury, damage, or loss, if known:

GROVELAND COMMUNITY SERVICES
DISTRICT (GCSD)

VI. Amount of Claim: \$ 350⁰⁰ (if less than \$10,000.00)
Jurisdiction of Claim: _____ Municipal Court (Claims to \$25,000)
_____ Superior Court (Claims over \$25,000)

Basis of Computation: Refer to previously submitted letter
26 October 2018

VII. Declaration:
I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Signature of Claimant or Representative: 
Date: 31 October 2018

Note: If more space is required to answer these questions, please write in black ink or type on separate pieces of paper.
Refer to ~~attached~~ ^{previously submitted} letter dated 26 October 2018

Exhibit 100-C-A-Claim Form

RECEIVED
NOV 02 2018
BY:.....

Groveland Community Services District
P.O. Box 350
Groveland, CA 95321-0350

I. The Name and Post Office Address of the claimant:

Robert S. Clark
19330 Pleasant View Dr.
Groveland, Ca. 95321.

II. The Post Office Address to which the person presenting the claim desires notices to be sent:

Same.

Daytime Telephone: 209-962-0502

Evening Telephone: _____ Message Telephone: _____

III. The Date, Place, and other Circumstances of the occurrence or transaction, which gave rise to the claim asserted:

Date of Occurrence: Aug - Oct 2018 Time of Occurrence _____

Place of Occurrence: 19330 Pleasant View Dr. Groveland Calif.

Circumstances:

Damage due to 150 lbs water pressure. 150 lbs pressure
confirmed by Parrot Plumbing and GCSD employees

IV. A General Description of the Indebtedness, Obligation, Injury, Damage or Loss incurred so far as it may be known at the time of presentation of the claim:

\$ 421.07 (1) Destruction of Main Water Valve, (2) up stairs
shower valve, (3) Refrigerator ice maker pressure valve of water
hose plus flooded kitchen, (4) upstairs bath faucet

V. The Name or Names of the Public Employee or Employees causing the injury, damage, or loss, if known:

Groveland Community Services District

VI. Amount of Claim: \$ 486.07 (if less than \$10,000.00)

Jurisdiction of Claim: _____ Municipal Court (Claims to \$25,000)
_____ Superior Court (Claims over \$25,000)

Basis of Computation:

See attached receipts

VII. Declaration:

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Signature of Claimant or Representative: _____

Date: 10/30/18

Note: If more space is required to answer these questions, please write in black ink or type on separate pieces of paper.